

MARKETING AUDIT OF DOKTER SOEDARSO HOSPITAL BASED ON STRATEGIC MARKETING PLUS 2000

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ABSTRACT

This research is motivated by the existence of a gap where Doctor Soedarso Hospital has not become the main choice of the people of Pontianak City when they need health services even though this hospital scores the Community Satisfaction Index (IKM) in the good category, lower service rates than private hospitals and has superior resources. Power. As for goals study This is For get an overview of the marketing strategy of Doctor Soedarso Hospital which includes the orientation/type of marketing and the competitive situation in the next 5 (five) years based on the results of the strategic marketing plus 2000 audit. Method study Which The case study method used is a quantitative-qualitative approach using a *marketing strategy audit plus 2000* by calculating the *Company Alignment Index* (CAI) and *Competitive Setting Index* (CSI) and comparing the values of both (gap analysis). Calculation of the two indices obtained from the results of the questionnaire based on the level of confidence of the respondents who manage marketing policy at Doctor Soedarso Hospital. From the results of the analysis it is known that the CSI value is 3.9 and the CAI value is 2.9, the gap analysis shows that there is a negative gap of 1.0 where the CAI < CSI value means that the marketing strategy of Doctor Soedarso Hospital is still lagging behind compared to the challenges competitive situation in the next five years. According to the framework *Strategic Marketing Plus 2000*, CAI values ranging from 2.6 to 3.4 shows that currently the marketing orientation type of RSDS is included in type 3C that is marketing segmented. Therefore, it is necessary to develop a marketing strategy design for Doctor Soedarso Hospital by changing the orientation the marketing from form 3C (*marketing oriented*) become 3.5C (*market driven*) in accordance with situation competition 3.5C (*sophisticated*) to be faced for the next five years.

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1. INTRODUCTION

Health services are fundamental services in creating a safe, peaceful and prosperous society. Currently, awareness of the importance of health is increasing. The increasing socio-economic conditions of the community have an impact on the mindset of people who are increasingly critical of things that are very vital, especially in terms of health. Hospital, hereinafter abbreviated as RS, is one of the health service facilities that is complex and has broad functions which involve the functions of improvement, prevention, healing and rehabilitation by bringing services closer to the community. Hospitals are also expected to be able to provide good service, because users of hospital services, especially the upper middle class as buyers of hospital health services, are increasingly critical because they know that the "buying power" they have is quite high. Therefore, hospitals must be able to recognize the needs and satisfaction of patients as customers in order to create an interest in re-using hospital facilities when they need health services.

Doctor Soedarso Regional General Hospital, hereinafter abbreviated as RSDS, is the highest referral hospital in West Kalimantan owned by the West Kalimantan Provincial Government which provides promotive, preventive, curative and rehabilitative advanced health services. RSDS is the only Class B Education Hospital in West Kalimantan and has implemented the Financial Management Pattern (PPK) of the Regional Public Service Agency (BLUD) with FULL status since 2016. In 2018, RSDS was declared to have passed Plenary level accreditation by the Hospital Accreditation Committee (KARS). RSDS provides specialist to sub-specialty health services which are supported by the availability of resources above other hospitals in West Kalimantan. RSDS geographically borders Sarawak Malaysia, is prepared to

become a national referral hospital and territorially is expected to be able to support hospitals on the island of Kalimantan and the Riau Islands. The availability of health human resources, types of services, infrastructure and administrative support are close to the standards of a Class A hospital. The availability of specialist doctors and subspecialists is supported by medical equipment and sophisticated medical support equipment and has been accredited PARIPURNA by the Hospital Accreditation Commission (KARS), so RSDS should be become the main choice of people who need health services in Pontianak City in particular and West Kalimantan in general. So far, the focus of the attention of the Republic of Indonesia Ministry of Health and the Provincial Government of West Kalimantan in improving RSDS health services is still focused on the need for good, skilled health workers and hospital facilities, without considering the consumer and hospital marketing dimensions.

Based on the experience of people who have used RSDS health services, it has an impact on Word of Mouth (prasurvey, 2019) so that RSDS has not become the first choice of people where people tend to go to private hospitals and other government hospitals. Some of the reasons put forward by the public when the satisfaction survey was conducted were related to the length of service time and lengthy service procedures which can be seen in table 1.1:

Table 1. RSDS Community Satisfaction Index (IKM).

NO	ELEMENTS OF SERVICE	2017	2018	2019	Information
U1	Condition	78	80	77	Assessment
U2	Procedure	75	73	74	criteria:
U3	Service Time	69	73	65	Very good:
U4	Fees/Tariffs	81	83	80	88.31 - 100.00
U5	Service Products	75	77	77	Good :
U6	Executor Competency	83	79	79	76.61 – 88.30
U7	Executing Behavior	88	84	80	Not good:
U8	Service Information	71	72	86	65.00 - 76.60
U9	Handling Complaints, Suggestions and Feedback	82	82	88	Not good: 25.00 – 64.99
AVERAGE		78	78.03	78.4	

Source: 2019 RSDS Community Satisfaction Survey Report

Based on table 1 above in the last 3 (three) years, IKM RSDS was in the GOOD category but out of the 9 (nine) elements of the assessment there were elements of procedure and service time which were in the POOR category.

Several hospitals in Pontianak in particular and West Kalimantan generally cooperate with RSDS in the context of expert referrals and handling follow-up examinations because these hospitals have advanced medical equipment and more complete facilities. Sophisticated medical equipment includes Cathlab, 4 Dimensional Ultrasound, Endoscopy, Laparoscopy, 125 Slice CT Scan, Anesthesia Ultrasound, Hematology Analysis and 1.5Tesla MRI Machine. Some of these service facilities include the availability of ICU/ICCU/NICU/PICU/HCU, Blood Bank, Thalassaemia Center, Haemodialysis and Anatomical Pathology.

However, from some of the facts presented above, the superiority of RSDS which has been built for several decades has begun to be eroded by the establishment and development of several private hospitals, regional hospitals and vertical hospitals. Incessant marketing efforts and improving the quality of private hospital services in Pontianak City have had an impact on the public's perception that private hospitals are better than government hospitals. As a province that shares a land border with Sarawak, Malaysia, the existence of a hospital in Kuching City which has international standards is also an alternative for the community to get advanced health services. Seeing the data and current conditions of RSDS, in order to compete and win the competition, RSDS must be able to correctly recognize the competitive position. To survive and win the competition, companies need to plan for survival by turning existing challenges into opportunities for their business (Porter, 1994).

Marketing audit is one of the vital activities to achieve success for every company, including hospitals. According to Kottler, Gregor, and Rodgers (1997) a marketing audit is a comprehensive, systematic, and independent examination of a company on a regular basis. Kartawijaya (2005: 117), for success every company must periodically review the business environment and design strategies based on the changes that occur in the business environment. Competitive audit is a marketing audit method based on The Strategic Marketing Plus 2000 framework. Competitive audit is carried out by looking at the Competitive Setting Profile and Company Alignment Profile. Therefore, conducting a marketing audit

allows RSDS to design strategies based on environmental changes that occur in the health care industry. This research was conducted at the RSDS because this hospital has not made the Pontianak City community the first choice when they need health services even though this hospital scores a Community Satisfaction Index (IKM) in the good category, lower service rates than private hospitals and has superior resources .

2. METHOD

The data was processed and analyzed quantitatively and qualitatively. Data processing and analysis uses the concept of a marketing audit (*Competitive Audit*) based on the *strategic marketing plus 2000* framework

3. RESULT AND DISCUSSION

Competitive Setting Profile Analysis

CSPs are used For predict situation competition in the next five years as seen from *customers requests, competitive situation, And change drivers* . For can determine And interpret mark average each dimensions from *CSP (customers, competitors , And change driver)* and includes very small criteria, small, currently, big, or very Lots, so given range scale with use formula:

$$\text{hospital} = (\text{mm}) / \text{b}$$

Where :

RS = range scale

m = the highest value on the Likert scale

n = mark Lowest in scale likert

b = many class

So obtained:

$$\text{RS} = (5 - 1) / 5 = 0.8$$

With hospital as big 0.8, so assessment standard is as following:

- 1 – 1.8 : *stable* (2C)
- 1,8 < CSI < 2,6 : *interrupted* (2,5C)
- 2,6 < CSI < 3,4 : *complicated* (3C)
- 3,4 < CSI < 4.2 : *sophisticated* (3.5)
- 4,2 < CSI < 5.0 : *chaos* (4C)

Guidelines charging *CSP* can seen in Table 2

Table 2 Competitive Setting Position

Competitive Settings	Stable 2C	interrupted 2.5C	Complicated 3C	Sophisticated 3.5C	Chaos 4C
Customers C1	buyers	consumer	customers	Client	partners
Competitors C3	None	Mild	strong	Wild	Invisible
Change C4	None	Gradual	continuous	discontinuous	suprising
	1	1,8	2,6	3,4	4,2
					5

Source: *The Strategic Marketing Plus 2000* , Kartawijaya (2005; 22), Umar (2013)

3.2. Company Alignment Profile analysis

STAMP give conclusion about marketing Which done by hospital. *STAMP* guided on *strategy (S), tactics (T), And value (V)* hospital on moment This. Each component consists of three variables. Interpretation of *strategy, tactics , and values* done For determine type marketing from RSDS. range Scale (RS) Also used withscale evaluation as following:

- 1 – 1.8 : *No Marketing* (2C)
- 1,8 < CAI < 2,6 : *Mass Marketing* (2.5C)
- 2.6 < CAI < 3.4 : *Segmented Marketing* (3C)
- 3.4 < CAI < 4,2 : *Niche Marketing* (3,5)
- 4,2 < CAI < 5.0 : *Individualized marketing* (4C)

Guidelines for filling in CAP can be seen in Figure 3.2 following:

Type of marketing		Production oriented company (2C)	Selling oriented company (2,5C)	Marketing oriented company (3C)	Market driven company (3,5C)	Customer driven company (4C)
Strategy	Segmentation	Geographics	demographics	Psychographics	behavioral	Individualized
	Targeting	Everyone	Suitable ones	Chosen ones	A few good ones	Someone
	Positioning	The only one	The better one	One statement	Different ones	One on one
Tactic	Differentiation	Good for company	Better than competitor	Preferred by customer	Specialized for Niches	Customized for individual
	Marketing Mix	4A	4B	4P	4V	4C
		Assortment	Best	Product	Variety	Customer solution
		Affordable	Bargaining	Price	Value	Cost
		Available	Buffer	Place	Venue	Convenience
		Announcement	stocking	Promotion	Voice	Communication
			Bombarding			
Value	Selling	Informing about product	Feature selling	Benefit selling	Solution selling	Interacting for success
	Brand	Just a name	Brand awareness	Brand association	Percieved quality	Brand loyalty
	Service	One business category	Value added business	Value in use business	Customer satisfying business	The only business category
	Process	System & procedure implementation	Interfunction team work	Functional streamlining	Total delivery reengineering	Extended value chain
	1	1,8	2,6	3,4	4,2	5

Figure 1 Nine Elements of Strategic Marketing Marketing Plus 2000, Kartawijaya (2005; 28), Umar (2013).

3.3. Gaps Analysis

After obtained mark average every profile, then *the Competitive Setting Index is obtained (CSI) And Company Alignments Index (CAI)*. The gap is obtained from the comparison of CAI and CSI Which make three possibility, that is:

1. CAI > CSI. Matter This means happen positive gap.
2. CAI < CSI. Matter This means happen gapnegative.
3. CAI = CSI. This means that there is a nil gap.

DISCUSSION

Competitive Setting of Doctor Soedarso Hospital

audits CSP used For know situation competition Which faced by companies in the industry for the next five years with a view strength customer (*Customer /C1*), competitor (*Competitors /C3*), And change environment (*Change /C4*). Based on the results of the CSP questionnaire, RSDS obtain a CSI value of 3.9 (scale 1-5) with a standard deviation of 0.4 (≤ 0.5). CSP questionnaire results RSDS in a manner concise served in Table 5.8 below:

Table 3 CSP RSDS

<i>Competitive Setting Profile (CSP)</i>			
CSP Components/Dimensions	Index	Sdev	
<i>customers</i>	Enlightened	4.3	0.5
	Know Information	4.1	0.3
	Capable	3.3	0.5
<i>competitors</i>	General	3.7	0.4
	aggressiveness	3.9	0.4
	Capability	3.7	0.4

<i>change</i>	Technology	4.7	0.5
	Economy	3.5	0.5
	Market	3.7	0.4
Competitive Setting Index (CSI)		3.9	0.4

Strategic Marketing Plus 2000 framework, value CSI RSDS 3.9 is in the range of 3.4–4.2 indicating that the competitive situation faced by RSDS in the next five years is at position 3.5C which is sophisticated. In a 3.5C competitive situation, change environment (*Change* /C4) the more difficult guessed And competitor (*Competitor* / C3) becomes increasingly *wild* by carrying out a very different marketing strategy from the conventional strategy. In this situation, the patient/patient's family and the community as the consumer of the hospital (*Customer* /C1) must treated as a client who is cared for more than just a regular customer so that RSDS can still endure in hospital business And win the competition going on. The standard deviation value of 0.4 indicates that the knowledge and answers of respondents regarding the competitive situation in the hospital business can be trusted because of the distribution of answers from each respondent is not more than 0.5 (Kartajaya *et al.* 2002).

In order to face the competitive situation of 3.5C for five years going forward, RSDS needs to treat customers (C1) equally specifically, because they already have an adequate level of knowledge For determine choice the health services they need. RSDS need increase communication Which interactive with patient/family and community For knowing needs, desire, And hope they. Competitor hospitals (C3) faced by RSDS in the hospital sector around Pontianak City are 11 hospitals, of which three are some of them are located in Southeast Pontianak, namely Tanjungpura Pontianak University Hospital, Medika Djaya Hospital and Anugerah Bunda Khatulistiwa Hospital. Existence Competitor RS Which part big located in City Which The same with RSDS cause competition become very strict, No only in fulfillment of public demand for health services but also in fulfilling health workers, especially specialist doctors, sub-specialist doctors and other health workers who are competency certified.

On situation competition Which advanced (type 3.5C), change environment (C4) is discontinuous so that changes that occur over time the future as if unrelated to the past (Kartajaya 1996). Matter This resulted information period Then Which usually used For predict time front to be less relevant. In summary, the RSDS CSI values can be seen against competing hospitals in Pontianak in the following table:

Table 4 CSI of Doctor Soedarso Hospital Against CSP of Competitor Hospitals

Competitive Setting Profile				
CSP Components/Dimensions		RSDS	Anthony Hospital	SMA RSS
customers	Enlightened	4.3	4.3	4.4
	Know Information	4.1	4.5	4.1
	Capable	3.3	4.3	3.2
competitors	General	3.7	3.8	3.8
	aggressiveness	3.9	3.8	3.8
	Capability	3.7	3.8	4.0
change	Technology	4.7	4.7	4.6
	Economy	3.5	4.4	3.6
	Market	3.7	3.4	4.1
CSI		3,9	4,1	4.0

The table above shows the difference between the situations of customers, competitors, and the changes faced by RSDS, RSU Santo Antonius (RSAA) and Sultan Syarif Muhammad Alqadrie Hospital (RSSMA) Pontianak. Score difference CSI between RSDS and RSU St. Anthony as big 0.2 point and difference in value CSI between RSDS and RSSMA is as big 0.1. Difference This determine the different situations faced by each company in matter customer, competitor and change Which happen.

Company Alignment Profile Doctor Soedarso Hospital

audits Which done with use *Company Alignment Profile* (CAP) aim For auditing the profile of the internal factors of the Doctor Soedarso Hospital (RSDS) which include strategy, tactics And its current marketing value. Respondents Which chosen are 5 (five) RSDS managers whose main duties and functions are closely related to marketing activities to participate in filling out the CAP questionnaire.

Based on results questionnaire Which has filled by para respondent, so results obtained CAP audits Which seen on Table 5.10:

Table 5 Audit Results Company Alignments Profile Doctor Soedarso Hospital

Company Alignment Profile (CAP) RSDS								
Companies (C2)		R1	R2	R3	R4	R5	Average 2	Sdev
Strategy	Segmentation	2	1	1	2	2	1.6	0.5
	Target	1	1	1	1	1	1.0	0.0
	Position	2	2	2	1	2	1.8	0.4
Strategy Average Index							1.5	0.3
Tactics	Differentiation	5	5	5	4	4	4.6	0.5
	Mix marketing	3	3	3	3	4	3.2	0.4
	Sale	5	4	4	4	4	4.2	0.4
Average Tactics Index							4.0	0.5
Value	Brand	5	5	5	5	4	4.8	0.4
	Service	4	4	3	3	3	3.4	0.5
	Process	2	2	1	2	2	1.8	0.4
Average Value Index							3.3	0.5
C2 Average Index							2.9	0.4

Based on the results of the RSDS questionnaire obtain mark *Company Alignments Index* (CAI) as big 2.9 with a standard deviation of 0.4. According to the framework *Strategic Marketing Plus 2000*, CAI values ranging from 2.6 to 3.4 shows that the marketing orientation type of RSDS is included in type 3C that is marketing segmented, to be precise is at on position *Selling Oriented Company* going to *marketing oriented Company* where RSDS is still emphasize on method marketing hospital services on an ongoing basis *persuasive*, do improve service quality and carry out mass promotions after that to face situation company Which oriented marketing so company can focus activities For look for opportunity market new, that is with choose segment Which most effective For served, do increase in product innovation and differentiation, as well as an effective promotion mix .According Kartajaya *et al.* (2002), company type 3C No sell its products to the whole market, but began to select the most market segment service effectively. The products offered by the company are made differently product other Which There is in market And adapt with need consumer. Thus, marketing becomes the most dominant function in company the. Mark standard deviation as big 0.4 show that knowledge And answer respondent about strategy, tactics, and the company's marketing value can be trusted because of the spread of answers from each respondent not more than 0.5 (Kartajaya *et al.* 2002)

Gap Analysis

Gap analysis (*gap*) in the *Strategic Marketing framework Plus 2000* (Kartajaya *et al.* 2002) is done by comparing the values CSI and CAI from *competitive audit results* to determine the suitability of the marketing strategy implemented company with the business environment situation faced for the next five years front. The CSI value obtained by RSDS was 3.9 and a value CAI Which obtained at 2.9. According to draft *strategic marketing Plus 2000*, mark CAI Which more small than mark CSI show gap occurs negative. Gaps Which happen from the difference between second mark the can seen on table below:

Table 6. Gaps (Gaps) RSDS

Profile Audit	Mark
CAI	2.9
CSI	3.9
gaps	1.0

The calculation results gap analysis obtained gaps negative of 1.0 indicates that the RSDS marketing strategy is included in type 3C (segmented marketing) is not in accordance with the challenges of the competitive situation for the next five years which are included in type 3.5C (sophisticated). With thereby, RSDS must do various action For strive for a CAI value equal to CSI (zero gap) so that the strategy marketing that he does can answer the challenges of competitive situations Which happen. In order to catch up and adapt to any changes that occur in its business environment, RSDS must change orientation the marketing from form 3C (*marketing oriented*) become 3.5C (*market driven*) in

accordance with situation competition 3.5C (*sophisticated*) Which face for the next five years. So far, RSDS has chosen to focus on patients with government and private financing guarantees as the most effective market segment to serve, adding different types of health services. with other hospitals and adjust to the needs consumer.

RSDS needs to make changes in terms of strategy, marketing tactics and values to bring the company in line with the level competition on five year Which will come. In line with increasing situation competition, RSDS must evaluate its strategic plan so that it can continue to survive and thrive. For facing a competitive situation of 3.5C, RSDS must become a specialist for serving one or several market fragment. Key success for RSDS in this situation is providing superior health care products and specialized health services, so that patients/families are served quickly, precisely and safely like a client.

Mapping the Current Condition of Marketing of RSDS

Based on *the Competitive Setting Index (CSI)* and *the Company Alignment Index (CAI)*, the following description is obtained:

- RSDS CSI value of 3.9 indicates that the competitive situation faced by RSDS in next five years is at position 3.5C ie characteristic advanced.
- The RSDS CAI value of 2.9 indicates that the RSDS is included in the form company 3C (*marketing oriented*) Which do marketing segmented.
- Analysis gap Which done to mark CAI And CSI produces a negative gap of 1.0 which indicates that the marketing strategy of RSDS is still lagging behind compared to the challenges competitive situation in the next five years.

Situation this requires the RSDS to perform various actions in order to catch up with its marketing strategy, adapt to every change Which happen in environment business, improve effectiveness of the use of marketing resources at its disposal in order to remain success in period front and for more professional in carry out ability And obligation organizer carry out services according to the standard service.

4. CONCLUSION

Strategic Marketing Plus 2000 framework , value CSI RSDS of 3.9, indicating that the competitive situation faced by RSDS in the next five years is in position 3.5C which is sophisticated (sophisticated), in this competitive situation not only companies, customers and competitors have shifted but change drivers have also begun to be difficult to control because the changes that occur are discontinuous, RSDS managers need thoughts that reverse all existing strategies that allows all of this to succeed and customers must be treated as clients who must be paid more attention than just ordinary customers. Strategic Marketing Plus 2000 framework , value RSDS CAI of 2.9 indicates that the current marketing orientation type of RSDS is included in type 3C that is marketing segmented where RSDS selects the most market segment service effectively.

According to draft strategic marketing Plus 2000 with a CSI value obtained by RSDS of 3.9 And mark CAI of 2.9 indicates gap occurs negative, this condition illustrates that the strategy implemented by RSDS is lagging behind compared to the business environment strategy faced by the hospital in the future. In designing the RSDS marketing strategy, a change in the orientation/type of RSDS marketing was made from 3C (marketing oriented) to 3.5C (market driven) to match the 3.5C type of competitive situation (sophisticated) that will be faced in the next 5 (five) years.

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