

## EFFECT COSE AND MCSQ ON SERVICE RECOVERY AND ITS IMPACT ON CUSTOMER SATISFACTION HOSPITAL DR. ISKAK TULUNGAGUNG (Studies in Outpatient)

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### ABSTRACT

This study Aimed to describe MCSQ, COSE, service recovery and customer satisfaction Hospital Dr. Iskak Tulungagung; COSE MCSQ and analyze the effect on service recovery; COSE MCSQ and analyze the effect on customer satisfaction; analyze the influence of service recovery on customer satisfaction, and analyze the effect MCSQ and COSE to customer satisfaction through service recovery Hospital Dr. Iskak Tulungagung. The analysis technique used deskriptif analysis and structural equation modeling. The analysis Showed that MCSQ is formed by supportive management and investment in technology. COSE in this case the patient formed by the technical skills, social skills, motivation and decision making authority, Service recovery is formed of a responsive and compensation. Customer satisfaction is formed of patient services that meet expectations, the impression in receiving care and experience for services received. MCSQ and COSE effect on service recovery. MCSQ and COSE effect on customer satisfaction. Service recovery effect on customer satisfaction. Service recovery, MCSQ and COSE are mediating the influence on customer satisfaction..

**Keywords:** MCSQ, COSE, Service Recovery, Customer Satisfaction

### 1. INTRODUCTION

The hospital is one of the business units that provide health services. The success of a hospital rated on the quality of health care provided, instead of the cost. In order to realize the expectations of patients as consumers of hospital services, hospital management needed to make the determination of the quality of hospital services. Achievement of the quality of health care in the hospital can not be separated from the role of Human Resources (HR) at the hospital. The hospital should be able to develop its resources as the power to achieve the quality of services, including human resources that exist in the hospital. Hospitals should instil in the HR hospital on the meaning of quality of service refers to the concept of customer orientation of service employees (COSE) to support the achievement of customer satisfaction (Nasution, 2010). Research resultAnd Thorsten Hennig-Thurau (2004), Tjahyono (2012), Hanzaee, et al. (2011) proved that COSE effect on customer satisfaction.

Quality of service has a close relationship with the customer satisfaction. Quality of service provides a further incentive to the customer to establish a strong relationship with the company. Such bonds allow companies to understand the needs and desires of customers. In order to gain a competitive advantage, then every company is required to satisfy customers (Barsky, 1992), so that a strategy based on continuous management

commitment made by the companies, both of which produce goods and services. This was done because of the fact that consumers are not satisfied with the goods or services they consume will look for suppliers of goods or services of other companies capable of satisfying its needs,

Quality of service should be started from the needs of consumers and ending with consumer perception. This means that a good quality image is not based on the perception of the service provider, but based on consumer perception. According Hollbrook (2001) in his research journal stated that customer satisfaction is strongly influenced by consumer perceptions of a sense of justice (fairness) further said that business organizations should be split between fairness perceptions with service quality. Quality of service is described as a statement of attitude, relationships resulting from the comparison between the expectations of the performance.

In essence, service recovery is the act by the company or organization to solve problems caused by the failure of services and to maintain the good will of the customer (customer's goodwill). Formal recovery program services, in this case the companies add benefits offered basic core products while improving the service components in the value chain of the company. Recovery services company indicate the action taken in response to failure to provide services.

According to Kotler (2005) satisfaction is feeling happy or disappointed someone who comes from a comparison between the impression of a product performance or results and expectations. Retaining customers is important in marketing. Most sellers provide a good service so that customers remain satisfied with the services received. The failure of such failure, error, and errors may occur in the process of service delivery, which can lead to a sense of disappointment on the consumer. Service failure can have a negative impact on customer satisfaction and future behavior intention (Mattilla, 2001). Any company trying to do the best in the business including knowing who the customer or prospective customer, to know not only what customers expect from a service but also the possibility of what customers expect from the company in the event of an error. In other words, a framework for service on each company must meet customer expectations will service recovery.

Service improvement efforts is critical for companies to solve the problems. Service recovery is itself a key strategy that can be used to help improve customer satisfaction. Andreassen (2000), Boshoff (1997), McCollough et al. (2000) and Smith et al. (1999) proved that the service Revocery effect on customer satisfaction. Some consumers have high expectations of the quality of a service may replace its service provider if consumers receive lower quality services than consumers expect.

This is because the medical records of patients who were placed in the hospital is a guideline and reference checks and treatment to patients so that treatment can take place in a comprehensive manner. Research result Babakus et al (2003) and Ashill et al. (2008) states that MCSQ effect on service recovery. Furthermore, and Thorsten Hennig-Thurau (2004) and Grönroos (1988) proved that COSE effect on service recovery.

Changes needed service management readiness of hospitals in providing health services. Hospital services in Indonesia is still far from performance. Hospital services in East Java province which is a health care referral 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, as in the following table.

**Table 1**  
**Health services**

No.	Territory	Total population	Number of RS	Number of Beds
1.	Indonesia	246.9 million	20.83	199 378 units
2.	East Java	42,144,729 Soul	344	35 656 units
3.	Tulungagung	1004711 soul	9	840 units

Source: Ministry of Health is accessible year 2012.co.id

Based on Table 1 shows that the area of Indonesia has a ratio of population than the number of patient beds of 1 place patient fatherly + 238 residents. The ratio of hospital compared to a bed. Patients at one hospital to the patient's bed. For East Java show that the ratio of the number of people in East Java over the patient's bed for 1 bed fatherly 1,181 residents. The ratio of hospital beds than hospital patients for 1 to 104 patient beds. In Tulungagung region showed that the ratio of population than the number of patient beds for 1 patient beds for 1,196 inhabitants. The ratio of hospital beds compared with patients at 1 hospital for 93 patient beds, thus required commitement hospital management on patient care in the hospital so that the ratio is getting smaller and closer to the ideal. As Minister of Health regulation No. 24, 2014 at the ratio of population to bed at 10%.

The hospital as a center for medical services is a vital institution in a society. The presence of a hospital is a requirement of hope at a time when someone unfortunate form of the disease. At a hospital, the community hopes that the calamities that can befall treated (Puspitasari and Edris, 2011). Therefore Hospital Dr. Iskak Tulungagung should be able to provide the best service, so that the patient will feel satisfied with the hospital Hospital Dr. The Tulungagung Iskak.

Pelaiahnan hospitalization is one of the services 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 which can improve the financial future hospital. Also in choosing a hospital for inpatient care, the hospital must provide better service, it is also associated with the policy direction of the Director of the future is to want to make the Hospital Dr. Iskak Tulungagung world class hospital that is able to implicate standards hospital management recognized and agreed upon by the international community.

Regional General Hospital Dr. Iskak Tulungagung required to continuously provide excellent service. This is because many private hospitals that have sprung up as well as increasing education levels, rapid technological developments and society's ability to distinguish quality health services. Such conditions, and to be competent with a private hospital, the Hospital Dr. Iskak Tulungagung maximally exploit market opportunities according to ability but to carry out a social function. This condition is a challenge for the Hospital Dr. Tulungagung Iskak to remain a particularly preferred hospital for Tulungagung society so that the selection of research at Hospital Dr. Iskak Tulungagung consider that:

Based on the ideas above, that patient satisfaction very interesting to study further, therefore the hospital should consider the importance of patient care in a more mature through MCSQ and COSE, because it is increasingly recognized that customer satisfaction is a vital aspect in order to stay in business and win the competition.

The purpose of this study was to describe MCSQ, COSE, service recovery and customer satisfaction Hospital Dr. Iskak Tulungagung, MCSQ and analyze the effect on

service recovery COSE Hospital Dr. Iskak Tulungagung, MCSQ and COSE analyze the effect on customer satisfaction Hospital Dr. Iskak Tulungagung, analyze the impact of service recovery on customer satisfaction Hospital Dr. Iskak Tulungagung and analyze the effect MCSQ and COSE to customer satisfaction through service recovery Hospital Dr. Iskak Tulungagung.

## **2. LITERATURE REVIEW**

### **2.2. Entrepreneurship Intention**

#### **a. Customer satisfaction**

Customer satisfaction is something that can not be liberated in each service / service, because of the presence of customer satisfaction will make a service company will be more advanced and appreciated, if a company can give a satisfaction to customers, it can make customers feel what into customer needs can be met by the company in question. Kotler (2003: 60) defines satisfaction is feeling happy or disappointed someone who emerged after comparing the performance (results) are considered products of the performance (or outcome) is expected. Purwanto (2007: 1), customer satisfaction is feeling happy, satisfied people for between expectation and reality dalarn wear the services provided are met. Sunarto (2004:

#### **b. Service Recovery**

Service recovery has gained attention in the services marketing literature in recent years (Tax et al., 1998; Smith et al, 1999; McCollough et al., 2000 ;. Andreassen 2001; Swanson, and Kelley 2001). service recovery considered as a strategy to limit the harm caused by the failure of the service rather than to impress customers with a special effort when something goes wrong. Some thrive term representing recovery service such as service performance or service recovery performance. This is because some of the view that the service recovery was observed care efforts so that the evaluation of the performance of the service. The initial definition of service recovery (Grönroos, 1988) stated that service recovery refers to the act of service providers in taking and responding to service failures. Smith et al. (1999) treat "service recovery as any resources that organizations can employ and respond to failure."

Some researchers argue that the Service recovery will impact on satisfaction (Andreassen 2000; Boshoff 1997; McCollough et al., 2000; Smith et al. 1999). Smith et al. (1999) further states that there are two types of failures that require different recovery; Process (from contact and make a purchase), and outcomes (what makes the failure of the customer). Holloway and Beatty (2003) states that the recovery should be commensurate with the failure experienced by a person. Smith et al. (1999) agrees and argues further that the failure of the process, the customer will suffer emotional harm, and therefore not want to apologize then money as kompensasilah working. In a result of failure on the other hand, is monetary loss and recovery must involve economic compensation (Smith, et al., 1999). However,

a study conducted by Holloway and Beatty (2003) showed that customers perceive e-tailers relative recovery unfair or inadequate for the failure and that may keep customers returning to the e-tailer. While McDougall (1999) claimed that the restoration of effective service not only fix the problem, but also includes processes that help customers feel comfortable with the accepted solution. Further Gregoire et al. (2009) stated that customers with strong relationship with the e-tailer feels betrayed when suffer failure and social wants monetary compensation later.

### **c. Management Commitment To Service Quality (MCSQ)**

Management commitment will be the quality of service (management commitment to service quality / MCSQ) should be constant and may reflect that commitment in the implementation. According to Shaw and Edwards (2005: 977); Commitment is typically - Considered to involve; organizational or managerial support for a system and not that of its users. Management should lead, give examples and should be able to motivate employees what the company wants to implement that resulted in employee performance. Understanding management commitment to service quality (MCSQ), has put forward the notion MCSQ of several experts: Ahmed and Parasuraman (1994: 85) management commitment to service quality is defined as covering a conscious choice of quality initiatives as operational and strategic choice for the company, and engage in activities such as providing quality leadership visible and resources for the adoption and implementation of quality initiatives (management commitment to service quality is defined as "Encompassing the conscious choice of quality initiatives as operational and strategic options for the firm, and engaging in activities such as providing quality visible leadership and resources for the adoption and implementation of quality initiatives). Hartline and Ferrell (1996: 59) defined management commitment affective quality of service as the manager wishes to improve or quality of service units (defined management commitment to service quality as the manager's affective desire to improve his or her unit's service quality). In line with the outlook presented Babakus Hartline and Ferrell et al. (2003: 273), defines management commitment to service quality is an important determinant of the behavior of employees in creating service excellence (management commitment to service quality is a critical determinant of employee behaviors in creating service excellence). Hennig and Claudia (2003: 30) argued that management commitment to service quality are the activities and attitude of top management of the provider of services related to employee behave in a way that is customer-oriented (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). Furthermore, Cooper (2006).

### **d. Customer Orientation of Service Employees (COSE)**

Kelly (1992) is the first researcher to try to learn customer orientation of service employees (COSE). COSE build on the same premise that the orientation

of the existing employees on the front of a company's services to customers is an important factor in business success. Kelly filed and conduct empirical test of the organizational conceptions such as organizational climate and socialization, and leadership. Definition of COSE, as some experts are as follows: Brown (2002: 19) defines COSE as "individual predisposition or tendency to meet customer needs in the context of on-the-job" s and concepts as two-dimensional, consisting of COSE. a) require the dimensions of which include 'belief that the company can meet customer desires employees; and b) the dimensions of the pleasure of the extent to which employees enjoy interacting with customers (define COSE as an "individual's tendency or predisposition to meet customer needs in an on-the-job context" and conceptualize it as twodimensional. According to Reviews their thinking, COSE is composed of, a) a dimension needs the which covers the employee's belief that he or she can fulfill customers' wishes; and b) an enjoyment dimension represents the roomates the extent to the which the employee enjoys the interactions with customers). a) a dimension needs the which covers the employee's belief that he or she can fulfill customers' wishes; and b) an enjoyment dimension represents the roomates the extent to the which the employee enjoys the interactions with customers). a) a dimension needs the which covers the employee's belief that he or she can fulfill customers' wishes; and b) an enjoyment dimension represents the roomates the extent to the which the employee enjoys the interactions with customers).

And Thorsten Hennig-Thurau (2003: 27) COSE is defined as the behavior of service employees when serving the needs and wishes of existing and prospect customers. Furthermore, Hennig-Thurau (2004: 462) refine his conception by defining COSE as the employee's behavior in person-to-person interactions and suggest a three-dimensional conceptualization of COSE.

### **3. RESEARCH CONCEPTUAL FRAMEWORK AND HYPOTHESES**

#### **3.1. Conceptual Framework**

The conceptual framework used in this study is directed at the study of customer satisfaction is influenced by MCSQ and COSE through service recovery. To strengthen the conceptual framework, then each of influence between the variables described one by one based on theories that support as well as the results and previous research. The main focus of hospital services is the recovery of the patient. Hartline and Ferrell (1996) and Babakus (2003) states that MCSQ a strong influence on the performance of service recovery. Research Cheng, et al (2008) stated that the Customer-oriented behavior is a significant effect on service performance. Service recovery (Grönroos, 1988) is defined and explored as the actions taken by a service provider for resolving customer complaints about the service failure. Research Cronin and Taylor (1992); Darmayanti (2006), and Widjajanti, et al (2012) proved that the performance of service recovery effect on customer satisfaction.

Efforts to achieve customer satisfaction is required management commitment is a matter of the most important and vital in managing the quality

of service, because it is so closely linked to the achievement of quality services. Provide good quality care and support needs leadership and top management. Without commitment, without strong leadership and top management, without the willingness to accept the difficulties that may arise in a change, the quality of service will not occur and the contact can not develop quality personnel. Management commitment will be the quality of service (MCSQ) should be constant and should reflect that commitment in the implementation.

Management commitment plays an important role in supporting the success of the business. According to Schneider (1998: 154) states that the indicator MCSQ is recruitment, selection, training, the technical support, rewards and evaluating performance. Bowen and Lawler (1995: 76), Hartline et al., (1990: 151) argues, the best indicator of the construct MCSQ as training, empowerment and rewards. Further training is that the training front-line employees in job skills and behavior, to improve the ability of employees to face a variety of needs, personality and consumer conditions, while empowerment is the freedom and ability to make decisions and commitments.

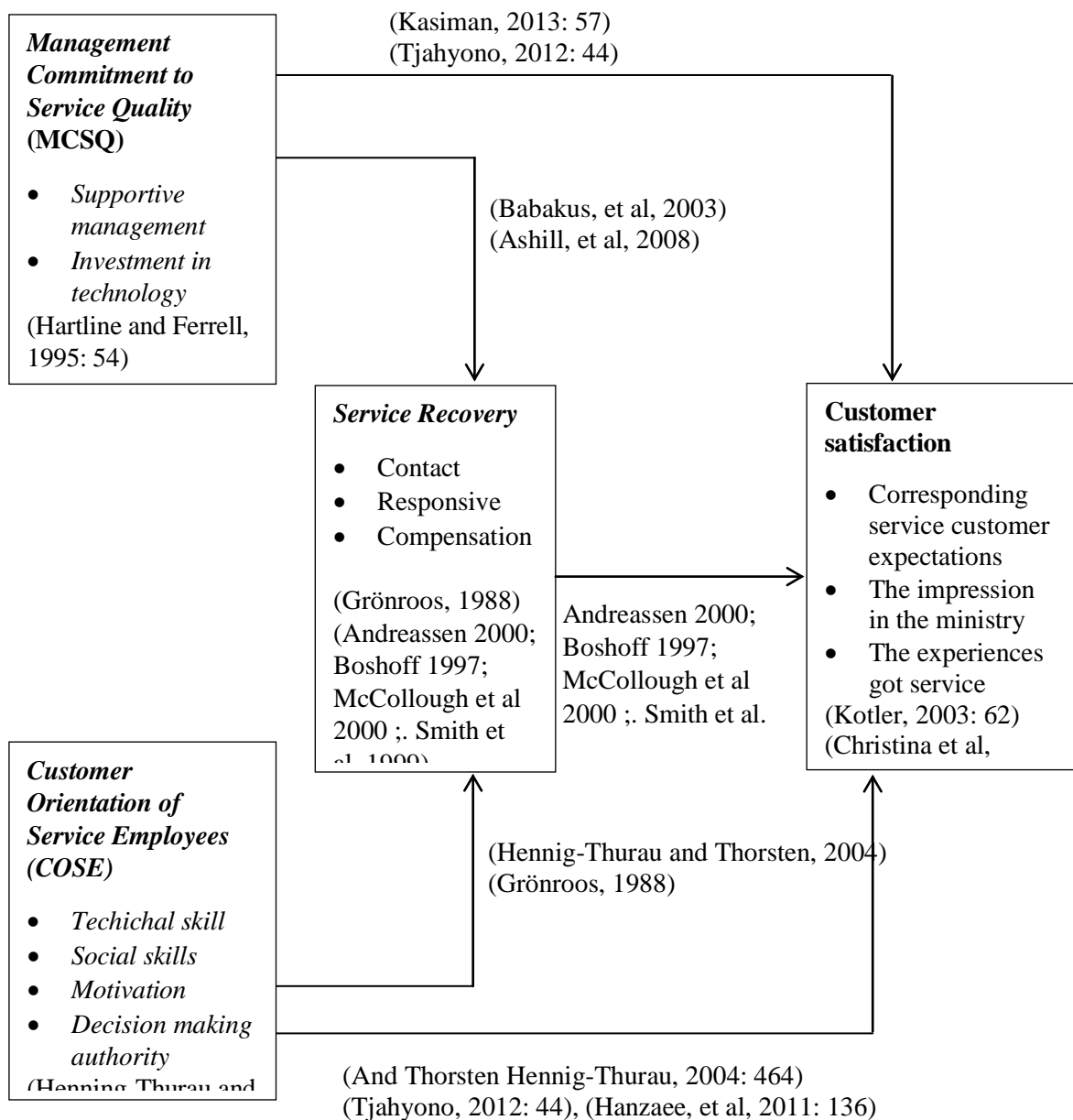


Figure 1

Management support is not enough to establish customer satisfaction required dimensions COSE form of motivation (motivation), motivation of employees to serve customers consists of three elements, namely the positive valence, the behavior of employees who are customer oriented and consequences associated with such behavior on the employee; Employee's Self Perception, employee perceptions of himself to be able to do customer-oriented performance and expectations, the organization hopes to achieve by acting in a customer-oriented behavior (eg customer happy). Motivation is very important for the transformation of the employees in technical capability and social improvement in the behavior of customer-oriented.

Finally, the dimensions of COSE form of Decision making authority (decision-making authority), with the standpoint of its own employees as the final dimensions and COSE is closely linked to the level of authority held by employees of service to make a decision on the issue of problems relating to the interests or attachments and customer needs. Decision-making authority is required to transfer the ability and the attention of employees to treat customers with competent and friendly manner in the actual behavior of the critical situation with the employees to the needs and interests of customers.

Based on the description of theoretical studies and the results of previous studies, this research is the development Babakus et al. (2003), and Thorsten Hennig-Thurau (2004), Cronin and Taylor (1992) referenced Widjajanti et al (2012), and is therefore described the relationship between variables in the conceptual framework of the study as shown in Figure 1.

### 3.2. Hypothesis

H1 : MCSQ and COSE positive and significant impact on service recovery Hospital Dr. Iskak Tulungagung.

H2 : MCSQ and COSE positive and significant impact on customer satisfaction Hospital Dr. Iskak Tulungagung.

H3 : *service recovery* positive and significant impact on customer satisfaction Hospital Dr. Iskak Tulungagung.

H4 : MCSQ and COSE positive and significant impact on customer satisfaction through service recovery Hospital Dr. Iskak Tulungagung.

## 4. RESEARCH METHODS

### 4.1. Population and Sample, Sample Size and Sampling Techniques

The sample in the study were all outpatients at the Regional Hospital Dr. Iskak Tulungagung amounted to 28 431 patients (Hospital Dr. Iskak Tulungagung, 2016). As this study used Slovin formula to determine the sample is too large, because the sampling, the amount should be representative. Based on the calculation formula Slovin, then sample the respondents in this study was



adjusted to about 100 people, or approximately 12% of the total patient Hospital Dr. Iskak Tulungagung, this is in accordance with Ferdinand (2002: 47) that the sample size in estimating and mengintrepretasi SEM results recommended 100-200.

#### **4.2. Operational Definition of Variables**

1) *MCSQ*

*MCSQ* is the respondent's perception of the ability of management to retain the services of Hospital Dr. Iskak Tulungagung, with indicators supportive management and investment in technology, which is measured by the Likert scale.

2) *COSE*

*COSE* is the respondent's perception of service of health workers based approach to the needs of customers, with the indicator technical skills, social skills, motivation and decision making authority as measured by Likert scale.

3) *service Recovery*

Attempts to retrieve and respond to the failure of the service with a contact indicator, responsive and compensation as measured by Likert scale.

4) Customer satisfaction

Customer satisfaction is the respondent's perception after enjoying the service Hospital Dr. Iskak Tulungagung, with service indicator corresponding patient expectations, the impression in receiving treatment, the experience during the service received is measured with Likert scale.

#### **4.3. Data analysis technique**

The analysis uses: descriptive and analytical analysis of structural equation modeling (SEM). Descriptive analysis used is the tabulation of data and then do the frequency distribution of the variables of research and questionnaires filled out by respondents to generate outputs for decision-making. The properties of the data can be determined by calculating the mean. Result tabulation and distribution has done further analysis to determine how the distribution of respondents' answers to a questionnaire covering the variables and their respective indicators of respondent's choice.

### **5. RESULTS AND DISCUSSION**

#### **5.1. Description of Respondents**

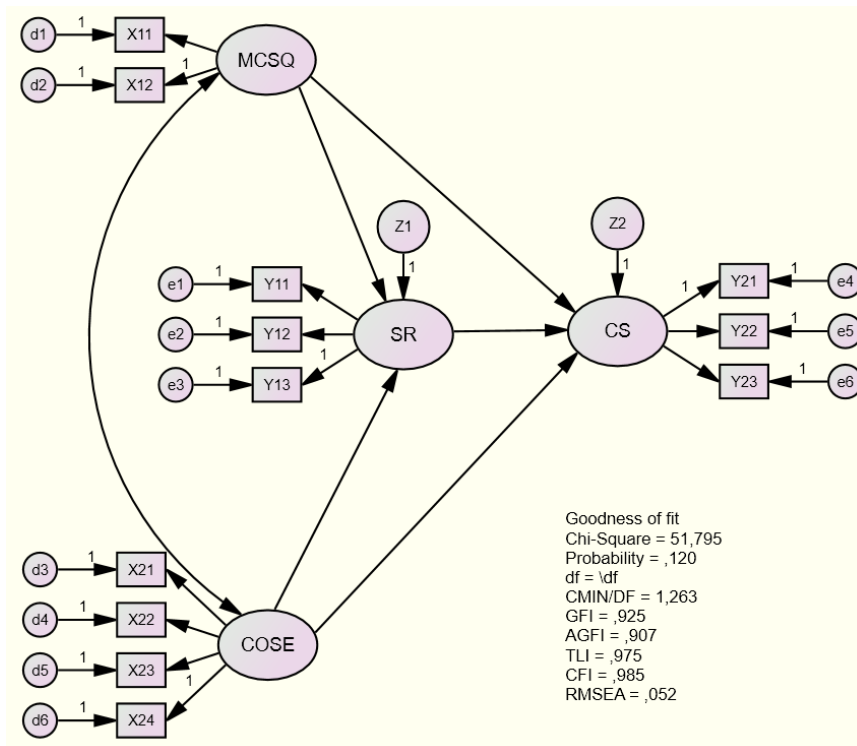
Characteristics of respondents by occupation, education last, long undergoing inpatient and outpatient long been described as follows:

**Table 2**  
**Description of Respondents**

Description of Respondents	Percentage
<b>Work</b>	
PNS	32
Private	44
Entrepreneur	24
<b>Old Undergo Inpatient</b>	
1 day	14
2 days	23
3 days	33
4 days	18
Over 4 days	12
<b>Being long Outpatient</b>	
<1 year	31
12 years old	57
More than 2 years	12

**5.2. Structural Equation Model Test Results**

The test results prove SEM assuming normal distribution of data, there are no outliers and multicollinearity problem. Observation data already qualified to be tested in the model equations researchers structures built with the help of 18 AMOS program (Analysis Moment of Structure). The test results of modeling the whole visible in Figure 2.



**Figure 2**

**Structural Equation Modeling Research**

Sources: Primary data are processed, 2017.

AMOS 18 based computing model SEM, resulting indices fitness model (goodness of fit) are presented in Table 20. Furthermore, the values of this index compared with the critical value (cut-off value) of each index. A good model is expected to have indices of goodness of fit which is greater than or equal to the critical value.

**Table 2**  
**Evaluation of Goodness of Fit Structural Equation Modeling**

<i>Goodness of fit indices</i>	<i>Cut-off value</i>	result	Information
Chi-square (df = 48)	65.17	51.795	Good
Chi-Square Probability	≥ 0.05	.120	Good
CMIN / DF	≤ 2.00	1,263	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

Sources: Primary data is processed, 2017.

Based on the evaluation criteria of goodness of fit in Table 2, showed that the evaluation of chi-square, chi-square probability, CMIN / DF, RMSEA and TLI has met suggested, dThus ith structural equation model was built to become a model of analysis to prove the hypothesis and research findings.

**Table 3**  
**MCSQ influence and COSE against Customer Satisfaction Through Service Recovery**

Exogenous	Intervening	Endogenous	<i>Standardized Regression Weight</i>	CR	P value	<i>Indirect Effects</i>	<i>Total Effects</i>	Result
MCSQ	Service Recovery	-	0.398 *	2,407	0,016	-	-	Support
COSE	Service Recovery	-	0.360 *	2,217	0,027	-	-	Support
MCSQ	-	Customer Satisfaction	0.233 *	2.051	0,047	-	-	Support
COSE	-	Customer Satisfaction	0.237 *	2,111	0,035	-	-	Support
-	Service Recovery	Customer Satisfaction	0.598 **	4,304	0,000	-	-	Support
MCSQ	Service Recovery	Customer Satisfaction	0.233	-	-	0.238	0.471	Support
COSE	Service Recovery	Customer Satisfaction	0.237	-	-	0.214	0.451	Support

Note: \*) Significant p <0.05

\*\*) Significant p <0.01

## 6. DISCUSSION

### 6.1. Description MCSQ, COSE, Service Recovery and Customer Satisfaction

MCSQ formed by supportive management and investment in technology. Management support in ease of administration payments made major contributions to the supportive management. These results as well as the concept of Shaw and Edwards (2005: 977); that commitment involves organizational support through the system. Management

should lead, give examples and should be able to motivate employees what the company wants to implement that resulted in employee performance. Investment in technology is reflected in the completeness of medical equipment and computerization of hospital administration was very helpful in having a program that chronology information systems so that information to function efficiently and efficiently.

Support management more important role for technology investment decisions also need the support of management. Especially on supportive management in ease of administration fees become the primary concern for their hospital operations need a budget, with payment easy administration (uncomplicated) it will be possible payment of hospital costs more easily and quickly.

COSE is formed by technical skills, social skills, motivation and decision making authority, with the largest contribution to social skills is reflected in the ability of doctors to communication. These results are consistent with the view Hennig-Thurau (2004: 463), COSE is described as a development of employees' behavior in personal interaction with customers that meet the needs of these customers.

The main thing that is perceived patient against an employee of the service is the social skills of doctors, nurses and laboratory personnel in communicating with patients. Social skills have a major role at COSE, social skills needed communication skills of doctors, nurses, and administrative personnel as well as a patient's needs. Social skills of doctors and nurses to communicate much needed patient. This makes the ability of doctors who have used language to communicate effectively with patients will create comfort and reduce patient anxiety, because it is easy to understand. Thus the patient understand where that can and can not do as well as the patient's understanding of physicians have orientation on customer service about the disease. The ability to communicate will be the underlying problem-solving efforts of patients, facilitate the provision of assistance, both in the medical service, as well as psychology.

*Service recovery* measured by contact, responsive and compensation, with the largest contribution to the responsive reflected the waiting time in accordance with the agreement. casethisin accordance with the concept of Grönroos (1988) that the Service recovery refers to the act of service providers in taking and responding to service failures. Responsive patient care a key indicator of service recovery, in this case is the ease patients in obtaining health services, without a long wait but the service remains maximum. Therefore, hospitals should be responsive to the needs of patients as a nurse responsive in helping patients when needed and is able to respond to patient complaints in a professional manner, and nurse immediately respond when a patient in need of nurses.

Customer satisfaction is formed by a corresponding service expectations of the patient, the impression in receiving care and experience for services received, with the largest contribution to the experience during the service gets reflected from administrative services. These results are consistent concept Sunarto (2004: 17) states that customer satisfaction is feeling happy or disappointed someone who emerged after comparing the perception or impression of the performance of a product and expectations. Customer satisfaction is something that can not be liberated in each service / service, because of the presence of customer satisfaction will make the hospital will be more advanced and appreciated, if the hospital can give a satisfaction to patients,

Patient satisfaction depends on the experience during the service received, if patients get satisfactory service the patient will talk to his relatives, giving rise to opportunities for hospitals, by using the patient's perception of treatment performed by a doctor, the disease is resolved Shelah treatment at Hospital Dr. Iskak Tulunagung, caring nurses in dealing with complaints and ease of administration in accordance with the

expectations of the patient, the patient will feel satisfied in a given treatment nurse at Hospital Dr. Iskak Tulungagung. Conversely, if the patient or discuss customer service less pleasant or not getting the satisfaction of the waiter to the close relatives of the hospital likely will lose patients or customers.

## 6.2. Influence MCSQ and COSE Against Service Recovery

MCSQ contributes more to service recovery compared to COSE. MCSQ hospital plays an important role in supporting the success of the business. MCSQ the largest contribution to the increase in service recovery is investment in technology is reflected in the completeness of medical equipment and computerization in the administration. Completeness of medical equipment, a supporting facility services in hospital to give action to the patient, care and treatment. Computerization in hospital administration was very helpful because each program has been integrated information system, so that when needed thorough information to function efficiently and effectively. The more complete services of a hospital, the more complex the types of actions and services that must be provided, all of which must remain within a unified coordination. This is consistent 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 activity and the attitude of top management-related service providers with employees behave in a way that is customer-oriented). Hartline and Ferrell (1996) states that MCSQ a strong influence on the performance of service recovery. The results are consistent with Babakus et al, (2003) and Ashill, et al. (2008) which states that MCSQ effect on satisfaction. This is consistent 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 activity and the attitude of top management-related service providers with employees behave in a way that is customer-oriented). Hartline and Ferrell (1996) states that MCSQ a strong influence on the performance of service recovery. The results are consistent with Babakus et al, (2003) and Ashill, et al. (2008) which states that MCSQ effect on satisfaction. This is consistent 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 activity and the attitude of top management-related service providers with employees behave in a way that is customer-oriented). Hartline and Ferrell (1996) states that MCSQ a strong influence on the performance of service recovery. The results are consistent with Babakus et al, (2003) and Ashill, et al. (2008) which states that MCSQ effect on satisfaction. 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 are the activities and attitude of top management of the provider of services related to employee behavior with customer-oriented fashion). Hartline and Ferrell (1996) states that MCSQ a strong influence on the performance of service recovery. The results are consistent with Babakus et al, (2003) and Ashill, et al. (2008) which states that MCSQ effect on satisfaction. 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 are the activities and attitude of top management of the provider of services related to employee behavior with



to make decisions that are relevant to fulfilling the needs and desires of customers. In line with the results of research and Thorsten Hennig-Thurau (2004) and Grönroos (1988) which states that the COSE effect on service recovery. and the freedom of employees or authority (as perceived by its own employees) to make decisions that are relevant to fulfilling the needs and desires of customers. In line with the results of research and Thorsten Hennig-Thurau (2004) and Grönroos (1988) which states that the COSE effect on service recovery. and the freedom of employees or authority (as perceived by its own employees) to make decisions that are relevant to fulfilling the needs and desires of customers. In line with the results of research and Thorsten Hennig-Thurau (2004) and Grönroos (1988) which states that the COSE effect on service recovery.

The findings of this research, which is reflected MCSQ of completeness of medical equipment and computerization in the administration with COSE as reflected in the communication ability of doctors to have an impact on service recovery reflected the waiting time according to the agreement.

### **6.3. Influence COSE MCSQ and Customer Satisfaction**

COSE further contribute to customer satisfaction compared to MSCQ. MCSQ role in increasing customer satisfaction. Customer satisfaction is illustrated on the service in accordance with the expectations of the patient in the form of conformity physician services, nursing services and accuracy conformity doctor's appointment. Patients will feel satisfied if patients receive services that meet patient expectations. Patient satisfaction emerged from the first impression incoming patients to health care that is given as a hospital attendant friendliness, speed in service. The hospital is considered both when providing services pay more attention to the needs of patients and others who visit the hospital. Patients who satisfied a very valuable asset because if patients are satisfied will continue to make use of the services of his choice, but if the patient was not satisfied patient will tell you two times more powerful to others about bad experiences. In order to create a hospital patient satisfaction should create and maintain a system to obtain more patients and the ability to retain patients. This is consistent with the concept of Karna (2004: 71), quality as the extent to the which a product or service meets and / or exceeds a customer's expectations. Customer satisfaction is a matter that can not be separated in each service / service, because of the presence of customer satisfaction will make the hospital will be more advanced and appreciated, if the hospital can give a satisfaction to customers, it can make customers feel what the the customer needs can be met.

COSE affect customer satisfaction, this suggests that doctors, nurses, laboratory, pharmacy clerk and administrative personnel who have Technical skills, social skills, motivation and Decision making authority can increase customer satisfaction. COSE which contribute to the improvement of customer satisfaction is reflected in social skills of communication ability of doctors. This shows that not only required a doctor is able to provide medical services, but also must be able to master the skills to communicate both to the patient so that the patient relationship with health service can run well. The state will encourage hospitals to be able to achieve a competitive advantage that can win the competition in providing health care services to patients compared to other hospitals. Communication in the hospital on complaints of patients quickly accepted by the service providers, especially nurses in providing relief to the patient's complaints. Customer satisfaction good hospital is very important for the continuity of a hospital, because it would affect all elements within the hospital. This fits the concept Flavell (1977) that the technical capabilities of employees are knowledge and technical motor skills or to be possessed by the employee during the process of interaction with customers. The

technical ability is very important for fulfillment as a characteristic that should be there and the service process, which requires the employee to respond as soon as possible to the customer. While social skills focused on the ability of employees in response to the customer's perspective during the interaction takes place. The results are consistent with and Thorsten Hennig-Thurau (2004: 464), Tjahyono (2012: 44) and Hanzaee, et al (2011: 136) states that the COSE effect on customer satisfaction.

The findings of this research, which is reflected MCSQ of completeness of medical equipment and computerization in the administration with COSE reflected from the communication ability of doctors to be able to improve customer satisfaction as reflected in physician services obtained at Hospital Dr. Iskak Tulungagung in line with expectations, the service nurse for at Hospital Dr. Iskak Tulungagung in line with expectations and the waiting time to see the doctor as promised.

### **6.6. Influence Service Recovery on Customer Satisfaction**

Customer satisfaction is influenced by the Service hospital recovery, this suggests that the higher the quality of health care in terms of the perception of the patient, the higher the level of customer satisfaction that is felt by the patient. Service recovery is illustrated by contact (contact and provide input), responsiveness (waiting time and immediately served) and compensation (service and suitability). If all of the patient's expectations are met we can be sure the patient will be satisfied on hospital services. This is consistent with the concept of Grönroos (1988) that the Service recovery refers to the act of service providers in taking and responding to service failures. Patients who are satisfied will reuse the health service require health services. As the opinion of Smith et al. (1999) that there are two types of failures that require different recovery; Process (from contact and make a purchase), and outcomes (what makes the failure of the customer). To anticipate the increasingly intense competition in the health serv services, then the hospital should be able to provide services that meet the needs and satisfaction of patients. Therefore it is necessary to do a management of the quality of services offered to meet customer satisfaction. Quality of service is managed properly will give good results to the satisfaction of the patient. If patients feel satisfactory service in accordance with the patient's wish, it will benefit the hospital. The results are consistent with Andreassen (2000), Boshoff (1997), McCollough et al (2000) and Smith et al.

### **6.7. Influence COSE MCSQ and Customer Satisfaction through Service Recovery**

MCSQ reflected supportive hospital management and investment in technology. COSE is reflected in the technical skills, social skills, motivation and decision making authority. MCSQ and COSE effect on customer satisfaction is illustrated as follows: if the hospital has a complete medical equipment, komputersasi in administration, coupled with the ability of doctors to communication and understanding the needs of patients, the ability of nurses in communication and consider the viewpoint of the patient and the ability of officers laboratory, the patient will feel happy because hospitals provide services in accordance with the patient's expectations. Patients will be satisfied if the waiting time according to the agreement.

Giving MCSQ good and COSE in hospital then it will create satisfaction for patients. Patients will be able to obtain the satisfaction of the services provided hospital services if they meet the appropriate quality of service and patient values and assumptions of the treatment provided by the health workers. Patients who satisfied the service will be more cooperative hospital and the hospital staff will be motivated to provide better service.



Good customer satisfaction will establish a public mindset that people have health problems, people do not need to think twice where people will have health care, because based on experience, which are experienced alone or based on public information obtained.

This research has provided the theoretical meaning that service recovery is intervening MCSQ and COSE influence on customer satisfaction. Recovery service indicator largest contribution is responsive reflected the waiting time according to the agreement. Overall the research findings indicate that MCSQ more dominant service recovery compared to COSE. But its effect on customer satisfaction, COSE more dominant compared to MCSQ customer satisfaction. Service recovery is stronger mediate MCSQ influence on customer satisfaction compared mediate COSE influence on customer satisfaction.

finding in this study medical treatments are complete, process payments computerize, doctors communicators and understand the needs of patients, laboratory adequate, nurses and administrative personnel and vibrant effect on the reduction of service failures are reflected in the waiting time according to the agreement that have implications for patient satisfaction reflected on the suitability of services of doctors, nurses and pharmacy needs, desires and expectations of the patient.

## **7. CONCLUSIONS AND RECOMMENDATIONS**

### **7.1. Conclusion**

- 1) MCSQ formed by supportive management and investment in technology. The main thing is supportive management MSCQ formation reflected in the management support payment convenience of administration. COSE in this case the patient is formed by technical skills, social skills, motivation and decision making authority. The main thing is the COSE forming social skills is reflected in the ability of doctors to communication. Service recovery is formed of a responsive and compensation. The main thing in the establishment of a responsive service recovery is reflected in the waiting time according to the agreement. Customer satisfaction is formed of patient services that meet expectations, the impression in receiving care and experience for services received. The main thing in the formation of customer satisfaction is the experience during the service gets reflected from administrative services.
- 2) MCSQ and COSE effect on service recovery. These findings can be explained that the investment in technology, which is described by the availability of medical equipment and computerization in the administration as well as the ability communication ability of doctors as COSE picture can give a feeling of comfort when making health care or disease management because it fits with what was expected. This is in line with the results Babakus et al, (2003) and Ashill, et al. (2008) which states that MCSQ effect on satisfaction. And Thorsten Hennig-Thurau (2004) and Grönroos (1988) which states that the COSE effect on service recovery.
- 3) MCSQ and COSE effect on customer satisfaction. These findings can be explained that the investment in technology, which is described by the availability of medical equipment and computerization in the administration as well as the ability communication ability of doctors as COSE picture can lead to patient satisfaction. The results are consistent with Kasiman (2013) and Tjahyono (2012) which states that MCSQ effect on customer satisfaction. And Thorsten Hennig-Thurau (2004), Tjahyono (2012: 44) and Hanzae, et al (2011: 136) states that the COSE effect on customer satisfaction.

- 4) *service recovery* effect on customer satisfaction. These findings suggest that the service for which the patient's expectations, especially from the waiting time according to the agreement so that patients feel doctors care for the patients, it can establish customer satisfaction at the hospital. The results are consistent with Andreassen (2000), Boshoff (1997), McCollough et al (2000) and Smith et al. (1999) which states that the service recovery on customer satisfaction.
- 5) MCSQ and COSE effect on customer satisfaction through service recovery. Service recovery MCSQ and COSE mediating influence on customer satisfaction. This gives the meaning of customer satisfaction in the health services in the hope of the patient, if the patient's perceived satisfaction of completeness MCSQ provided in the form of medical equipment and computerization in the administration of COSE be accompanied by a doctor's ability in communication. Patients will feel more satisfied if they are supported by the recovery in the form of a responsive service reflected the waiting time according to the agreement.

## 7.2. Suggestion

- 1) theoretically  
Enriching the concept of service recovery by developing concepts and concept MCSQ COSE as a driver of customer satisfaction.
- 2) Practical
  - a) Hospital Management Dr. Iskak Tulungagung periodic quality control of medical supplies for all levels of society.
  - b) Nurse Hospital Dr. Iskak Tulungagung better utilize the spare time to communicate to patients or activities that could help the development of the health of the patient.
  - c) For the sake of patient satisfaction, hospital doctor should always be precise in providing treatment to the patient, so the patient's belief in the use of hospital services will be more satisfied.
  - d) For further research, can continue / expand research now by adding other variables that affect the service recovery and customer satisfaction as the price and quality of service.

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