

## **Urgency of Customer Usage in Operating and Improving Hospital Business Processes**

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**Abstract:** In a business process, the customer's position becomes very urgent because, in the end, the output comes down to the customer. It is customers who judge according to their perceptions and expectations, whether the service they receive is quality or not. Therefore, developing service quality through inspection of business process models must be done regularly. One of the theoretical tools that can be used to examine and develop service quality through the business process model applied by an organization is the six imperative stages of Pall (1987).

Research conducted at a government hospital in Makassar City, Indonesia shows that although it does not carry out investigations in the context of developing service quality regularly, this organization can show significant achievements through obtaining several awards from the government. However, in order to maintain and maintain good service performance, the analysis based on the six key prerequisites for checking the quality of service through this business process model shows that in order to maintain and maintain the service performance achievements of this organization, it is necessary to carry out inspection and improvement at this stage; (1) Measurement, namely mapping the performance of attributes to customer needs and establishing criteria for accuracy, precision and frequency of data acquisition; (2) Renewal or Improvement, namely increasing the effectiveness of the process through improvements that are permanently identified; and (3) Optimization, namely increasing efficiency and productivity through developments that are identified definitively.

**Keywords:** service quality improvement, process management, business processes, surgical nursing services

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Date of Submission: 23-11-2019

Date of Acceptance: 07-12-2019

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### **I. INTRODUCTION**

In the perspective of business processes, customers are those who will use the output directly. Therefore, customers are no less important than the working groups that operate the management process. (Jeston and Nelis, 2014; Panagacos, 2012; Smith and Fingar, 2003). Thus, the strategic role that can be played by business process management so that the organization can obtain the capabilities needed to innovate, revive performance, and provide market demand at this time. Thus, every organization needs the role and benefits of process management. Even an organization that has the upper hand must always analyze the process of its core business packages. Smith and Fingar (2003) stated that routinely checking and analyzing the core business processes of an organization means being aware of changes so that they are not spared from management. In principle, over time, change needs to be managed, just as the organization gives control over the process that it wants to improve or introduce.

As an organization, Makassar City Hospital has received an award from the Ministry of State Apparatus and Bureaucratic Reform of the Republic of Indonesia as a Service Model Role in 2016 (third to last), 2017 (first national) and 2018 (A excellent service). However, Makassar City Hospital also still faces the demands of managing its changes. Although in the three years running, the management of Makassar City Hospital is in a heightened zone of confidence. With the highest achievements in a row, it is right for management to be proud and enjoy it. Imagine, in a span of three years, the changes that took place were able to show the performance, innovation and achievements that gained much recognition. As if in that time span, there are no strategic changes that are not controlled accurately.

However, this research still sets the focus of assessing the urgency of customer involvement in operations and improving business processes at the hospital. The determination of the center of this study is motivated by the urgent position of the customer as the last party in the hospital business process (Jeston and Nelis, 2014; Panagacos, 2012; Smith and Fingar, 2003). The results obtained can come from contact with the process design, process analysis, and application/application of the process.

As a result, the findings related to the business process cycle around the measurement function, renewal and optimization functions. Especially this was found in the management process of surgical nursing care at Makassar City Hospital as one of the ten core business processes that it manages. It was on this background that the process management perspective used in this study found that the management of surgical nursing was the implementation of one of the core businesses of the Makassar City Hospital. Therefore, the implementation of surgical nursing management is also referred to as the hospital's medical services sub-unit. The results of the factual data analysis show that overall the management of nursing as a sub-system of core business services in the Makassar City Hospital runs quite well, but has not met all the prerequisites for the business process management cycle because it has not been adopted; (1) measurement function; (2) renewal function; and (3) optimization function, in its evaluation. Therefore, the proposed core business process model of Makassar City Hospital recommends the three functional prerequisites for process management.

## **II. REVIEW OF LITERATURE**

The business process management cycle described by Jeston and Nelis (2014) has developed in the past two decades. Beginning with the discovery of Six Sigma in 1986. Then the attention to the urgency of the process in the Six Sigma concept was followed by Hammer and Champy's (1990) through his article "Reengineering Work: don't automate, obliterate" in the Harvard Business Review in July 1990. Several years then, the concept of business process management comes, which was further enlivened by the article "The Third Wave" Smith and Fingar (2002), which created significant interest and discussion so that later, business process management became an important topic on the management agenda.

### **II.I. Business Process Management as an Integral Part of Management**

Under the auspices of operations management terminology, the responsibility of this type of management is to realize business objectives and organizational strategies. Business process management must be carried out by line management (or the person in charge / operational manager of the tasks). It cannot be delegated to an internal or external consultant. The urgency is because the role of this operation forms an integral part of management as usual. For example, senior managers take responsibility for the a to z process of an SOP. On the other hand, the middle management level is responsible for individual-personnel

Operations that consist of a to z processes or certain parts of a process. In this case, it is very important to keep in mind by line managers that they are the owners of this process.

Jeston and Nelis (2014), identified the scope of responsibilities in this typical set of processes, as follows; (1) Establishing goals and objectives consisting of related steps relating to the target to be achieved. These targets must be broken down into daily or weekly actions to enable ongoing monitoring and management operations; (2) Communicating goals, actions, and targets to people who carry out the process and, if necessary, give gifts and incentives; (3) Monitor and manage the progress of targets and verify objectives and actions, whether they are still accurate and relevant; (4) Motivating staff to exceed targets and handle problems that interfere with the process; (5) Encouraging staff to take the initiative to identify problems that are hampering, as well as to find the possibility of process improvement.

The scope of responsibility for a business process is indeed technical because business process management is used to discover, model, analyze, measure, improve, optimize, and automate business processes (Jeston and Nelis, 2014). Business process management focuses on improving company performance by managing business processes. Any combination of methods used to manage a company's business processes can be categorized into business process management. Processes can be structured and repetitive or unstructured and variable. Although not necessary, enabling technology is often used with business process management (Panagacos, 2012).

Therefore, as an approach, business process management sees processes as important assets of an organization that must be understood, managed and developed to announce and deliver value-added products and services to customers. This approach is very similar to other total quality management or continuous improvement process methodologies. Included in this regard, ISO 9000 promotes a process approach to managing organizations.

### **II.II Main Drivers and Drivers of Process Management**

The typical situation and maturity of organizational processes are the basis for consideration of the implementation of process management. Jeston and Nelis (2014) categorize several key drivers and triggers that might cause organizations to consider business process management as a solution. Drivers and triggers can be seen from the organization, management, employees, customers, suppliers/partners, products or services, processes and information technology perspectives.

Of course, there are opportunities where drivers and triggers can overlap with each other. If one of the triggers or the other applies, it is important to complete the root-cause analysis, because too often organizations take the easy way out and fight symptoms rather than taking basic and structural steps to deal with the cause. According to Jeston and Nelis (2014), the drivers and triggers of organizational considerations for automated solutions can include; (1) Similar and recurring high transaction volumes; (2) A clear high-volume transaction flow that needs to be passed from one person to another, with each adding some value along the way; (3) The need for real-time transaction monitoring (the need to know the status of the transaction at any time); (4) Critical problems with processing time, time is the most important thing; (5) The need to complete many calculations in transactions; (6) Transactions or 'files' must be accessible to many parties at the same time.

However, process automation should not eliminate the organization's view of the need for the best people to manage tasks/jobs, especially in today's digitalization era.

Drivers and triggers for the implementation of business process management, in particular, relation to the urgency of customer involvement and service, are described in the following imperative categories of Jeston and Nelis (2014):

Customers / suppliers / partners:

1. Low satisfaction with services, which can be caused by; (1) high level of staff chaos; (2) staff cannot answer the question adequately in the time frame needed
2. An unexpected increase in the number of customers, suppliers or partners
3. Long waiting times to fulfil requests
4. The desire of the organization to focus on customer intimacy
5. Customer segmentation or tiered service requirements
6. Introduction and strict enforcement of service levels
7. Customers, suppliers and or large partners who need a unique (different) process
8. The need for a true end-to-end perspective to provide visibility or integration

Products and services:

1. Very long time to market (lack of business agility)
2. Poor level of stakeholder services
3. Every product or service has its own process, with most of the processes being general or similar
4. New products or services consist of existing product/service elements
5. Complicated products or services

### II.III. Implementation of Process Management

In the context of management, service is a process that can be defined as the sequential integration of people, materials, methods, and machines or equipment, in an environment in order to produce value-added output for customers. It is a process of converting measured inputs into measurable outputs through a number of organized, sequential steps. There are four parties involved in the operation and process improvement (Pall, 1987), namely; (1) Customers (customers) ® customers are people who will use the output directly or people who will use the output as input in their work processes; (2) Workgroups ® workgroups are people who work in the process of producing and delivering outputs that are intended; (3) Supplier (supplier) □ suppliers are people who provide input into the work process. People who work in process are in fact customers and suppliers; (4) Owner □ The owner is the person responsible for the operation of the process and for the improvement of that process.

As is known, the customer is the person who defines the desired output of the process. This is obtained through two categories of information that flow from customers to workgroups. The first category of information is customer needs which is a description of what is wanted, needed by the customer. These customer needs will dictate what must be produced and delivered by the process.

The concept of process management in relation to quality improvement, according to Pall (1987) can be identified through the six most essential processes, including; (1) Ownership □ assigns responsibility for design, operation and process improvement; (2) Planning □ draws a structured and disciplined approach to understanding, defining and documenting all the main components in the process and the relationships between the main components; (3) Control □ guarantees effectiveness, where all outputs can be estimated and consistent with customer expectations; (4) Measurement □ mapping the performance of attributes to customer needs and establishing criteria for accuracy, precision and frequency of data acquisition; (5) Renewal or Improvement □ increase the effectiveness of the process through permanently identified improvements; and (6) Optimization □ increases efficiency and productivity through improvements that are identified permanently.

According to Pall (1987), the six components above are the foundation for the management success of any successful process. These components are needed for work processes that produce and deliver products to customers for processes that specify needs and satisfaction throughout the customer-supplier chain, and for operations that support workers in carrying out their duties. Each organization can identify key processes that affect its success.

For this reason, the following six questions can be used to help identify the fundamental processes that have the most significant impact on customers, namely; (1) What products are most important to customers? (2) What process produced this product? (3) What key components or factors stimulate action in the organization, and what processes convert or convert these stimuli into output? (4) Which method has the highest visibility with the customer? (5) Which process has the biggest impact on performance standards controlled by the customer? (6) Based on performance data, which process has the greatest potential for improvement?

Once the key process has been identified, systematic and continuous improvement can begin. The answers to the six questions above may be different for each organization, depending on the business activities undertaken.

**Step-1: Process Improvement Step.** Tenner and DeToro (1992) propose a process improvement model consisting of six stages, as follows: 1) Define the problem in the context of the process improvement model starting from the determination or specification of which systems are involved, so that efforts can focus on the process, not on the output. The specific activities in this step are: 2) Define the output. 3) Define the customer. 4) Definition of customer needs. 5) Identify the process that produced this output. 6) Identify the process owner.

**Step-2: Identification and Documentation of the Process.** Flow diagrams are commonly used tools to describe processes. Making a flowchart of the process will allow us to carry out the following four improvement activities: 1) Identifying participants in the process, based on name, process or organization. 2) Give all participants in the process a general understanding of all the steps in the process and their individual roles. 3) Identifying inefficiencies, waste, and redundant steps (excessive or unnecessary) in the process. 4) Offering a framework for defining process measurements. The defined process must be well documented so that it can be used as information material that is useful in continuously improving the process.

**Step-3: Performance measurement** is intended to be able to quantify how good or bad a system is running or operating. Performance measures must be defined and evaluated in the context of customer expectations. In other words, each performance measure used must refer to three levels, namely: process, output and outcome. Process measures define the activities, variables and operations of the work process itself. Output measures define the specific features, values, and attributes of each product that can be tested from two sides. The first side, related to the output characteristics desired by the customer (customer needs). And the second side, namely the output characteristics that are actually delivered by the process (process capability). Customer needs are often referred to as the voice of the customer, while the capability of the process is often referred to as the voice of the process. Outcome measures define the absolute impact of the process and depend on customer decisions. Thus customer satisfaction is a key measure of outcome.

### **III. RESEARCH METHOD**

The research question is, how is the business process management of surgical nursing services in Makassar City Hospital? This question has thus been focused on the hospital's management sub-management because the results of the secondary data review and observational input have been able to sustain the assumptions as determined in the introduction above. In the evaluation document conducted by Makassar City Hospital, three functions/stages in the business process management cycle were not carried out, namely, the measurement function; renewal function; and optimization functions. This condition has been going on for three years during the hospital's peak performance so that the focus of this study is really intended as an anticipative prediction of subsequent conditions that are also controlled or more controlled.

Data collection techniques are done through observation, interviews and document review. Primary data were obtained from nine elements of the leadership of the organization as key informants and 6 (six) working teams implementing nursing service management. Twenty-five family members of surgical nursing patients in Makassar City Hospital as ordinary informants.

### **IV. RESULTS AND DISCUSSION**

#### **IV.I. Objective Reality**

Surgical nursing services as one of the core businesses in the Makassar City Hospital organization are packaged in a standard operating procedure (SOP) design. Not found where a business element of surgical

nursing service is defined and highlighted in the big picture, as Davis (2008) and Daft (2011) require business process management. Therefore, this analysis utilizes twenty standard operational procedures for surgical nursing services. Aiming to examine and identify, on what elements, the hospital's core business needs recommendations for improving the quality of services.

Through this SOP we can see the efforts of Makassar City Hospital in defining a series of steps, taken together, to achieve consistent results, in this case, the output process to help organizations prevent mistakes (Davis, 2008; Daft, 2011). Basically, what is maintained and regulated in the SOP is the management of medical services in the operating room. That is the best practice of this hospital service. Through the SOP for surgical nursing care management, it can be seen how this organization captures the main elements of surgical nursing services. Includes a set of information for functional responsibilities, objectives, and in-depth methods. While a process defines the big picture and highlights the main elements of surgical nursing services. SOPs and business processes together have different roles to play in determining a standard business operating model.

In carrying out the working mechanism of the process management analysis, this study identified six stages of the Pall-style process (1987) in relation to improving the quality of management of surgical nursing services at Makassar City Hospital. The use of Gabriel A. Pall's procedure is considered because the main tendency of analysis of the hospital's core business processes is service. The results obtained indicate that the hospital's services have proven to be very good if the three awards it receives are used as parameters.

The objective conditions behind the already excellent services are then verified based on six stages of the process in order to identify the factual process. The six stages of the process are the foundation for the success of management from the success of any process. These components are needed for work processes that produce and deliver products/services to customers for processes that specify needs and satisfaction along the customer-supplier chain, and for processes that support workers in their work (Pall, 1987).

The first stage of the process is "ownership", i.e. assigning responsibility for the design, operation and improvement of the process; Theoretically, this kind of demand relates to the organization's need to personalize the responsibility for operating the process and for improving the management process of surgical nursing services (Pall, 1967); in Smith and Fingar, 2003). The urgency is that management of surgical nursing services is a conception that is ready to use, so than in its implementation instruments that are appropriate to the organization's capacity are needed. In this case, the instrument is a surgical SOP. The responsibility for the design, operation and improvement of the surgical SOP process, in Makassar City Hospital, lies within the authority of the Director as the highest leader. The prerequisites for the management of such a process related to the need to give legal force to a surgical SOP that is held. Therefore, who is responsible for the design, operation and improvement of the surgical SOP process is very important as a legal foundation. In short, the statement informs that the assignment of responsibility for the design, operation and improvement of the surgical SOP process is structural. In addition, the managerial function in charge of working on and completing it exists in several parts collaboratively between the planning department and the field of medical and nursing services. There is nothing special about the analysis of the first indicator 'process management', for the perspective of this study, especially in the context of improving the process.

The second stage of the process is "planning", which is the application of a structured approach to defining and documenting all major components in the nursing management process and the relationships between the main components in it (Becker, Kugeler, and Rosemann, 2003; and Gillies, 1994). The theoretical prerequisites are demonstrated through the initiation of the hospital work program through the planning process. Then, the hospital programmed the delivery of surgical services. Based on these needs, plans were made, ranging from administration to medical treatment. All the stages passed were archived. Patient registration has documentation, examination results, surgical medical procedures, nursing care are all recorded. All stages of the SOP indicate evidence of a structured approach. Needs and problems are well defined, and all major components in the nursing management process and the relationships between the main components in them are documented, in fact, they are administrative instructions in general SOP in this hospital organization.

That the surgical SOP itself is documented; likewise, the implementation, they are starting from the qualifications of the SOP implementers. Doctors and nurses involved in the implementation of SOPs have their documentation. Even the implementation qualifications can be checked accordingly or not through the documentation. Compliance with policies related to SOPs can also be checked again through its archives/records. Whether the objectives of the SOP are achieved, can also be checked in the archive. Likewise, at all stages, including indications of health problems experienced by patients since first entering the hospital until after getting surgical treatment. The SOP implementers also, in their work, have documentation of the procedures and results of the implementation of the work procedures. The interwoven factual evidence illustrates a structured set of approaches. The way in which hospital personnel define and document all the main components of management that are carried out (management of surgical nursing services) in the process of nursing management and the relationships between the main components within it are also illustrated. In

particular, the analysis of the 'process management' indicator does not reveal anything special in order to improve the management process of surgical nursing services.

The third stage of the process is "control", which guarantees effectiveness, where all outputs can be estimated and consistent with customer expectations. According to Becker, Kugeler and Rosemann (2003) and Gillies (1994), prerequisites for guaranteeing the effectiveness of the implementation of surgical SOP that is measurable and consistent with customer expectations, are related to the control function (management control).

To ensure the implementation of the task thoroughly, Makassar City Hospital also evaluates ongoing name. It is not just leaving the surgical team's work to the officer responsible for evaluation. Every time the SOP phase is carried out, it is always the case, detail for the sake of aspect of the work does not escape evaluation. The statement outlines the description of the implementation of the work as well as the full attention (professional) of the SOP implementers in every detail of the activity. Thus, it can be expected that the results of the measurement of work performance (effectiveness) can be conclusively concluded, especially when the results of the assessment of work/task implementation are confirmed in the objective conditions of the patient concerned.

Such prerequisite facts at Makassar City Hospital are demonstrated through measuring success in achieving the goals set out in the surgical SOP, which are carried out in two ways. First, by checking the results of the implementation of the task/work report. Second, it can also see and evaluate the impact of the results of the implementation of the task on patients directly. Two methods of measuring work effectiveness are not an option but are carried out both. In fact, both must sound the same. If on paper, it is reported that all stages and tasks are carried out well, then the results of evaluating the patient's condition must also be useful. Gillies (1994) refers to such methods or strategies as a guarantee mechanism for multiple effectiveness.

Although it can be said that it is quite steady and reliable, this study considers that the results that will be obtained from both ways of measuring success in achieving the goals specified in the surgical SOP are still subjective. Imagine, the assessment (evaluation) is always carried out by the organization, even though it has been adjusted to the objective circumstances of the patient. But according to a scientific management perspective --- it has been generally agreed that --- managerial performance objectives at any level and stage involving product/service users (customers), can use conceptual tools for analyzing customer perceptions as a final form of objective assessment (Parasuraman, Zeithaml and Berry, 1985, 1988 and 1994). The view of this study is relevant to the conception of 'process management' (Becker, Kugeler and Rosemann, 2003; and Gillies, 1994), which prerequisites guarantee the effectiveness of the implementation of surgical SOPs, to be measurable and consistent with customer expectations. In which case, customer expectations cannot be represented to or through hospital management assessments. However, the personnel who represent representative assessments are experts in their fields. In this case, the prerequisite is a managerial administrative imperative.

This argument is at the same time, a critical attitude of the factual reality analysis results of the management of surgical nursing services in Makassar City Hospital, according to the theoretical component proses process management '. This assessment, in turn, will be a distinguishing feature of the process model design that is the recommendation of this study.

The fourth indicator next is "measurement" which requires mapping the performance of attributes to customer needs and setting criteria for accuracy, precision, not found in data collection endeavors.

The fifth prerequisite for "renewal and improvement", which is to increase the effectiveness of the management process through permanently identified improvements, is also not found. Factual steps taken by Makassar City Hospital related to the prerequisites for the management of the process are the utilization of regularly scheduled and non-permanent education and training programs, both carried out inside and outside the organization. All of that aims to improve competence which in the end is expected to guarantee the effectiveness of the implementation of the task.

The last indicator is "optimization" which is to improve efficiency and productivity through improvements that are identified permanently. Factually, for the purpose of improving the management performance of surgical nursing services at Makassar City Hospital, an evaluation is carried out based on the entire set of activities in the stages determined through the SOP. If found in the evaluation, there are a series of activities that need improvement, structuring; it will be recommended to be designated as a program.

The final process description of the implementation of surgical nursing service management in Makassar City Hospital involves the role of analyzing the implementation of the entire set of activities in the stages set out in the SOP. This approach is declared irrelevant to the theoretical analysis of the management process used in this study.

As such, there are three key prerequisites for process management that are not factually found. These three things will then be elaborated in order to improve the quality of surgical nursing services in Makassar City Hospital.

**IV.II Quality Improvement Model Recommendations**

By referring to the ideas of Becker, Kugeler, and Rosemann (2003), this nursing management analysis effort is an activity to track the ability and resources of Makassar City Hospital, sort them into several factors and assess them to be able to determine the key success factors and strategies in achieving goals and or seize opportunities that provide greater benefits.

In connection with this goal in order to present the process management model as an effort to identify the key processes that determine the success of the management of surgical nursing services in Makassar City Hospital, 'Surgical Nursing Services Management' is defined as a business process (core business) that can be used as useful information material in continuous process improvement (Pall, 1967); in Smith and Fingar, 2003).

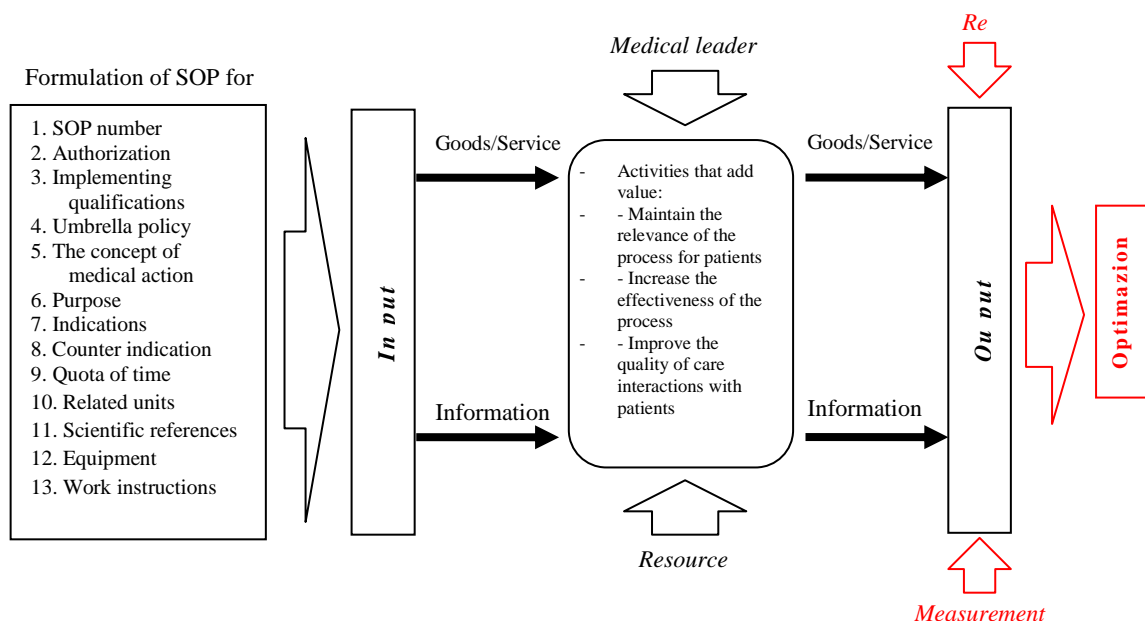
The process management perspective used in this study views that the implementation of surgical nursing management is the implementation of the core business of Makassar City Hospital. Surgical nursing management is a subunit of management of hospital medical services. In general, the management of nursing is able to present as a sub-system of supporting services for the core business of Makassar City Hospital. However, three key prerequisites for the "business process management" cycle that have not been adapted include the measurement, renewal and optimization functions. Therefore, it is recommended that the three prerequisites for 'process management' be carried out, as shown below:

In the context of developing business performance, the Makassar City Hospital can implement three additional managerial functions at the final stage of the management process of surgical nursing care (Figure 4.2.1; all the red displays), among others;

1. 'Measurement Function' which maps the performance of attributes to customer needs and establishes criteria for business process accuracy. Two of the ten conceptual categories of performance attributes that are relevant for healthcare services are the Perfect Order Fulfillment (POF) measurement. This POF is implemented by defining the needs of patients, who fulfil nursing performance that is documented in a whole and accurate manner without the distortion of the service delivery process. This process is determined by the optimal support of all implementing units in the hospital (dispensary, laboratory, radiology, etc.) so that the needs can be met on time and intact. The application of this POF must use the professional objective definition of customer needs.

**Figure IV.III.**

Design Recommendations for the Business Process Management Process for Nursing Nursing Services at Makassar City Hospital



2. "Renewal Function" which is to increase the effectiveness of business processes through improvements that are identified permanently. This function is fully supported by the results of the evaluation. The extent to which the accuracy of evaluations carried out professionally will determine the weight of renewal rather than the core business processes of Makassar City Hospital (implementation of surgical nursing service management). Renewal through measuring the effectiveness of business processes is emphasized on the

achievement of goals precisely. Thus, information can be obtained that the choice of methods applied in the management process of surgical nursing services is more effective or less effective than other methods that can be chosen.

3. 'Optimization Functions', namely improving efficiency and productivity through improvements that are identified permanently. This function is also fully supported by the results of the evaluation, but with a different emphasis that is getting information about the level of use of resources in the management process of surgical nursing services. The more efficient / less use of resources in the management process of surgical nursing care, the process is said to be more efficient.

## V. CONCLUSION

### V.I. Aspects of the Research Findings

The research findings show that although not implementing three of the six key prerequisites for developing business processes for surgical nursing services, Makassar City Hospital can still prove - at least for the last three years - the quality of its services received an Award from the Ministry of State Apparatus and Bureaucratic Reform The Republic of Indonesia as the Role of Service Model in 2016 (last third), 2017 (first national order) and 2018 (A prime service). Thus, recommendations for the application of key prerequisites for improving service quality consisting of the 'measurement', 'update and improvement' and 'optimization' functions are supportive of the quality of service security achieved.

### V.II Aspects of Academic Theory

These findings indicate new knowledge that developing service quality from a business process can be done optionally even though it does not use the key prerequisites for service quality development as introduced by Pall (1987).

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