Analysis of The Influence Patient Safety, Service Quality, Marketing Mix, Toward Patient Satisfaction and Patient Loyalty for Inpatients of Private Hospitals in Surabaya

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ABSTRACT : *This research includes studies explanation (explanatory research) is causality that explains a relationship between variables by testing the hypothesis that there is. The population of reseach was patients who had received inpatient health services with the unit of analysis is a private hospitals in Surabaya. This reseach use a sampling technique with accidential sampling method. Patient safety variable were measured through indicators of patient identification, effective communication, drug safety, assurance procedures, the risk of infection, the risk of patient falls. Marketing mix variable were measured through indicators of product, price, promotion, place, participant, process, physical evidence. Service quality variable were measured through indicators reliability, assurance, tangible, empathy, responsiveness. Patient satisfaction variable were measured through indicators, namely; suitability of hope, fulfillment, fulfillment of desires. Patient loyalty variable were measured through indicators repeat purchase, retention, referalls, Results of this reseach: 1) Patient safety have a significant effect on patient satisfaction for inpatient of private hospitals in Surabaya. 2) Marketing mix have a significant effect on patient satisfaction for inpatient of private hospital in Surabaya. 3) Service quality does not have a significant effect on patient satisfaction for inpatient of private hospitals in Surabaya. 4) Patient safety does not have a significant effect on patient loyalty for inpatient of private hospitals in Surabaya. 5) Servive quality have a significant effect on patient loyalty for inpatient of private hospitals in Surabaya. 6) Marketing mix have a significant effect on pateint loyalty for inpatient of private hospitals in Surabaya. 7) Patient satisfaction have a significant effect on patient loyalty for inpatient of private hospitals in Surabaya. 8) Patient safety have a significant effect on the service quality for inpatient of private hospitals in Surabaya.*

KEYWORDS – *Patient Safety, Marketing Mix, Service Quality, Patient Satisfaction, Patient Loyalty*

I.   INTRODUCTION

As the demands of the market demand and technological developments, the existence number of hospitals over time tends to increase, including the capacity of his bed. However, with the increasing number of private hospitals in Surabaya is not necessarily always followed by the loyalty of his patients so that patients sometimes feel compelled to come to the hospital because you want to heal. Similarly, the development of the existing hospital is not necessarily followed by the performance is getting better, it can be seen from the indicators of hospital performance through calculation Bed Occupancy Ratio (BOR), Average Length of Stay (ALOS), and Turn Over Interval (TOI) .

Definition BOR (Bed Occupancy Ratio) by the Ministry of Health of the Republic of Indonesia (2005), is the number of bed use, is the percentage of use of the bed at a certain time unit. This indicator provides an overview of high low utilization rates of hospital beds. BOR ideal parameter value is between 60% to 85%. BOR condition private hospital in Surabaya from 2010 up to 2012 amounted to an average of 45.19% when ideal conditions are 60% to 85%, this means it is still far below the applicable regulations. BOR with low levels achieved in conditions of private hospitals illustrates that satisfaction to the patients at the hospital in question is less good. As a consequence, if the number is low, the BOR, the hospital management is concerned should be able to improve service satisfaction to patients, especially for those who are in hospitalization.

Definition of ALOS (Average Length of Stay) according to the Ministry of Health of the Republic of Indonesia (2005), is the average length of patients hospitalized. ALOS measurements can give you a quality of service, when applied to the diagnosis of certain diseases can be things that need further observation. In general, the ideal ALOS between 6 days to 9 days. Conditions ALOS private hospital in Surabaya, which occurred in 2010 up to 2012 the average was 4.47 days, whereas under the provisions of that ideal is only 6 days to 9 days.

With the low ALOS condition that occurs in a private hospital in Surabaya illustrates that the poor level of efficiency and quality of services also includes diiberikan to his patients not in accordance with the expectations of the patients.

Understanding TOI (Turn Over Interval) according to the Ministry of Health of the Republic of Indonesia (2005) is a grace rotation of the bed, which is an average day when bed not occupied from time filled have been filled to the next. This indicator illustrates the level of efficiency of use of the bed. Ideally empty bed is not charged in the range of 1 to 3 days. Conditions TOI private hospital in Surabaya in 2010 up to 2012 was an average of 8.34 days, whereas under the provisions of that ideal is equal to 1 day up to 3 days. With the high TOI condition that occurs in a private hospital in Surabaya illustrates that the efficiency levels of less well due to the large number of unused beds by patients.

Ballard (2003) states that patient safety is an important and vital component in the quality of nursing care. And patient safety is also the first critical step to improve quality of service (Cahyono, 2008). While the purpose of patient safety is 1) A culture of patient safety in hospitals, 2) Increased accountability of hospitals to patients and society, 3) The reduced incidence of Unexpected hospital, 4) Implementation of prevention programs so that there is no repetition of the incident Unexpected (KTD).

Scientific research started from a problem that arises in a study that has been conducted previous research that still need improvement or still require new answers, so that is regarded as a research gap which was a study conducted by a researcher to answer the problem of an existing research , scientific research can be started from the observation of the phenomenon of everyday business activities were observed so that it will appear a problem worthy of study. The observations made by researchers based on performance data private hospital in Surabaya, the increased number of outpatient visits and inpatient private hospital in Surabaya, but was not followed by the fulfillment of minimum standards BOR (Bed Occupancy Ratio).

Results of several studies have shown a good concept but there is no empirical evidence that patient safety program with six indicators which is 1) the accuracy of patient identification; 2) an increase in effective communication; 3) improved drug safety that needs to be watched; 4) the certainty of the location-right right right procedure the patient post-surgery; 5) reduction in the risk of infection; 6) reduction in the risk of patient falls. Furthermore, researchers have conducted the search was deeper through previous studies and journals to be used as an empirical findings, but still have not found research that is intended that influence patient safety with 6 indicator called six golas to service quality, kepauasan patient, and the patient loyaltas. Therefore, researchers temporarily found the influence of patient safety research on the quality of care, patient satisfaction, and patient loyalty is the first study carried out at the same time is the originality of this research.

Not much research done on the effect of patient safety, but there are similarities in the study of Hardiman (2003), which proves the health care system in Indonesia is still not good. The research result Hadiman showed that the hospital is not able to guarantee the quality of health care, such as doctors often come late, the patient should wait longer to get services, yet provides a comfortable waiting room, there is no continuity of service, can not guarantee the time of delivery of the drug and has not been able to make prescription system on line via computer. Likewise, based on research results by Alfansi and Atmaja (2009) prove that the services provided by the hospital to the patient still experienced some failures, among others such as 1) failure reliability medical, 2) failure of the physical evidence, 3) the failure of weak information, 4) failure because of poor medical care, 5) failure due to the high cost of service, 6) failure to deal with complaints.

Research by Bawelle, Sinolungan dan Hamel (2013), proved no correlation between knowledge of nurses with the implementation of patient safety (patient safety). Setyarini dan Herlina (2013), proved no correlation adherence nurse Yosef 3 Dago and Surya Kencana, where Complying 75% implement Standard Operating Procedures risk patient falls prevention as a component of patient safety.

Mursidah (2012), proves there is increasing adoption of patient safety with effective communication approaches that are integrated with the application of patient safety (patiet safety). Guspul (2014) proving that the quality of service as seen from five dimensions: tangibles, reliability, responsiveness, assurance and empathy and trust variables have a significant influence on customer satisfaction. Bustan (2012), proved all the variables of service quality together have positive and significant impact on customer satisfaction. Purnamasari, Nurhayani, Hamzah and Amir (2011), proving the marketing mix 7 P product (type of service), Place (Location Services), Promotion (Promotional Marketing Communications), People (Medicals), Physical Evidence (Physical Appearance), Procedures, influence the satisfaction of customer visits. Lubis (2009), proving that the satisfaction effect on patient loyalty. As'ad and Noermijati (2013), proving that the quality of service and price effect on customer satisfaction and loyalty. Hidayat (2009) proved that satisfaction has positive influence on patient loyalty.

Of the phenomenon and the results that have been submitted previously been apparent contradiction of a study with another study with a different result, then that's the problem. While in this study is based on a phenomenon that can be regarded as a crack research or reseach gap as the low BOR (Bed Occupantion Rate), non-fulfillment of ALOS (Average Length of Stay) and TOI (Turn Over Interval) for inpatients private hospital

in Surabaya as an indication that patient safety programs have been carried out according to the provisions, optimal marketing mix has not been done by the hospital, and the poor quality of service that will have an effect on patient satisfaction become dissatisfied that ultimately these patients are not loyal to a private hospital in Surabaya.

II.   LITERATURE REVIEW

2.1.   Patient Safety

Patient safety is a system where hospitals make patient care safer, to prevent injuries caused by errors due to carry out an action or not taking action that should be taken. The system includes the introduction of risk, identification and management of matters relating to the risk of the patient, reporting and analysis of incidents, the ability to learn from incidents, follow-up and implementation of solutions to minimize risks. According to Yahya (2006), states that patient safety is an effort to maintain the quality of service to prevent injuries caused by errors due to carry out an action or not taking action that should be taken.

The many types of drugs, types of examinations and procedures, as well as the number of patients and hospital staff were quite large, it is a potential for the occurrence of medical errors. Likewise with Adverse Event or Event of Unexpected (KTD) is an incident that resulted in injuries that are not expected in patients because of an action (commission) or do not take the action that should be taken (omission), and not because of "underlying disease" or the patient's condition , Because in reality the problem of medical errors in the health care system reflects the iceberg, because of the generally adverse events detected were found by chance alone. Most of the others are likely not reported, not recorded, or even escape the attention of us all.

Taking into consideration the importance of the hospital's mission is able to provide the best health care to patients requiring a hospital to try to reduce medical errors as part of his appreciation of humanity, then developed a Patient Safety systems are designed able to address existing problems. Cooper et al. (2000) defines that patient safety as the avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the processes of healthcare. This definition means that patient safety is the avoidance, prevention, and improvement of events expected or overcome injuries of health care process.

The concept of patient safety in a hospital is part of a system of services that must be given to the patient to provide safety and Yemen, in the opinion of Carrol (2009) patient safety system that includes; risk assessment, identification and management of risks associated with the patient, reporting and analysis of incidents, the ability to learn from incidents and their follow, as well as the implementation of solutions to minimize the risks. Definition of patient safety according to the Regulation of the Minister of Health number 1691-2011 is a system that makes patient care in hospitals safer. The system is to prevent injuries caused by errors due to carry out an action or not taking action that should be taken.

Ballard (2003) states that patient safety is an important and vital component in the quality of nursing care. And patient safety is also the first critical step to improve quality of service (Cahyono, 2008). This is reinforced by the opinions of Berwick (2002) that the diversity, complexity and routine hospital services if not managed properly, it is likely to cause the occurrence of patient safety incidents.

2.2.   Service Quality

Quality is a degree of perfection of hospital services to meet the needs of society according to standards of the profession, the resources available in hospitals fairly, efficiently and effectively and be safely and satisfactorily as per the norm, legal ethics and socio-cultural by taking into account the limitations and capabilities of the government and customer community. On the concept of service according Sutopo and Sugiyanti (1998: 25) argues that the ministry has an idea as to help prepare (or caring) what is required of a person. Kotler (2002: 83) definition of service is any action or activity that can be offered by one party to another, which is essentially intangible and does not result in any ownership. Likewise with the opinion of Sutopo and Sugiyanti, (1998: 25) argues that the ministry has an idea as to help prepare (or caring) what is required of a person. Services is a translation of istillah service in English according to Kotler cited by Tjiptono (2004: 6), ie any act or acts that can be offered by one party to the other party, which is essentially intangible (intangible physical) and does not produce possession of something. Therefore, as a product, service in the opinion of Martiani (1995: 1) that the ministry has a distinctive trait, which causes different from other products. According to the ministry Martiani has five basic properties that is 1) Intangible; 2) There may be separated; 3) Variability; 4) Perishability and 5) None of Ownership.

Law No. 44 In 2009, the hospital was an institution in the plenary of personal health services that provide inpatient, outpatient and emergency department. Components hospital services covers 20 services, namely 1) the Administration and Management; 2) Medical Services; 3) Emergency Services; 4) The Operating Room Services; 5) Intensive Care; 6) High-Risk Perinatal Services; 7) Nursing Services; 8) Anesthesia Services; 9) Radiology Services; 10) Pharmaceutical Services; 11) Laboratory Services; 12) Medical Rehabilitation Services; 13) Nutrition Services; 14) Medical Records; 15) Control of Infections in Hospitals; 16) The Central Sterilization Services; 17) Safety; 18) The Maintenance Of Facilities; 19) Other Services And 20) Library. With

service quality can be determined by comparing the customer's perception on hospital services they actually receive with the actual hospital services they expect. Quality of care is the basis for the marketing of services, because the core product being marketed is a performance (quality), and the performance that purchased by the customer, therefore the quality of service performance is the basis for the marketing of services. The concept of good service will provide opportunities for companies to compete in the capture consumers. While good performance (quality) of a service concept raises a competitive situation where it can be implemented through a strategy to convince customers, strengthen the image of the brand, advertising, sales, and pricing.

Parasuraman et al. (1985) also stated that there are two main factors that affect the quality of service, namely expected service and perceived service. When services received or perceived service as expected (expected service), then the quality of service is good and satisfying. If services received exceed the expectations of customers, the quality of service is perceived as an ideal quality. Conversely, if the service which is received lower than expected, the quality of service badly perceived. So, whether or not the quality of service depending on the service provider to meet customer expectations consistently.

2.3. Satisfaction

Customer satisfaction is a key in creating customer loyalty. Many of the benefits received by the company with the achievement level of customer satisfaction, which in addition to improving customer loyalty but also can prevent customer turnover, reduce the sensitivity of customers to price, reducing the cost of marketing failures, reduce operating costs caused by the increasing number of customers, increase advertising effectiveness, and improve business reputation. Meaning customers according Dharmesta and Handoko (1997: 12) that individuals make purchases to meet the needs of personal or household consumption. Along with the statement Pamitra (2001: 11) that customers are individuals making decisions that cause a person to be involved or not in the purchase of a product.

According Supranto (2001: 21) customer is any individual who receives a particular type of goods or services of some other person or group of people. Lupiyoadi (2001: 134) defines the customer is an individual who is a continuously and repeatedly came to the same place to satisfy the desire to have a product or get a service and satisfying products or services. According to Gasperz in Arai (2004: 101) the customer is everyone who requires companies to meet a certain quality standard which will affect the company's performance and the company's management.

Satisfaction can be interpreted as an effort to fulfill something or make something adequate (Tjiptono and Chandra, 2005: 195). According to Oliver (in Barnes, 2003: 64) is a response to customer satisfaction on fulfillment. In the opinion of Engel (1994: 409) satisfaction is the post-consumption evaluation to select several alternatives in order to meet expectations. According Supranto (2001: 44) term customer satisfaction is the label used by the customer to summarize a set of action or actions are visible, associated with a product or service. For example, if a customer smile when viewing the product or service being promoted then someone had the satisfaction on the product or service being viewed. Reaffirmed by Kotler (2004: 10) states that customer satisfaction is the degree to which the notion of performance (perceived performance) product will suit a customer's expectations. If the performance of the product is much lower than the expectations of customers, the buyer is not satisfied. Conversely when performing according to expectations or exceeded expectations, the buyer is satisfied or satisfied or feel very happy.

Along with the above opinion Purnomo (2003: 195) defines customer satisfaction as the difference between expectations and performance or expected results, meaning that customer satisfaction is created if the customer perceives the output or result of the work in line with expectations or even exceed customer expectations. The definition of customer satisfaction were also presented by Tse and Wilson in Arai (2004: 104) that the customer is satisfied or dissatisfied customer response to evaluation or disconfirmation perceived mismatch between prior expectations and actual performance product that is felt after application.

Customers will be satisfied if the results are as expected and otherwise customers will be dissatisfied if the results are not in line with expectations. In accordance with the opinion of Kuswadi (2004: 16) customer satisfaction is the difference between customer expectations and customer perception of what a given company. According to Amir (2005: 13) customer satisfaction is the extent to which the benefits of a product is felt (perceived) according to what the customer expects. Then simply customer satisfaction is a product or service that can meet or exceed customer expectations, customers usually feel satisfied so in the opinion of Gerson (2002: 5).

Bowen and Chen (2001) in Nurkholis (2004) stated that customer satisfaction is closely linked to customer loyalty, which satisfied customers will become loyal customers. Anderson et al. (1994); Bowen and Chen (2001); Fornell et al. (1996); Naumann et al. (2001) argued that the company's performance is determined by the level of customer loyalty where customer loyalty is influenced by (driven) customer satisfaction. Which in turn loyal customers will be a powerful marketing force for the company to provide positive information and recommendations to other potential customers. In the opinion of Kurtz and Boone (1995: 46), customer

satisfaction is the ability of goods or services to meet or exceed the buyers need and expectations. Which means, if when customers buy and use a product, and able to meet and even exceed the needs and expectations, there will be satisfaction.

2.4. Customer Loyalty

Various ways and means a company that its customers can be loyal to the company, the company must continuously maintain and increase the loyalty of its customers. One of the efforts undertaken by the company in building customer loyalty, the company must have a good relationship with the customer so that companies can better understand the needs, desires and expectations of its customers. Even if the company needs it in their business activities always pay attention and give priority to the customer in all activities of the company, so that customers feel overlooked. According to Kotler and Keller (2007: 175) customer loyalty can be defined as a customer commitment to purchase or subscribe again on specific products or services in the future even though there is the influence of the situation and marketing efforts that could potentially cause behavioral changes.

Since it is likely that customers could switch your mind to the products and services of other companies due to the intense competition from other companies. However, this is disputed by the opinions Mowen and Minor (1998: 23) which says Loyalty is a condition in which the customer has a positive attitude toward a brand, and has a commitment to the brand and intends to continue the purchase in the future, in other words that the customer which is considered loyal to subscribe or make repeat purchases over a certain period. This opinion has the support of Utami (2006: 140) were found to have committed customer loyalty will buy goods will ignore the needs and activities of competitors who are trying to attract customers. In the opinion of Kotler et al. (2000: 60) that maintains all existing subscribers will generally be more favorable compared to the turn of the customers because the cost of attracting new customers can be five times the cost of retaining an existing customer. customer loyalty is the loyalty of the customer after the customer experience or feel the service provided by the company. Then the customer will compare expectations with reality perceived.

III. RESEARCH METHODS

3.1. Conceptual Framework

This study uses a variable that refers Patient Safety Joint Commission International Accreditation of Hospitals, (2011), Ballard (2003), Berwick (2002) Cahyono (2008), John (2006). Marketing Mix variables of the theory advanced by Kotler and Keller (2008), Kotler and Keller (2008), Alma (2007), Zeitahml and Bitner (2008), Tjiptono (2008). Variable Quality of Service of the theory proposed by Parasuraman, Zeithaml, Berry (1988), Ibrahim (1997), Boone & Kurtz (1995), Anderson et al (1994), Bowen and Chen, (2001), Fornell et al. (1996), McDougall and Levesque, (200); Naumann et al. (2001). Patient Satisfaction Variables of the theory proposed by Zeithmal and Bitner (2003), Zhang et al. (2007), Armstrong, Kotler (2009), Kurtz and Boone (1995). Patient Loyalty variables of the theory proposed by Mowen and Minor (1998), Kotler, Bowen and Makens (1999), Zeithaml et al. (1996) Kotler and Keller (2006).
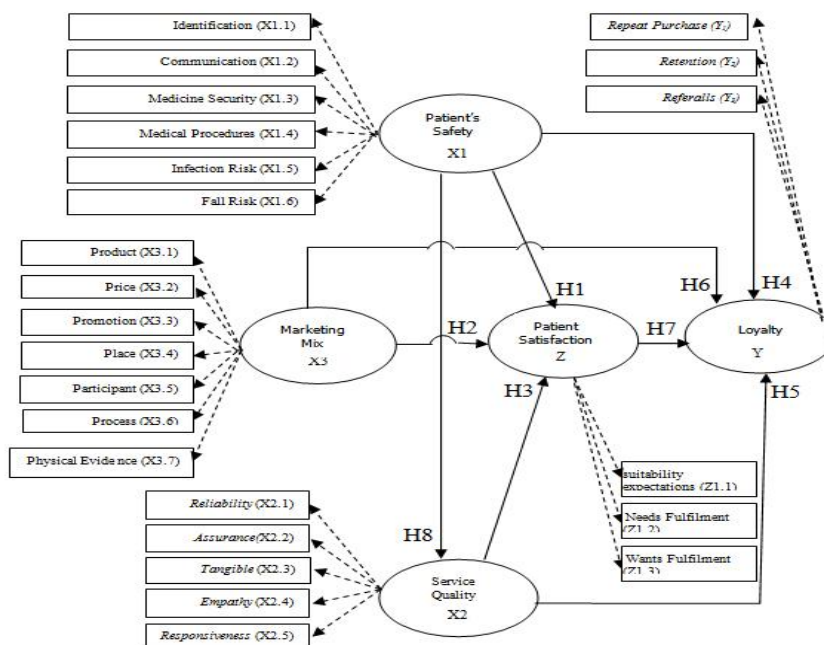

Figure 1. Conceptual Framework

Based on the model that presented in figure 1 as conceptual framework, the research hypothesis in detail and in detail described as follows:

Hypotheses 1   : Patient's safety significantly influence patient satisfaction
Hypotheses 2   : Marketing mix significantly influence patient satisfaction
Hypotheses 3   : Service quality significantly influence patient satisfaction
Hypotheses 4   : Patient's safety significantly influence loyalty
Hypotheses 5   : Service quality significantly influence loyalty
Hypotheses 6   : Marketing mix significantly influence loyalty
Hypotheses 7   : Patient Satisfaction significantly influence loyalty
Hypotheses 8   : Patient's safety significantly influence service quality

3.2. Data Collection and Sample Characteristics

The population of this research was patients who had received inpatient health services with the unit of analysis is a private hospital in Surabaya. Based on predefined population, the sample in this study were inpatients at the Private Hospital in Surabaya. In the opinion of Ferdinand (2013: 173) that the sample size is greater than 30 and less than 500 already memadahi for research purposes. While the number of samples used in this study refers to techniques Likelihoood Maximum Estimation (ML) is equal to 200 samples an ideal sample size so that the data can be processed using analytical techniques Structural Equation Modeling (SEM). Researchers deploy 216 questionnaires to respondents to be asked to perform charging according to existing questions.

3.3. Data Collection

This study uses a sampling technique with accidental sampling method of determining the which is a technique based on the sample, by chance, that anyone who happened to meet with researchers then sampled it sees fit. Every private hospital in Surabaya will have some patients who had received health care at the Private Hospital. In addition, each patient or the respondent will be given a questionnaire to fill it in line with experience felt.

3.4. Data Analysis

In this study there were five latent variables namely patient safety, marketing mix, quality of care, patient satisfaction and patient loyalty that everything will be done analysis of the effects among these variables, thus requiring an adequate data analysis techniques. The complexity of data analysis the researcher choose the data analysis techniques with Structural Equation Modeling (SEM). SEM is a statistical technique used to build and test the statistical models that are usually in the form of causal models. And further that the SEM can analyze the effect of various variables such as the independent variables, the intervening variables and the dependent variable that has a very complex relationship. SEM can do three activities simultaneously, namely checking the validity and reliability of the instrument (equivalent to factor confirmatory analysis), testing the relationship model between the latent variables (equivalent to Path Analysis) and get a useful model for forecasting or forecasting (equivalent to the Structural Model or Regression analysis).

IV.   RESULTS

4.1.   Research Data Quality Test

Validity testing is done for at least 30 respondents by using bivariate correlation method of Pearson or Pearson Product Moment. For a sample of 30 respondents by r table that there is a 0.3. Variable patient safety (X1) has tested the validity of 30 respondents declared invalid because it has qualified r count> r table. If the validity test on 30 respondents have been declared invalid, then the next test of the validity of the 200 respondents can be said is valid. This means that the data is accurate and did not differ between the data reported by researchers with the data actually means going on the object of study.

In the aspect of reliability testing, according to Malhotra (2012: 317), reliability is the extent to which the scale can produce consistent results if the instrument is used repeatedly give the same measure results. In this study to examine the internal consistency of the instrument performed as indicated by Cronbach's Alpha coefficient values reliability levels Cronbach's Alpha. In this study, questionnaires were distributed to the respondents by 30 respondents as the minimum condition for dilakukann reliability test. If the reliability test on 30 respondents already declared reliable or reliably, then the next test of the reliability of the 200 respondents can be said is reliable or has been reliably.

Table 1. Reliability Test Results

VARIABLES	INDICATORS	*Cronbach's Alpha*	VALUE	INFORMATION
Patient's Safety	X1.1	0.636	> 0.60	Reliable
	X1.2	0.784	> 0.60	Reliable
	X1.3	0.744	> 0.60	Reliable
	X1.4	0.765	> 0.60	Reliable
	X1.5	0.789	> 0.60	Reliable
	X1.6	0.827	> 0.60	Reliable
Service Quality	X2.1	0.693	> 0.60	Reliable
	X2.2	0.665	> 0.60	Reliable
	X2.3	0.703	> 0.60	Reliable
	X2.4	0.683	> 0.60	Reliable
	X2.5	0.670	> 0.60	Reliable
Marketing Mix	X3.1	0.661	> 0.60	Reliable
	X3.2	0.642	> 0.60	Reliable
	X3.3	0.736	> 0.60	Reliable
	X3.4	0.719	> 0.60	Reliable
	X3.5	0.686	> 0.60	Reliable
	X3.6	0.670	> 0.60	Reliable
	X3.7	0.676	> 0.60	Reliable
Loyalty	Y1	0.730	> 0.60	Reliable
	Y2	0.629	> 0.60	Reliable
	Y3	0.700	> 0.60	Reliable
Patient's Satisfaction	Z1	0.615	> 0.60	Reliable
	Z2	0.788	> 0.60	Reliable
	Z3	0.837	> 0.60	Reliable

4.2. Model Fit Analysis

Structural equation modeling (SEM) is a statistical technique used to build and test the statistical models that are usually in the form of causal models. All requirements in the form of seven (7) steps in stages to run the model equations analysis of the structure or Structural Equation Modeling (SEM) have been met for all variables existing research that independent variable (free or exogenous), are variables that affect or be cause changes or the emergence of variables dependent (bound or endogenous), in this study there is a patient safety (X1), quality of service (X2), the marketing mix (X3). The dependent variable (endogenous), is a variable that is affected or which become due for their independent variable (free or exogenous), in this study are patient loyalty (Y). Intervening variables (between), is a variable that theoretically affect the relationship between independent variables and the dependent variable, but can not be observed or measured, in this study there is a patient satisfaction (Z). To determine the structural equation model test results or structural equation modeling (SEM) as presented in figure 2.

Based on the test results of structural equation model in figure 2 after entering all the indicators are then further research can be done suitability test with regard to the value of goodness of fit as presented in table 2. Based on the test results match or goodness of fit, looks as shown in the table 2 which overall showed unfavorable results, suggesting that the model is not in accordance with the structure of the research data. Therefore, in order to structure the model according to the research data, it needs to be modified as in figure 3. The results of the evaluation test of suitability or goodness of fit for the overall structure model equations and models already meet acceptable.
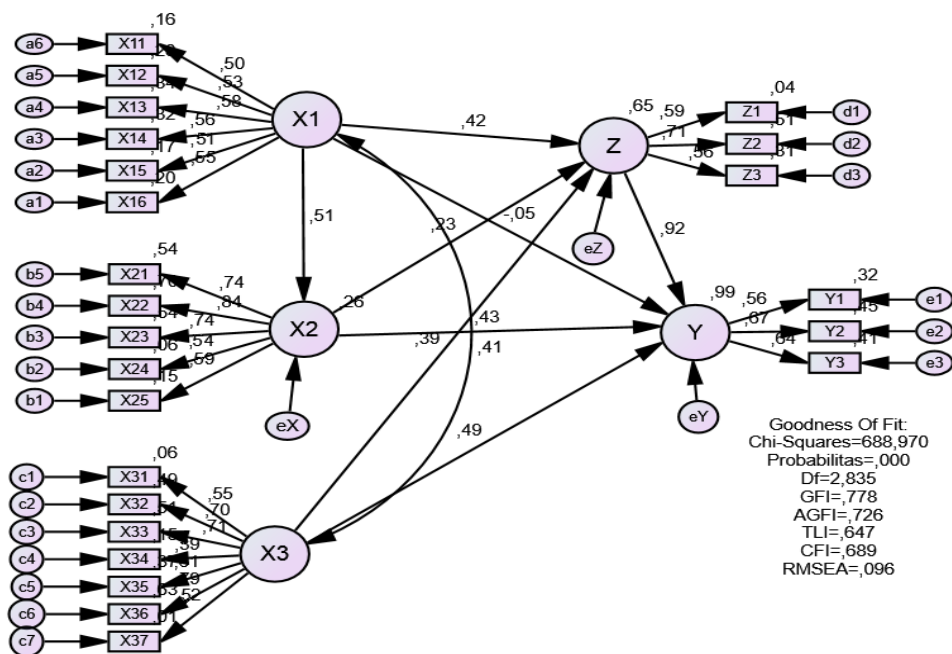
Figure 2. Structural Equation Modelling Test Result

Table 2. Goodness of Fit Equation Structure before Modification

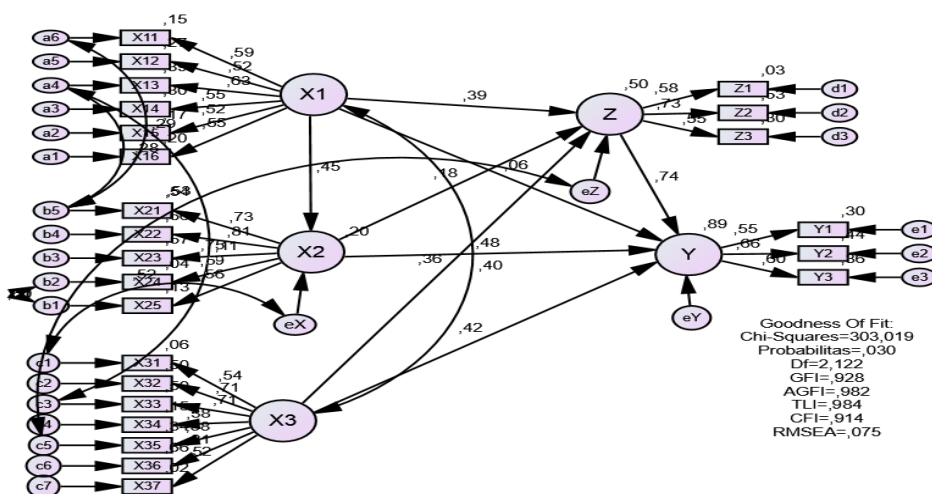| No.	Goodness of fit index	Cut off Value*)	Results**)	Model Evaluation
1	χ^2 – Chi-square	Kecil	688,970	Good
2	Probability	≥0,05	0,000	Good
3	RMSEA	≤0,08	0,096	Less
4	GFI	≥0,90	0,778	Less
5	AGFI	≥0,90	0,726	Less
6	CMIN/DF	≤2,00	2,835	Less
7	TLI	≥0,95	0,647	Less
8	CFI	≥0,95	0,689	Less

Figure 3. Modified Structural Equation Modelling Test Result

Tabel 3. Modified Goodness of Fit Index Evaluation in Model Fit Test

No.	*Goodness of fit index*	*Cut off Value*)*	Results**)	Model Evaluation
1	χ2 – Chi-square	Kecil	303,019	
2	Probability	≥0,05	0,030	Average Good
3	RMSEA	≤0,08	0,075	Good
4	GFI	≥0,90	0,928	Good
5	AGFI	≥0,90	0,966	Good
6	CMIN/DF	≤2,00	2,122	Average Good
7	TLI	≥0,95	0,984	Good
8	CFI	≥0,95	0,914	Average Good

4.3. Hypotheses Test Result

Statistical hypothesis is an allegation or a statement of one or more of the population that needs to be verifiable. Whether or not a statistical hypothesis can not be known with certainty, unless a test by using the total population. Based on information obtained from the sample, it can then be determined whether the allegations of the population supported by information obtained from the sample data or not. In this study, the hypothesis test was done based on the value of the critical ratio and probability.

Based on table 4 it can be shown that the highest path coefficient is influence patient satisfaction with patient loyalty is equal to 0.735. The path coefficients lowest is the influence of patient safety to patient loyalty is equal to 0.059. Based on the calculation or estimate the path coefficients can then be testing the hypothesis by using CR count value must be greater than the CR tables required is 1.96, and the value of probability with a significant criterion P ≤ 0.05 or 5%, meaning that a causal relationship between variable is significant. Furthermore, to test the hypothesis of causal variables between patient safety variables (X1), quality of service (X2), the marketing mix (X3) on patient loyalty (Y), through patient satisfaction (Z) can be seen loading factor or estimate in Table 4.

Table 4. Path Coefficient or Estimate (Standard Regression)

No.	Variables	*Estimate*	*Critical Ratio*	*Probability*	Information
H-1	Patient Safety (X1) → Patient Satisfaction (Z)	0,386	2,069	0,039	Sig.
H-2	Marketing Mix(X3) → Patient Satisfaction (Z)	0,357	2,520	0,012	Sig.
H-3	Service Quality (X2) → Patient Satisfaction (Z)	**0,175**	1,386	0,166	**Non Sig.**
H-4	Patient Safety (X1) → Loyalty (Y)	**0,059**	0,407	0,684	**Non Sig.**
H-5	Service Quality (X2) → Loyalty (Y)	0,480	3,325	0,000	Sig.
H-6	Marketing Mix (X3) → Loyalty (Y)	0,421	2,397	0,017	Sig.
H-7	Satisfaction (Z) → Loyalty (Y)	**0,735**	2,044	0,041	Sig.
H-8	Patient Safety (X1) → Service Quality(X2)	0,447	3,009	0,003	Sig.

4.4. Direct and Indirect Effect

The direct effect is the effect of an exogenous variables on endogenous variables that occur without malalui vaiabel other endogenous, which can be seen in Table 5.

Table 5. Direct Effect

Variables	Patient Safety (X1)	Service Quality (X2)	Marketing Mix (X3)	Patient Satisfaction (Z)
Patient Satisfaction (Z)	0,386	0,175	0,357	----
Loyalty (Y)	0,059	0,480	-0,421	0,735
Service Quality (X2)	0,447	-----	0,000	0,000

The indirect effect is the effect of an exogenous with endogenous variables that occur through other endogenous variables in the model group was doing the analysis, which can be seen in Table 6.

Table 6. Indirect Effect

Variables	Patient Safety (X1)	Service Quality (X2)	Marketing Mix (X3)	Patient Satisfaction (Z)
Patient Satisfaction (Z)	0,078	0,000	0,000	----
Loyalty (Y)	0,556	0,129	0,263	0,000
Service Quality (X2)	0,000	-----	0,000	0,000

4.5. Total Effect

Total effect of variable patient safety (X1), quality of service (X2), and the marketing mix (X3) on patient satisfaction (Z), is as great as the immediate effects, since the variables of patient safety, quality of service, and marketing mix only serves as a exogenous variable or dependent on patient's satisfaction. The direct effect of patient safety (X1) to the loyalty of the patient (Y) that is equal to 0.059 is smaller than the indirect effect through patient satisfaction that is equal to 0.556 multiplied by 0.258 = 0.140. Thus the means to create a better patient loyalty then use indirect paths, so that patient satisfaction can function well into the intervening variables between patients with loyalty patient safety.

Directly influence the quality of service (X2) on patient loyalty (Y) that is equal to 0.480 is greater than the indirect effect through patient satisfaction is 0.129 multiplied by 0.258 = 0.003. This means that the direct effect is stronger. Thus the means to create a better patient loyalty then use the direct path, so that patient satisfaction can not function properly become an intervening variable between service quality and patient loyalty. The direct effect of the marketing mix (X3) loyalty (Y) that is equal to -0.421 is greater than the indirect effect through patient satisfaction is 0.263 multiplied by 0.258 = 0.007. This means that the direct effect is stronger. Thus the means to create a better patient loyalty then use the direct path, so that patient satisfaction is not functioning properly be intervening variables between the marketing mix with patient loyalty.

V. DISCUSSION

Based on the analysis and testing using statistical test equation model structure or structural equation modeling (SEM), it was a test of hypothesis generating a proof that the safety of patients a significant effect on patient satisfaction, thus it can be said that patient safety impact directly and significantly to patient satisfaction private hospital in Surabaya. Based on the analysis and testing using statistical test equation model structure or structural equation modeling (SEM), it was a test of hypothesis generating a proof that the marketing mix significantly influence patient satisfaction, it means that the marketing mix affects direct and meaningful to the patient satisfaction of private hospitals in Surabaya. Based on the analysis and testing using statistical test equation model structure or structural equation modeling (SEM), it was a test of hypothesis generating a proof that the quality of service not significant effect on patients' satisfaction, means that service quality does not directly influence patient satisfaction private hospitals in Surabaya.

Based on the analysis and testing using statistical test structural equation models or structural equation modeling (SEM), it was a test of hypothesis generating a proof that the safety of patients not significant effect on patient loyalty, but the safety of the patients have an influence on patient loyalty through patient satisfaction. It can be said that patient satisfaction become an intervening variable that can strengthen the influence of patient safety on loyalty inpatients private hospital in Surabaya. This means that if the service of a private hospital in Surabaya able to give satisfaction to the patient, then the patient will then create loyalty. Test the hypothesis generating a proof that the quality of service significantly influence patient loyalty, which means that service quality and significant direct effect on loyalty inpatients private hospital in Surabaya. Quality of Service is formed by five indicators, namely; indicator of the reliability, assurance, a form of display (tangible), empathy, responsiveness. Based on the analysis and testing using statistical test equation model structure or structural equation modeling (SEM), it was a test of hypothesis generating a proof that the marketing mix significantly

influence patient loyalty, meaning that the marketing mix affects direct and meaningful loyalty of inpatients in private hospitals in Surabaya. Patient satisfaction and significant direct effect on loyalty inpatients private hospital in Surabaya. Patient satisfaction is formed by three indicators namely; suitability of hope, fulfillment, fulfillment of desires. Based on the data captured in the field to know the perceptions of the respondents to the indicator which has the highest loading factor is the fulfillment of desire. This means that the services of a private hospital in Surabaya is able to fulfill the wishes of the patient which includes as doctors worked better than other hospitals, better service than other hospitals, and services in patient satisfaction. Indicators that have the lowest loading factor, namely the suitability of hope. This means that the management of private hospitals in Surabaya need to make improvements to patient expectations suitability as satisfaction with the services of doctors and nurses, and hospital services as a whole.

VI. CONCLUSION

Based on the analysis and test hypotheses that have been presented in the previous section then there are some things that can be inferred. The results of this study the researchers observed up to now, have not found studies by other researchers, so for a while the results of this study are considered as the first study. The results of this study also showed that if the quality of care in the private hospitals to improve the quality of service, it will affect directly can increase the sense of satisfaction to the patient in the hospital. So is the case of research, it still has not found the results of previous research conducted research on loyalty influence patient safety inpatients private hospital.

Research by the Goddess (2012), but the variables and indicators of the research was not the same as those carried out by the current study. In consideration of the submitted and in the meantime researchers concluded that the results of this study on the influence of patient safety on loyalty inpatients private hospital is the first study. The results of this study can prove that if there are efforts to improve the quality of inpatient care private hospital in Surabaya, it will be able to influence directly improve patient loyalty. The results of this study as well as to prove that if inpatient private hospital in Surabaya have felt satisfied with pelayannnya, it will directly influence the improvement of patient loyalty to a private hospital in the Surabaya.

In consideration of the submitted and temporarily investigators believe that research on the effects of patient safety to the quality of patient care hospitalization was first examined, with the results of patient safety significantly influence the quality of inpatient care private hospital in Surabaya.

VII. FURTHER RESEARCH DIRECTION

This study produced a wide range of findings that can be used as a direction for further research. Structural model is built on the causal relationship between the variables of patient safety, quality of service, marketing mix, patient satisfaction and patient loyalty can be used as a strategic policy decision making for the management of private hospitals, especially in Surabaya. Hospital administrators are advised to implement patient safety programs, as mentioned Health Act No. 36 of 2009 and Law Hospital No. 44 of 2009 and confirmed by the Minister of Health Regulation No. 1691/Menkes/2011. That hospitals are required to conduct patient safety programs refer to the Joint Commission International Accreditation of Hospitals in order to attempt to provide satisfaction and loyalty to the patient. Based on the description of the respondents, it is suggested that service quality private hospitals in order to improve and always put a guarantee or assurance related to physician skill in the art, skill doctors use medical equipment, and the skills of nurses use medical equipment.

Researchers further advised to do some research on the broader population, using exogenous variables of patient safety with six indicators or six goals which consists of identifying a patient, effective communication, drug safety, certainty of proper procedures, the risk of infection, the risk of patient falls, the endogenous variable loyalty patients with three indicators of repeat purchase, retention, referalls. Researchers further suggested doing further research about the impact of service quality to client satisfaction, using exogenous variables of service quality with five indicators, namely indicators of reliability, assurance, tangibles tangible, empathy, responsiveness to endogenous patient satisfaction with three indicators, namely the suitability of hope, fulfillment needs, fulfillment of desires.

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