

CONSUMER PREFERENCE OF SERVICE DELIVERY AT RUMAH SAKIT HASAN SADIKIN AFTER BPJS IMPLEMENTATION

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ABSTRAK

Diluncurkan pada tahun 2014, Jaminan kesehatan sosial di Indonesia, biasa dikenal dengan Badan Penyelenggara Jaminan Sosial yang biasa disebut dengan BPJS, bertujuan untuk dapat lebih banyak menjangkau masyarakat miskin. Meski memiliki tujuan yang baik, masih banyak keraguan yang muncul bahwa sistem jaminan kesehatan baru ini dapat menjadi solusi yang tepat, Terlebih mengingat luasnya skala yang ingin dicapai. Keraguan terbesar muncul khususnya berkaitan dengan penyediaan layanan. Keterikatan antara pasien dengan penyedia layanan kesehatan menjadi salah satu syarat keberhasilan pelayanan¹. Itulah mengapa dalam penelitian ini, penulis mencoba mengetahui bagaimana preferensi konsumen berkaitan dengan penyediaan layanan di Rumah Sakit Hasan Sadikin. Dalam penelitian ini, penulis menggunakan pendekatan statistik. Multiple linier Regression digunakan untuk mengetahui faktor yang memiliki pengaruh terbesar berkaitan dengan kepuasan konsumen, dan untuk lebih lanjut, conjoint analysis digunakan untuk dapat melihat preferensi konsumen atas faktor tersebut.

Kata Kunci : *Jaminan Kesehatan Sosial, ,Consumer Preference, Service Delivery, Multi Linier Regression, Conjoint Analysis.*

ABSTRACT

In 2014, Indonesia was implement National health insurance system that known as Badan Penyelenggara Jaminan Sosial (BPJS / Social Insurance Administrative Organization) as the way to enhances medical coverage and extends its reach to poorer communities. However, despite its noble goals there are doubts on the implementation which has a large-scale undertaking, especially on its service delivery. The engagement of the patient in the health service becomes a condition for the successful delivery of the service itself¹. That is why in this paper the author is try to find out how consumer preference of service delivery at Rumah Sakit Hasan Sadikin. In this paper the author is using statistical tools, which is multiple linier regression to find out what factors that have higher effect to customer satisfaction and for further more factors with higher effect will be examine by using conjoint analysis to see the consumer preference of service delivery it self.

Keyword : National health insurance system, Consumer Preference, Service Delivery, Multi Linier Regression, Conjoint Analysis.

¹Berry, L., & Seltman, K. (2007). Building a strong services brand: Lessons from Mayo Clinic. Bussiness Horizon, 199–209.

INTRODUCTION

As one of several low-and middle-income countries, Indonesia, aiming to improve their health financing systems and implement universal health coverage (UHC) so that all people can access quality health services without the risk of financial hardship. By 2009 the government has committed to achieving universal coverage finally in 2014 Indonesia was implement National health insurance system that known as Badan Penyelenggara Jaminan Sosial (BPJS / Social Insurance Administrative Organization) as the way to enhances medical coverage and extends its reach to poorer communities.

BPJS is counted as one of the world's biggest health care scheme in 2014 by setting up an insurance fund to cover all 240 million of its citizens (BBC,2013). With nearly 20 trillion rupiah (US\$1.6 billion) allocated to cover premiums for the poor in 2014 and by 2019, the targets are: BPJS is fully trusted by the public; the entire population is insured; equal medical and non-medical benefit packages for all participants; equal distribution of health facilities; laws and regulations adjusted as required; at least 85 per cent of participant and 80 per cent of health facilities are satisfied with the services from BPJS; and

the financial management of BPJS has achieved the optimal level of transparency, efficiency and accountability (Simmonds & Hort, 2013).

However, despite its noble goals and the general improvements to Indonesia's medical service and facilities, there are doubts on the implementation such a large-scale undertaking and to obtain stakeholders approval for the task (Wendharti). The implementation of BPJS of course come with trade-off, it is shown by several issues emerging to the surface after the implementation. Based on the observation issues that came up were related to reimbursement, claims management, waiting time, and other organizational factors that Emmanuel K. Sakyi, Roger A. Atinga and Francis A. Adzei state in their paper (Managerial problems of hospitals under Ghana's National Health Insurance Scheme in 2012) will surely constraining service delivery.

One of the problems is related to the delivery of service that service provider can give to their customer regarding to limitation that comes from BPJS regulation. Some of the issues such as more process to be undertaken by patient in order to get the service, a long bureaucratic process that

must be undertaken by service provider and inadequacy of authority that BPJS give to service provider becoming trigger to service delivery problems such as bottle neck or delayed services.

Purpose of the Research

As mentioned in previous section, Rumah Sakit Hasan Sadikin (RSHS) as one of BPJS Health facility provider located in Bandung, which expected respond to the needs of customer precisely, fast and flexible was encounter several issues. In order to find solution of that problem, the author conduct a research to know how customer preference of the service delivery in RSHS.

Since this research is using service science perspective, one of the major importance to be consider in service science perspective is a value co-creation based on mutual understanding between customer and provider. Service-dominant (S-D) logic is tied to the value-in-use meaning of value. The roles of providers and consumers are not distinct, meaning that value is co-created, jointly and reciprocally, also mutually beneficial relationship. However, at crucial points of interaction between customer and provider, where the co-

creation experience occurs and where value is co-created, misunderstandings and service breakdowns can destroy the relationship (Novani&Kijima).

By this research we can elaborate how patients could be actively engaged in the development of healthcare, and ways in which the patients' knowledge and experiences from the healthcare process could be utilized to increase quality and innovation.

It is why the aim of this research is to find out consumer preference of service delivery at Rumah Sakit Hasan Sadikin after BPJS implementation in order to investigate the possibilities in compassionate the process how mutual understanding can be attaining in rigorous way by several determined through several stages has been specified.

Research Objective

This research proposed service delivery based one consumer preference to be used as a recommendation of how should be RSHS as service provider convey their service delivery. To attain this propose, several objectives that must be fulfilled are:

1. Identify relationship between attributes of service quality (reliability, responsiveness, assurance, Empathy, tangible) with customer satisfaction in RSHS.
2. Identify Patient preference of service delivery in RSHS.

Research Limitation

This research might have several limitations. One of the biggest limitation is because the implementation itself is still new, so there are limited journal article or book discussing about universal health coverage in Indonesia that can be used as reference. Regarding to this issue, researcher also found some difficulties in collecting data secondary data. Second limitations related with the conclusions which must be taken with the caution derived from the knowledge of the limitations of the study. Because the analysis has focused on one hospitals, so the sample, though sufficient, is restricted to one specific case. Although it would have been ideal to have samples of various hospitals and from different geographical areas, budgetary restrictions and administrative authorizations prevented this. And last but not least, limitation on this research is that loyalty is a continuous

variable, which feeds back to the process and is influenced by it. In this study, we have tested the model with cross-sectional data, but it would be much richer to test the hypotheses in time series.

LITERATURE REVIEW

Service

According to Philip kotler's definition service is any activity of benefit that only one party can over to another that is necessarily intangible and doesn't result in the ownership of anything. Its production may or may not be tied to a physical product.

Some service is offered individually while other are offered as a supplement to a product purchased or a major service consumed by the customer. That's why from this definition we can infer that there are four main characteristic of service, its intangible, Inseparable, variable, and perishable (Kotler & Amrstrong, 2013).

Shifting Paradigm from Good Dominant to Service Dominant

Marketing was about taking goods and services "to market, In the early 1900s." In fact, the American Marketing Association initially (mid 1930s) defined marketing as

the set of business activities that direct the flow of goods and services from producer to consumer. After World War II, marketing thought in the U.S. moved to a “market to” orientation in which the market and customer were researched and analyzed and then products were produced to meet customer or marketplace needs. However, under this “marketing concept,” the customer was viewed an operand resource—a resource to be acted on. That is, a goods-dominant logic remained and the customer was segmented, targeted, promoted to, distributed to, captured, and then enticed to continue to purchase by the seller using heavy promotional programs where transparency was the exception. The underlying notion was value distribution (Webster,1992).

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In contrast, S-D logic advocates viewing the customer as an operand resource – a resource that is capable of acting on other resources, a collaborative partner who co-creates value with the firm¹¹ – and promotes a “market with” philosophy. We can see the strict separation between firms and the customer in G-D logic. The firm was seen as the active source of expertise and knowledge that was used to develop innovative and creative marketing offerings that were produced in the factory. Therefore, the company and the factory were seen as the source of value (Vargo & Akaka, 2009).

Service-dominant (S-D) logic is an alternative to the traditional, goods

dominant (G-D) paradigm for understanding economic exchange and value creation. This service-centered view is based on the idea that service – the application of competences for the benefit of another – is the basis of all exchange (Vargo & Akaka, 2009).

S-D logic proposes an alternative perspective for the study of economic exchange, which actually is more consistent with Smith's more foundational notions of real value (applied, specialized knowledge) and value-in-use than the G-D logic that grew out of his restricted work on national wealth creation. This service-centered view suggests that market exchange is the process of parties using their specialized knowledge for each other's benefit – that is, for mutual service provision (Vargo & Akaka, 2009).

In S-D logic, service is defined as the application of specialized competences (operant resources—knowledge and skills), through deeds, processes, and performances for the benefit of another entity or the entity itself. It is important to note that S-D logic uses the singular term, “service,” which reflects the process of doing something beneficial for and in conjunction with some entity, rather than units of output—

immaterial goods—as implied by the plural “services.” Thus, in S-D logic, goods and service are not alternative forms of products. Goods are appliances (tools, distribution mechanisms), which serve as alternatives to direct service provision. Service, then, represents the general case, the common denominator, of the exchange process; service is what is always exchanged. Goods, when employed, are aids to the service-provision process (Vargo & Lusch, 2008).

Service Science

The Council's cochairman and president of IBM Samuel Palmisano, was the first to raise the concept of service science and emphasized the importance of the new discipline as the foundation for service innovation in economic growth. The new academic discipline of service science is built upon the existing European and US discipline of service marketing and service management (Tadahiko, 2005).

Align with that definition, Paul Horn, Head of IBM Research, said that service science is the interdisciplinary application of science, engineering, and management for the purpose of improving services. It also contributes to systematic innovation and improved productivity, quality,

performance, compliance, development, reusability, of knowledge, and operational innovation in service. Furthermore, service science probes the value of service providers and client within collaborative and risk sharing20.

Service science is an emerging area of study, based on ten foundational concepts, with a focus on entities, known as service system entities, which normatively interact via value-co-creation mechanisms (Vargo & Ludch, 2008).

RESEARCH METHODOLOGY

Study Area

This study was undertake in 2015 and using Rumah Sakit Hasan Sadikin (RSHS) as an object, RSHS is a public hospital located in Jl. Pasteur No. 38, Bandung, Indonesia. RSHS institutional status now has become public hospitals center (Rumah Sakit Umum Pusat, RSUP). They have international standard and has become referral hospitals in west java region. This hospital was also become place for medical student from Padjajaran University practicing their study.

In RSHS they have both medical service and support service. In Medical service

they have emergency room, outpatient installation and hospitalization. Now they have 996 bed consists of 72 units VIP, 98 units class I, 129 units class II, 587 units class III unit, 35 intensive units (GICU, ICCU, NICU, PICU), 42 High Care units, 29 special units, and 4 insulation units.

Preliminary Study

The initial step in this research are conducting literature review observation and interview in order to get the sense of the real problem and obtain the information that can become the base of variables, agent or actor that should be consider in this research. In this research observation will be conducted at the RSHS, the interview and FGD will be conducted at RSHS.

Quantitative Study

There are two statistical tools used in this research, first is multiple linier regression to analyze the relationship between several independent (predictor) variables and single dependent (predictor) variable (Joseph, William, & Barry, 2009). And second statistical tools is conjoint analysis, it was used to understand how individuals evaluate products/services and form preferences (Green, P., & Rao, V. (1971).

Multiple Linier Regression

Multiple regression is used to analyze the relationship between several independent (predictor) variables and single dependent (predictor) variable, the aim of this analysis is to use the independent variables whose value are known to predict the single dependent value selected by the researcher (Joseph, William, & Barry, 2009). That is why by using multiple linier regression the author was trying to se e relationship between attributes of service quality and customer satisfaction in RSHS.

Multiple regression analysis is a dependence technique. Thus, to use it we have to be able to divide the variables into dependent and independent variables (Joseph, William, & Barry, 2009). In this research the dependent variable will be customer satisfaction in RSHS and the independents will consist of reliability, responsiveness, assurance, Empathy and tangible from service that deliver by RSHS.

Conjoint Analysis

In this research, conjoin analysis is used to see the consumer preferences and their values. With the result, a company can develop the marketing strategies to increase customer satisfaction on, loyalty

and retention, and strengthening their competitive position. Conjoint analysis was chosen to conduct this study because nowadays, it is impossible to remain cost competitive and offer every feature desired by customer (Pullman, Moore, & Wardell, 2002).

By observing how respondents evaluate products in response to changes in the underlying at tribute levels, we can estimate the impact (utility) each attribute level has upon overall product preference. Once we learn respondents' preferences for the various attribute level, we can predict how buyers might respond to any potential combination of levels in our study. Conjoint analysis is best suited for understanding how young people these days choose their recreational destination site in this study.

Data Analysis

Multiple Regression

Multiple regression analysis was used to analyze quantitatively the impact of service quality which consist of reliability, responsiveness, assurance, empathy, and tangibility to satisfaction.

Based on the data obtained from the 150 respondents and running by using multiple

regression analysis with the help of software SPSS 20 resulting:

Model Summary^a

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.417 ^a	.174	.146	3.37523	1.752

a. Predictors: (Constant), Tangibility, Empathy, Assurance, Reliability, Responsiveness

b. Dependent Variable: Satisfaction

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	346.304	5	69.261	6.080	.000 ^b
	Residual	1640.469	144	11.392		
	Total	1986.773	149			

a. Dependent Variable: Satisfaction

b. Predictors: (Constant), Tangibility, Empathy, Assurance, Reliability, Responsiveness

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error				Beta	Tolerance
1	(Constant)	19.535	3.207		6.091	.000	
	Reliability	.193	.152	.150	1.265	.208	.406
	Responsiveness	.039	.162	.031	.241	.810	.346
	Assurance	.017	.061	.021	.274	.784	.977
	Empathy	.422	.118	.278	3.571	.000	.949
	Tangibility	.133	.113	.132	1.175	.242	.454

Through the processing of data obtained information about the relationship and the influence of the five independent variables (Reliability, Responsiveness, Assurance, Empathy and tangibility) on the dependent variable (customer satisfaction).

Table above show the magnitude of the relationship between the variables X1, X2, X3, X4, X5 with Y, it can be seen through the correlation coefficient (R) of 0.471. R = 0.471 indicates that the relationship between customer satisfaction with five independent

variables was not really strong with adjusted R square is 0.146. This means that only 14,6% of the variation in customer satisfaction can be explained by the variation of the five independent variables.

Based on the calculation, model for multiple linier regression will be like this:

$$Y = 19.535 + 0.193 X_1 - 0.039X_2 + 0.017X_3 + 0.422X_4 + 0.113X_5 + e$$

Based on the data in Table above The significance test is also conducted, significance is the effort to know the effect of each independent variable on the dependent variable. And from that we can see that empathy is the only variable that has a significant impact to customer satisfaction.

Conjoint Analysis

Crosstabulations Test

Based on cross tabulations test, only expense that has an affect to the preference of hospital with medical personnel who showed understanding towards patient's special needs.

Conjoint Test

Bellow are the result of conjoint test from the data:

Utilities			
		Utility Estimate	Std. Error
individual_service	High	.637	1.454
	Moderate	.186	1.705
	Low	-.823	1.705
Care_needs	High	.214	1.454
	Moderate	-2.321	1.705
	Low	2.107	1.705
solving_problem	High	3.149	1.454
	Moderate	-2.740	1.705
	Low	-.409	1.705
understand_spec_need	High	.387	1.454
	Moderate	.632	1.705
	Low	-1.019	1.705
(Constant)		7.403	1.311

Importance Values	
individual_service	13.407
Care_needs	31.173
solving_problem	40.944
understand_spec_need	14.475
Averaged Importance Score	

Correlations ^a		
	Value	Sig.
Pearson's R	.730	.001
Kendall's tau	.504	.003

a. Correlations between observed and estimated preferences

The most important value for patient based on conjoint analysis is solving problems, it shown that most of patient prefer to find hospital that have medical personnel who was truly interested in solving patient's problem.

One of the most fundamental concept in conjoint analysis and the conceptual basis for measuring value is Utility itself, it is a subjective judgment or preference unique to each individual. Utility encompasses all features of the object, assumed to be based on the value placed on each of the levels of

the attributes, and it is expressed by a relationship reflecting the manner in which the utility is formulated for any combination of attributes (Hair, Black, Babin, & Anderson, 2010).

While the most preferred combination is the combination that has the biggest total utility compared to the other combinations, which is Combination G. The calculation from all combinations can be seen at the table below:

Category	Combination	utility
A	Hospital with medical personnel who give high individual attention, so much care needs of the patient, very helpful in solving problems addressing patient and very understanding of the specific needs of the patient.	0.637
		0.214
		3.149
		0.387
	Constant	7.403
	Total Utility	11.79
B	Hospital with medical personnel moderately give individual attention, moderately patient care needs, moderately in helping to solve patient problems and not really understanding the specific needs of the patient.	0.186
		-2.321
		-2.740
		0.632
	Constant	7.403
	Total Utility	3.16
C	Hospital with medical personnel who do not give any individual attention, not considering the needs of patients, not helpful in solving problems and not understanding the specific needs of the patient.	-0.832
		2.107
		-0.409
		-1.019
	Constant	7.403
	Total Utility	7.25
D	Hospital with medical personnel who moderately give individual attention, very care needs of the patient, very helpful in solving problems addressing patient and very understanding of the special needs of patients.	0.186
		0.214
		3.149
		0.387
	Total Utility	11.339
E	Hospital with medical personnel who do not give any individual attention, very care to needs of the patient, very helpful in solving problems addressing patient and very understanding of the specific needs of the patient.	-0.832
		0.214
		3.149
		0.387
	Constant	7.403
	Total Utility	10.321
F	Hospital with medical personnel who give individual attention, moderately care of patient needs, very helpful in solving problems addressing patient and very understanding of specific needs of the patient.	0.637
		-2.321
		3.149
		0.387
	Constant	7.403
	Total Utility	9.255
G	Hospital with medical personnel who give individual attention, not considering the needs of the patient, very helpful in solving patient's problems and very understanding of addressing the patient's special needs.	0.637
		2.107
		3.149
		0.387
	Constant	7.403
	Total Utility	13.683
H	Hospital with medical personnel who give individual attention, so much care of patient's needs, moderately help patients to solve problems in addressing patient and very understanding of the specific needs of the patient	0.637
		0.214
		-2.740
		0.387
	Constant	7.403
	Total Utility	5.901
I	Hospital with medical personnel who give individual attention, so much care patient's needs, does not help in solving problems addressing patient and very understanding of the specific needs of the patient.	0.637
		0.214
		-0.409
		0.387
	Constant	7.403
	Total Utility	8.232
J	Hospital with medical personnel who give individual attention, so much care of patients needs, moderately in helping to solve the problems and moderately in the sense of addressing the needs of specific patients.	0.637
		0.214
		3.149
		0.632
	Constant	7.403
	Total Utility	12.035

One of the most fundamental concept in conjoint analysis and the conceptual basis for measuring value is Utility itself, it is a subjective judgment or preference unique to each individual. Utility encompasses all features of the object, assumed to be based on the value placed on each of the levels of the attributes, and it is expressed by a relationship reflecting the manner in which the utility is formulated for any combination of attributes (Hair, Black, Babin, & Anderson, 2010). Last table above also shown the correlations between observed and estimated preferences is significant by Pearson (0,001) and Kendall tests (0,000).

CONCLUSION

At the end, result of this study is to answer the research questions, which are:

RQ 1: How does relationship between attributes of service quality (reliability, responsiveness, assurance, Empathy, tangible) and customer satisfaction in RSHS?

RQ 2 : How does consumers' preferences for the attributes of service quality in RSHS?

By using multiple linear regression, we

could see that the five independent (Reliability, Responsiveness, Assurance, Empathy and tangibility) variable do consider as variable that has impact to the dependent variable (customer satisfaction) because sig. are below 0.05. But from the result with R square is 0.146, means that only 14,6% of the variation in customer satisfaction can be explained by the variation of the five independent variables and we can conclude that there a more variable should be inserted to the model.

From multiple linier regression we also could see that empathy has highest slope and become the only variable that significantly impact to customer satisfaction. This phenomenon was something should be take seriously by the provider, because nowadays people are demanded, especially related to how the deliverance, people become more and more wanted to treated personally. They required provider to treat them special and personal.

After knowing that empathy has highest impact in determining customer satisfaction by using conjoint analysis we could see how does consumer preference. What kind of empathy action and combination should RSHS perform in order to gain customer satisfaction which sooner or later will

become sustainable benefit for RSHS.

From the utility calculation we can see that patient are prefer to come to hospital with medical personnel who give individual attention to them, very helpful in solving patient's problems and very understanding of addressing the patient's special needs but they think that they did not need medical personnel who was to much considering all they (patient) needs. This probably because basically people who go to hospital was trying to find solution from the medical personnel, they were need assistance from medical support, and they considering that medical personnel were know what to do to help, they need someone telling them what do should do.

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