

Listening Behaviour and Assertive Communications in Preventing Switching Intentions of Hospital Customers



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ABSTRACT: Several studies have shown that listening behavior affects customer satisfaction, which in turn has a negative effect on switching intention. In addition, customer behavior intention is also influenced by assertive communications. Does this apply in the context of non-face-to-face communication, such as a hospital call center? The role of hospital call center officers is becoming increasingly important in the midst of the COVID-19 pandemic. Officers must answer community questions and provide the latest information. Several studies have not seen the effect of listening behavior and assertive communication on call center officers. Using quantitative methods, the research population was hospital patients in Indonesia who contacted the call center at least once in the last 6 months. Primary data was collected using a questionnaire in Google Docs format that was sent directly via e-mail and Instagram direct messages to respondents. This online survey technique is carried out in a web-based selfadministered manner. After testing the validity and reliability, the results of this study prove that listening behavior and assertive communication affect switching intention. In addition, corporate reputation is also proven to moderate the influence of listening behavior and assertive communication on switching intention.

KEYWORDS: corporate reputation, listening behavior, assertive communication, switching intention, hospital customers.

I. INTRODUCTION

Online communications with customers require greater effort as human contact does not directly present. This is necessary to improve the quality of relationships and build trust (Verma et al., 2015). One of the industries that must prepare face-to-face communication lines during the COVID-19 pandemic is the hospital service industry. In addition to health workers, hospitals must provide call center officers. Call centers are an important channel for customers. So, additional hospital call center officers are needed (BPPSDMK, Ministry of Health of the Republic of Indonesia, 2020). Not only that more officers are needed. Their communication skills are to also be improved.

Research on the influence of listening behavior on customer satisfaction and trust was conducted (de Ruyter and Wetzels, 2000) with three dimensions, namely attentiveness, perceptiveness, and responsiveness. Other research also proves that the satisfaction and quality of call center services affect customer loyalty (Angrumsari, 2019). Customer satisfaction with service has been shown to affect behavior intentions, including repurchase intention and word-of-mouth (Ortiz et al., 2017). From the literature studies conducted, there has been no research that explores the influence of perceived listening behavior on switching intentions, especially in the hospital industry in this pandemic era.

In the context of customer service, Castleberry and David Shepherd (1993) defined interpersonal listening as the cognitive process of actively paying attention in sensing, interpreting, and evaluating as well as responding to verbal and non-verbal messages from customers or potential customers. Ramsey, and Sohi (1997) divided listening behavior into three components, namely sensing, evaluating, and responding. Their research shows that the listening behavior of officers has a positive effect on customers' trust.

Another thing that is considered important in hospital service is the officer's skills in communicating assertively. Assertiveness is a personality trait, namely a mental structure that comes from a person's behavior that can be observed (Parvez, 2016). Polyorat et al. (2012) state that assertiveness is carried out to achieve certain goals in encountering obstacles in the environment or disputes with other people. Richins (1983) stated that assertive people show their feelings and behavior directly and honestly while respecting others. Meanwhile, Gomez (2017) said that assertiveness is not a unique trait of a person, but a basic skill that needs to be learned. Lorr and More (1980) stated that assertive characteristics could be grouped into four dimensions, namely directiveness, social assertiveness, defense of rights and interests, and independence. Research on assertiveness in the discipline of

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communication studies assertiveness from the perspective of responsiveness (Anderson et al., 1997; Richmond and McCroskey, 1990; Rocca et al., 1998). Wang and Yang (2020) proved that consumer assertiveness has an effect on behavior intention.

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Research on the assertiveness skills of employees shows a negative influence on job burnout. Improved assertive communication skills can increase self-confidence and decrease conflict and pressure which further decreases burnout or mental fatigue (Butt and Zahid, 2015). Other research proves that consumer assertiveness affects behavior intention (Wang and Yang, 2020). From literature studies, there has been no research on the impact of the assertiveness of call center officers on switching intentions. So, the second research gap to be filled in this study is the influence of assertive communications from call center officers on hospital patients' switching intentions.

Behavior intentions can be several things. One of them is the interest in switching to other products or companies (switching intentions), namely situational, influential, and reactionary (Manzoor et al., 2020). Situational switching happens during customers' life situations, such as when moving residence, or growing up. While influential switchers are customers who switch to other brands due to competitors' influence, such as through added customer benefits. Finally, reaction switchers are customers who switch to another brand because of negative experiences. Concerning customer satisfaction, Abdel et al. (2015) proved in their research that customer satisfaction negatively affects brand-switching intentions.

Research proved that consumer-switching behavior is influenced by price, brand image, product quality, and value-added services and promotional activities (Manzoor et al., 2020). Other research proves the influence of service quality, customer service, service pricing, and value-added services on customer satisfaction, and brand-switching intentions (Abdel et al., 2015). However, so far, there has been no research on switching intentions caused by listening behavior and assertive communications from call center officers. Based on the background and gap analysis, the purpose of this study is to test the effect of the listening behavior of hospital call center officers on switching intentions, test the influence of hospital call center officers' assertive communications on switching intentions and test the influence of the company's reputation as a moderation variable in the relationship between listening behavior and assertive communications to switching intentions.

Preventing customer intention from switching to other brands can be influenced by a company's image or reputation (Blombäck and Axelsson, 2007). Fombrun in Doorley and Garcia (2007) defined reputation as the public perception of things that the company has done. It is related to the organization's previous actions and its prospects in the future, compared to similar organizations or competitors. Fombrun compiled a corporate reputation quotient consisting of six elements, namely emotional appeals, workplace environment, product and services, financial performance, vision, and leadership and responsibility.

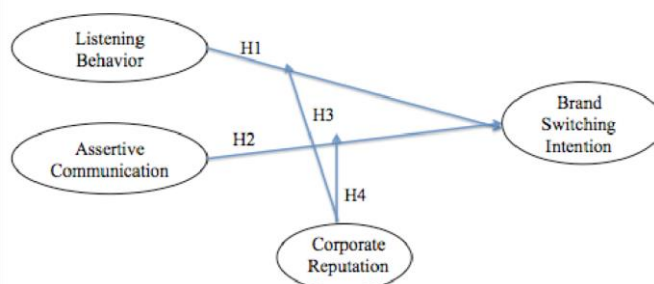
Based on some of these descriptions, researchers formulated the following research hypotheses:

H1: Listening behavior affects switching intentions.

H2: Assertive communications affect switching intentions.

H3: Corporate reputation moderates the influence of listening behavior on switching intentions.

H4: Corporate reputation moderates the influence of assertive communications on switching intentions. This conceptual framework is depicted in Figure 1.



A. Conceptual Framework

II. METHODOLOGY

This research is conclusive research, which is research conducted to test specific hypotheses and study relationships between certain variables. This research is complemented by descriptive research, whose main purpose is to describe something, such as certain characteristics or functions. The study will use the single cross-sectional design, which collects data from a single sample at one given point in time. The method used in this study is the quantitative method. Data collection and data analysis are carried out in a structured manner, so statistical analysis is needed (Malhotra, 2010). The population for this study was hospital patients in Indonesia who contacted the call center at least once in the last 6 months. The study used non-probability sampling to determine the sample. The sampling method is carried out by purposive sampling method based on predetermined respondent criteria (Cooper & Schindler, 2014). The criteria for respondents in this study are: (1) Male or female, (2) Aged over 17 years, (3) Domiciled in Indonesia, (4) In the last 6 months at least once contacted the hospital call center. A time span of 6 months was chosen to avoid recall bias (Ghazali, 2011).

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The number of respondents in this study was 100 people. The collection of respondents in the study began by searching the email addresses and Whatsapp numbers of hospital customers through several sites, collecting the e-mail addresses of company employees and students from several databases through search engines google.com as well as followers of several hospital Instagram accounts. The data collected in the study was primary data, conducted using questionnaires in Google Docs format sent directly via e-mail, Whatsapp, and Instagram direct messages to several people who meet the criteria as respondents, starting June 30, 2021, until July 4, 2021. This online survey technique is conducted web-based and self-administered. This is possible, given the characteristics of the study population are online customers who have become accustomed to accessing the internet. The validity test and the reliability test were carried out first at the pre-test stage, which was on the 40 respondents collected

To measure whether the questions asked have been appropriate or valid to measure a particular construct, a validity test is conducted using Pearson Correlation. An indicator is rated valid measuring a particular construct if the significant value < 0.05 . Four variables with several dimensions and indicators that have been measured are listening behavior variable in 3 dimensions (sensing, evaluating, and responding) with 13 indicators, assertive communications variables with 5 indicators, switching intention variables with 5 indicators, and corporate reputation variables in 5 dimension (emotional appeal, workplace environment, product and service, financial performance, vision, and leadership) with 7 indicators. The results of data processing using SPSS 21 showed that there were 4 items of invalid constructing factors. Furthermore, these four factors will be excluded from the data and not included in the analysis.

To test whether the questions in the questionnaire can be considered consistent if the measurement is done repeatedly, a reliability test is also done at the pre-test stage by looking at Cronbach alpha numbers. Decision-making is done by looking at Cronbach alpha numbers. If Cronbach alpha number is above 0.6, it is said that the measured construct has passed the reliability test. From the reliability test conducted, the Cronbach alpha number was greater than 0.6, which is 0.929. Thus, it can be concluded that all variables with their respective items in this study are reliable.

The data analysis method used in this study is quantitative analysis, using SPSS, including univariate, bivariate, and multivariate analysis. Bivariate analysis is performed with a simple linear regression analysis. While multivariate analysis is done by looking at the results of the determination coefficient test and statistical test F using Moderated Regression Analysis.

III.RESULTS

Univariate analysis was conducted to see respondents' assessments of listening behavior and assertive communications of hospital call center officers. In addition, an analysis was also carried out on switching intentions and corporate reputation. Most of the respondents rated the listening behavior of call center officers as good. The presentation of respondents who agreed with the statement was above 34%. The highest approved area by respondents is that call center officers seem to not be tired of listening to respondents when receiving calls, which 49% of respondents agreed with. Similarly, with assertive communications, it can be seen that respondents mostly agreed with the statements submitted. The highest approved area by respondents was the statement that the call center officer apologized when there were inconveniences to the customers, with 47% of respondents agreeing. A summary of the listening behavior and assertive communications skills of the call center officer can be seen in Table 1 below.

Table 1. Call Center Listening Behavior and Assertive Communications Skills

No	Listening Behavior	Assertive Communications
1	Focus on to listening customers.	Do not hesitate to say the information.
2	Listen only to customers, not talk with others.	Able to express differences of opinion politely.
3	Do not boring when listening to customers.	Request something from the customer with the word 'please'.
4	Ask for details of the customer.	Do not use harsh words to customers.
5	Repeat questions well.	Apologies for the inconvenience.
6	Do not interrupt the conversation.	
7	Do not change the conversation topic.	
8	Understand what the customer said.	
9	Respond to customer requests quickly.	
10	Ask appropriate questions to provide accurate information.	
11	Use complete sentences, not only answer with 'yes' or 'no',	
12	Answering customer questions clearly.	
13	Provide information according to what the customer asks.	

Regarding corporate reputation, respondents' answers vary between strongly agree and agree. The most widely approved statement by respondents is that the hospital provides good service, with 38% of respondents approving this statement. In terms of switching

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intentions, most respondents also agreed with the statements submitted. The highest statement that got respondents' approval was that they were not interested in switching to another hospital, with 35% agreeing with this.

Bivariate data analysis is carried out using two statistical analysis methods, namely using the Pearson Correlation test to see the relationship between independent and dependent variables, as well as simple linear regression analysis to see the influence of independent and dependent variables. Independent variables in the study were Listening Behavior (X1) and Assertive Communications (X2), while the dependent variable is Switching Intention (Y).

From the correlation test, there is a correlation coefficient of 0.511 for the Listening Behavior variable and 0.455 for the Assertive Communications variable, all with a significance of 0.000 or smaller than 0.05. This shows that there is a significant positive relationship between the two independent variables, namely Listening Behavior and Assertive Communications with dependent variables, namely Switching Intention.

A. Listening Behavior Effect

To see the influence between variables, a simple linear regression analysis is performed. From SPSS analysis, the value of the coefficient of determination R Square (R^2) = 0.530 shows that the independent Listening Behavior variable can explain or predict the dependent variable (Switching Intention) value (53%). The remaining 47% is explained by factors other than the Listening Behavior variable or by other variables outside the research model.

From Table 2, there is a calculated value of F of 108,406 with a significance of 0.000. Because the significance test value is < 0.05 , the regression model can be used to predict the Switching Intention variable, or in other words, there is an independent influence of the Listening Behavior variable on the dependent Switching Intention variable.

Table 2. F-Test for Listening Behavior Variable ANOVAa

Model	Sum of Square	df	Mean Square	F	Sig.
Regression	892.740	1	892.740	108.406	.000 ^b
Residual	790.576	96	8.235		
Total	1683.316	97			

a. Dependent Variable: Switching Intention

b. Predictors: (Constant), Listening Behavior

Table 3 is presenting the coefficient value of the constant of 3,046. This indicates that if there is no listening behavior element, then the consistent value of Switching Intention is 3,046. While the regression coefficient of 0.396 indicates that for every 1% addition of Listening Behavior elements, the Switching Intention will increase by 0.396. A significant number of 0,000 smaller than 0.05 means that there is an influence of Listening Behavior on Switching Intention, so it can be concluded that H1 is accepted, namely Listening Behavior affects Switching Intention.

Table 3. T-Test Listening Behavior Variable Coefficients^a

Model	Unstandardized B	Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	3.046	1.474		2.105	.038
Listening Behavior	.396	.038	.728	10.412	.000

a. Dependent Variable: Switching Intention

B. Assertive Communications Effect

From SPSS analysis, the value of the determination coefficient R Square (R^2) = 0.394 shows that the independent Assertive Communications variable can explain or predict the dependent value of the Switching Intention variable by 39%. The rest is explained by factors other than assertive communications variables or by other variables outside the research model.

Table 4 presents the value of F is 62,469 with a significant number of 0.000. Since the significance test value is < 0.05 , the regression model can be used to predict the Switching Intention variable, or in other words, there is an independent influence of the Assertive Communications variable on the dependent Switching Intention variable.

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Table 4. F-Test Assertive Communications Variable

ANOVAa

Model	Sum of Square	df	Mean Square	F	Sig.
Regression	663.571	1	663.571	62.469	.000 ^b
Residual	1019.746	96	10.622		
Total	1683.316	97			

a. Dependent Variable: Switching Intention

b. Predictors: (Constant), Assertive Communications

From Table 5, the coefficient value is seen to be constant at 6,436. This indicates that if there is no Assertive Communications element, then the consistent value of Switching Intention is 6,436. While the regression coefficient of 0.607 shows that for every 1% addition of Assertive Communications elements, Switching Intentions will increase by 0.607. A significant number of 0,000 is smaller than 0.05, which means that there is an influence of Assertive Communications on Switching Intention. It can then be concluded that H2 is accepted, namely, Assertive Communications affect Switching Intentions.

Table 5. T-Test Assertive Communications Variable

Coefficients^a

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	6.436	1.476		4.361	.000
Assertive Communications	.607	.077	.628	7.904	.000

a. Dependent Variable: Switching Intention

C. Corporate Reputation Moderation

The multivariate analysis in this study used multiple linear regression with moderation or referred to as moderated regression analysis (MRA). Moderated regression analysis is conducted to find out whether the Corporate Image (Z) moderation variable will strengthen or weaken the influence between the Listening Behavior (X1) and Assertive Communications (X2) variables on the switching intention variable (Y). Here are the results of moderated regression analysis.

From SPSS analysis, the adjusted value of R Square is 0.600, meaning that 60% of this determination coefficient is used to find out how much the percentage of influence of variable X1, variable Z, and moderation variable (X1xZ) on Switching Intention variable (Y), while the remaining 40% is explained or influenced by causes or other factors outside the research model.

The Anova test or F test results in a calculated F value of 49,581 with a significance level of 0.000. Because the probability of significance is smaller than 0.05, the regression model can be used to predict Y or it can be said that variable X1 and variable Z together affect Y. Thus, it can be concluded that the Corporate Reputation variable is a moderator variable that strengthens the influence of the Listening Behavior variable on the Switching Intentions. Thus Hypothesis 3 is proven, namely Corporate Reputation (Z) moderating the influence of Listening Behavior (X1) on Switching Intention (Y). The full data can be seen in Table 6 below.

Table 6. F-Test - Moderated Regression Analysis

ANOVAa

Model	Sum of Square	df	Mean Square	F	Sig.
Regression	1031.469	3	343.823	49.581	.000 ^b
Residual	651.848	94	6.935		
Total	1683.316	97			

a. Dependent Variable: Switching Intention

b. Predictors: (Constant), Listening Behavior *Corporate Reputation, Listening Behavior, Corporate Reputation

Adjusted value R Square of 0.572 means that 57.2% of the determination coefficient is used to determine how much the percentage of influence of variable X2, variable Z, and moderation variable (X2xZ) on the Switching Intention (Y) variable, while the remaining 42.8% is explained or influenced by causes or other factors outside the research model. More data is in Table 9 below.

The Anova or F test produces a calculated F value of 44,288 with a significance level of 0.000. Because the probability of significance is smaller than 0.05, the regression model can be used to predict Y or it can be said that variable X2 and variable Z together affect Y. Thus, it can be concluded that the Corporate Reputation variable is a moderator variable that strengthens the

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influence of Assertive Communications variables on Switching Intentions. Thus Hypothesis 4 is proven, namely Corporate Reputation (Z) moderating the influence of Assertive Communications (X2) on Switching Intention (Y). This can be seen in Table 7 below.

Table 7. F Statistics Test - Moderated Regression Analysis

ANOVAa

Model	Sum of Square	df	Mean Square	F	Sig.
Regression	985.843	3	328.614	44.288	.000 ^b
Residual	697.473	94	7.420		
Total	1683.316	97			

a. Dependent Variable: Switching Intention

b. Predictors: (Constant), Assertive Communication*Corporate Reputation, Assertive Communication,

Corporate Reputation

Summary of this research results can be seen in Table 8 below.

Table 8. Summary of Research Results

No	Hypothesis	Coefficient	Sig	Result
H1	Listening behavior affects switching intentions	0.530	0.000*	Supported
H2	Assertive communication affects switching intentions	0.394	0.000*	Supported
H3	Corporate reputation moderates the influence of listening behavior on switching intentions	0.613	0.000*	Supported
H4	Corporate reputation moderates the influence of assertive communication on switching intentions	0.586	0.000*	Supported

IV. DISCUSSIONS

From the summary table of research results, it can be seen that listening behavior affects brand switching intentions. This means, if a hospital's customers rate call center officers as having good listening behavior, they are less likely to switch to another hospital. Listening behavior assessed by customers is sensing, evaluating and responding. How call center officers listen to customers, not while talking to others, and do not seem tired of listening to customers who call, is important for customers.

In terms of evaluating, the factors that affect the customer from switching to another hospital are the behavior of call center officers who are able to ask details to customers, repeat questions well, do not cut off conversations, do not shift the conversation and understand what the customer is saying. While in responding, customers tend not to switch to other hospitals if the call center officer is able to respond to customer requests quickly, ask some things needed so that the information provided is appropriate, use complete sentences, not only answer 'yes' or 'no', answer customer questions clearly and provide information according to what the customer asks.

Therefore, the results of this study are in accordance with research conducted by de Ruyter and Wetzels (de Ruyter & Wetzels, 2000) which examines the influence of listening behavior on customer satisfaction and trust, Mely Angrumsari's research that proves that the satisfaction and quality of call center services affect customer loyalty (Mely Angrumsari, 2019) and Ortiz et al. research that proves that customer satisfaction with services affects behavioral services. intentions, such as repurchase intention and word-of-mouth (Ortiz et al., 2017).

In terms of assertive communication, this study proves that the skills of hospital call center officers in communicating assertively can reduce the tendency of customers to switch to other hospitals. Assertive communication referred to in this case is not to hesitate to say words, be able to express differences of opinion politely, convey requests starting with the word please, do not use harsh words to customers and convey apologies if there is discomfort to customers. This is in accordance with research conducted by Butt and Zahid (2015) (Butt & Zahid, 2015) and Wang and Yang (2020) (Wang & Yang, 2020) which proved that assertiveness affects behavior intentions.

This research also proves that the influence of listening behavior and assertive communication on switching intentions will increase with corporate reputation. The point is that if a hospital is judged to have a good corporate reputation, customers who have rated call center officers as having good listening behavior, will be increasingly reluctant to switch to another hospital. In addition, corporate reputation has also been shown to moderate the influence of assertive communication on switching intentions. This means that the tendency of customers not to switch to other hospitals due to call center officers being able to communicate assertively, will increase if the company has a good reputation in the eyes of customers.

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Both of these indicate that hospitals need to maintain a good company reputation, in addition to training call center officers to have active listening behavior and communicate assertively. Because, a good company reputation is proven to be able to increase the influence of listening behavior and assertive communication so that customers do not switch to other hospitals.

These findings complement the research of Manzoor et al. (2020) which proves that consumer switching behavior is influenced by price, brand image, product quality and value-added services and promotional activities. Abdel et al. (2015) also proved that brand switching intentions can be influenced by service quality, customer service, service pricing and value-added services. As it turns out, it's not just those factors that affect switching intentions. This research proves that the reluctance of customers to switch to other hospitals can increase if the active listening behavior and assertive communication of call center officers is accompanied by a good company reputation.

The reputation of the company assessed by the hospital's customers includes emotional appeals, namely that customers feel awe and trust in the hospital. Customers also assess the hospital has professional employees. In terms of products and services, customers assess that the hospital offers high-quality services and continues to innovate services. In terms of vision and leadership, customers judge that the hospital has good leaders and excels in their fields. These factors determine the company's reputation are in accordance with harris and fombrun's research (1996) in Doorley & Garcia (2007).

V. CONCLUSIONS

The results of this study prove that listening behavior and assertive communications affect brand switching intentions. This means, the better the listening behavior of hospital call center officers, the higher the tendency of hospital patients to survive, and not switch to other hospitals. In other words, the switching intention is low. The same goes for assertive communications. If the hospital call center officer has assertive communication skills, this will increase the tendency of hospital patients to survive, and not switch to another hospital. In other words, the switching intention is low.

As a moderation variable, corporate reputation has been shown to moderate the influence of listening behavior and assertive communication on brand-switching intentions. This means that the influence of listening behavior on switching intentions is strengthened by the existence of corporate reputation. With a good corporate reputation, the active listening behavior of call center officers can be even more influential in keeping hospital patients afloat, not looking for other hospitals.

This moderation function is also evident in the influence of assertive communication on switching intentions. The influence of assertive communication on switching intentions strengthens with the existence of corporate reputation. With a good corporate reputation, the assertive communication skills of call center officers can be influential in keeping hospital patients from switching to other hospitals.

Advice to complement this research in the academic field is that research can be done on how to communicate with hospital service personnel in the digital era, namely using other communication media, such as zoom, online chat, e-mail, and so on. Further research can also be done to see the impact of how to communicate in dealing with hospital patient complaints online, which of course requires different skills than handling complaints by phone or call center.

While practical advice can be conveyed to hospital management to improve the communication skills of call center officers, which include active listening and assertive communication. Because, both of these skills are proven to be able to keep hospital patients loyal, and not switch to other hospitals. In addition, the company's reputation is also maintained, because this has proven to be able to strengthen the influence of call center officers' communication skills to prevent patients from switching to other hospitals.

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