DETERMINANTS OF LOYALTY: AN EXPLORATORY EMPIRICAL STUDY IN HEALTH CARE SERVICE

THESIS SUBMITTED TO
GOA UNIVERSITY

FOR THE AWARD OF DEGREE OF DOCTOR OF PHILOSOPHY

IN

MANAGEMENT

BY

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DECLARATION

I, Pradeep B. Salgaonkar, hereby declare that the present thesis entitled '**Determinants of Loyalty: An Exploratory Empirical Study in Health Care Service**' is a bonafide record of research work done by me under the supervision of Dr. Nandakumar Mekoth, Reader, Department of Management studies, Goa University.

I further state that no part of the thesis has been submitted for a degree or diploma or any other similar title of this or any other University.

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Date :- 31st March, 2004

CERTIFICATE

This is to certify that the Ph.D. thesis entitled **'Determinants of Loyalty: An Exploratory Empirical Study in Health Care Service'** is an original work carried out by Shri Pradeep B. Salgaonkar under my guidance and that no part of this work has been presented for any other Degree, Diploma, Fellowship or other similar titles.

Date:- 31st March, 2004

Dr. Nandakumar Mekoth
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DEDICATION

Dedicated To the Three Beautiful Persons in My Life

My Mother, My Wife and My Daughter

ABSTRACT

The importance of customer loyalty is well recognised by service organisations and they are continuously striving to maintain their base of loyal customers. Loyal customers are profitable customers and generate revenue by purchasing more, more often, a wider range and by recommending new customers and as such deserve special consideration from the firms. Much attention has been given to this aspect in the literature. However much more needs to be done in this area. As an effort to make a small contribution in this area, the researcher took up the present study and has made an effort to delineate the determinants of loyalty in health care service. There are already a few studies reported in literature dealing with factors affecting loyalty, however this does not comprise an exhaustive list of determinants of loyalty, specifically when it comes to health care service. This study therefore delineates the determinants of loyalty in health care service, identifies the underlying dimensions of determinants of loyalty and tests which of these are significant dimensions of loyalty.

The study was carried on in two phases, a qualitative study - involving personal interviews with doctors and patients in the first phase, and a quantitative study- involving data collection with the help of a structured questionnaire from patient respondents in personal interviews. The qualitative study was mainly an exploratory study involving personal interviews with unstructured questionnaire with 35 doctors with M.D. degree and having private practice and 55 patients taking treatment for chronic ailments. The identification of various variables that may affect loyalty was the main objective of this exploratory study. The Critical Incident Technique was also used to gather critical

incidents as cited by patients, content analysis of which served in identification of variables and hypotheses generation. Using these variables, a structured questionnaire was designed, pre-tested and used for final data collection in the second phase of research. For the study a segment of respondents comprising of patients taking treatment for chronic ailments such as Cardiac problems, Asthma, and Diabetes was selected. The final list of 194 patient respondents was generated from the appointment diaries of 19 doctors having private practice in the above segment.

The data collected was analyzed and the main analyses done are (i) Factor analysis (ii) Regression analysis, and (iii) Chi-square test. The study concludes that the significant dimensions of determinants of patient loyalty are:

(a) Feeling good (Physical + Psychological) by the patient

(b) Authoritarian behaviour of the doctor

(c) Doctor's confidence in dealing with the patient

(d) Lifestyle prescription to the patient, and

(e) Cost of treatment

The insignificant dimensions of determinants of patient loyalty are:

(a) Approachability of the doctor

(b) Advice given by the doctor, and

(c) Waiting time in the doctor's clinic

The Source of recommendation a patient relies upon to choose a doctor is also an important determinant of patient loyalty.

ACKNOWLEDGEMENTS

This dissertation has seen the light of day due to the encouragement, help and inspirations of many great people. At the outset I express my sincere thanks to my guide, Dr. Nandakumar Mekoth, who has been with his critical comments and suggestions at every stage of the research. Besides encouragement he gave me a free hand to work on my thesis, of course with strict vigilance and giving right direction at appropriate time.

My sincere thanks are due to Prof. A. Sreekumar, Professor and Dean, D. C. School of Management and Technology, Kerala, Prof. C. M. Ramesh, Goa Institute of Management, and Dr. Nandakumar Mekoth, Goa University, members of my Faculty Research Committee. They spent sufficient time in guiding me through my dissertation with timely feedback on the work done by me. The many critical comments and suggestions from them have helped me in fine-tuning my work at every stage. It was their constant encouragement that kept me going ahead and completing this work in time.

My special thanks are due to Prof. A. G. Balasubramanian for his generous and personal help in critical times. Besides giving suggestions he has been a great source of encouragement and inspiration to me throughout my research work.

I am deeply indebted to all the doctors who gave time and shared their views with me, besides permitting me to take the details of their patients from their appointment diaries. I specifically thank Dr. Digamber Naik and Dr. Roufino Monteiro for their co-operation and help in initial discussions on the research topic from which I have gained a lot.

My sincere thanks are also due to the many patient respondents, who despite their ailment, co-operated in giving time and sharing their views with me.

My thanks are due to all the faculty members and fellow colleagues who have contributed in my work by way of comments and suggestions during the Saturday afternoon

presentations at the Department. Special thanks to M. S. Dayanand who made a useful contribution at the time of refinement of the final questionnaire.

My special thanks to my fellow colleagues Sr. Aradhana and Prita Mallya for giving me support and emotional boost at times of stress and in difficulties.

Sincere thanks to Babu George and Purva Hegde Desai who were critical at every stage of my work and generous in discussing minute aspects of the thesis from which I have benefited a lot.

I take this opportunity to thank the staff members of the libraries of Indian Institute of Management - Bangalore, Goa Institute of Management- Ribandar, Goa Medical College - Bambolim, Goa University – Taleigao Plateau, and Central Library – Panaji, for helping me in getting the required matter for this study.

I also thank all the staff members of the Department of Management Studies, especially Nikita Kamat and Premanand Desai, for all the help rendered in administrative matters. Besides, I am grateful to all those who directly or indirectly assisted me in completing the thesis.

This work could not have been completed but for the co-operation and support from Seema, who was always besides me in all my odd times and the innocent and cheerful smile from Deepsee, which made me forget all the hardships.

Pradeep B. Salgaonkar

CONTENTS

LIST OF TABLES

Chapter I

INTRODUCTION

The key to success for any business lies in its ability to maintain a strong base of loyal customers. The organization exists for the customers and they are the deciding factor behind the success or failure of a business organization. Keeping the customers and ensuring customer satisfaction is thus very crucial and important for success and growth of all service firms, no matter what is the size or nature of the business. Excellent service is the foundation for services marketing (Berry and Parasuraman, 1991) and as such many successful organizations strive hard to fulfil every need of their customers with the hope that it will make the customers more satisfied.

The inseparability of production and consumption for many services means that the customers are actively involved in the service delivery system and frequently exposed to the actions and attitudes of the service provider. Each interaction between a customer and service provider can potentially influence that customer's satisfaction/dissatisfaction with the service experience and ultimately the profitability of the service organization. However just satisfying the customers is not enough; the organizations should work towards completely satisfying the customers as these are the customers who are truly the loyal customers than the merely satisfied customers (Jones et al 1995).

Ensuring customer satisfaction is important, as satisfaction becomes transformed into loyalty much like a caterpillar becomes transformed into a butterfly (Oliver 1999).

Satisfaction is the beginning of a transitioning sequence, which, with proper nurturing, culminates in a separate loyalty state. Once loyalty has set in, it may become independent of satisfaction and minor episodes of dissatisfaction will not influence the Loyalty State. Loyal customers are essential for a firm to grow and ensuring loyalty is a yeoman task before every service provider to be achieved.

It is well known that customer satisfaction leads to customer loyalty, and customer loyalty in turn leads to increase in profits (Heskett et al 1994). Consistently delivering superior value service to the customers is of utmost importance in order to satisfy and retain them. An increase in customer's retention of 5% is shown to boost profit by 25% to 85% in various organizations over 14 industries (Reichheld and Sasser, 1990). Similarly the relative costs of customer retention are substantially less than those of acquisition (Fornell and Wernerfelt, 1987). When a company consistently delivers superior value and wins customer loyalty, market share and revenues go up, and the cost of acquiring and serving customers goes down (Reichheld, 1993).

The more loyal customers an organization has, more profitable that organization will be. Loyal customers are apostles of an organization (Jones et al 1995) and will continuously add to the revenue of the organization. Loyalty is important and generates profitability over time as it reduces operating cost per customer, leads to more spending by the customers over time, and loyal customers provide free advertising by way of positive word of mouth and recommend and bring new customers into the business (Reichheld and Sasser, 1990). On the flip side, most dissatisfied customers are unhappy and don't

come back and when they go to the competitor they take their friends with them. It is therefore of utmost importance for those in the business of "service production and delivery" to build and maintain a strong base of totally satisfied and strongly loyal customers.

Research Objective

The purpose of this thesis is to find out what are the determinants of customer loyalty to the service provider. There are not enough studies dealing with the determinants of loyalty except for a few. The study by Bitner (1990) states that time or money constraints, lack of alternatives, switching costs, and habit, might affect service loyalty. Three interrelated factors - Trust, Social Networking and Communality are reported to increase customer loyalty and generate positive "word of mouth" recommendations (Baron and Harris, 1995). Some correlation between demographic variables and strong service loyalty are also reported (Snyder, 1991). Personal determinism (fortitude) and social bonding are reported to be having an impact on loyalty (Oliver 1999). In health care services, service factors such as doctor sensitivity, staff courtesy, on-time service and cleanliness of facilities are found to be affecting patients' satisfaction/dissatisfaction and patient satisfaction is said to be affecting patient loyalty (Eliopoulos 1986; Leebov 1988).

However, although all these are important determinants of loyalty, this is not an exclusive list of determinants of loyalty and there will be many more determinants of loyalty that are unidentified. Also there is no *one* single study, which deals with determinants of

loyalty, specifically in health care services. As such finding out with empirical evidence what are the determinants of customer loyalty will be an important contribution to the existing body of literature on customer loyalty.

In order to study this aspect a high-involvement personalized service like health care service is chosen for the study. Within health care service the study is conducted among the doctors with M.D. degree and having private practice only, and patient respondents are those who are taking treatment for chronic ailments like Cardiac problems, Asthma and Diabetes. Chronic ailments are selected because these cases are irreversible conditions having no cure but only case management with the constant help of the doctor, which would require the patient to consult doctors often. This would result in relationship development and building loyalty to the doctor whereas on the flip side the chances of the patient switching are also high and as such this segment is an ideal segment for this study.

The thesis first delineates the determinants of patient loyalty in healthcare services, followed by bringing out the underlying dimensions of the determinants of patient loyalty. Subsequently the thesis looks at which are the significant dimensions of determinants of patient loyalty. Similarly, which are the significant doctor-patient interaction dimensions of determinants of patient loyalty is also studied. The research objective is given below.

Main Research Objective

- What are the determinants of patient loyalty in health care services?

Sub-Objectives

- What are the underlying dimensions of the determinants of patient loyalty?
- Which are the significant dimensions of determinants of patient loyalty?
- Which are the significant doctor-patient interaction dimensions of determinants of patient loyalty?

In this ever-competitive world of marketing, the healthcare service provider i.e. the doctor too is an entrepreneur and needs to have marketing skills in order to compete with the other service providers in the same segment. Knowing what determines the patient's loyalty to the doctor, how significant is each determinant to loyalty and what doctor-patient interaction aspects affect loyalty will be very helpful to the doctors to work towards better service delivery. The doctor will be equipped with tools for better doctor-patient interaction, which in turn will leave the patient more satisfied with the service encounter. A patient feeling good with the service encounter will definitely make him feel psychologically elevated and in a much better physical condition compared to that of before the consultation. This in turn will improve the patient's loyalty to the doctor, which is very essential for sustenance and growth of doctor's practice.

Research Method

The study is taken up in two phases consisting of qualitative research and quantitative research.

(A) Qualitative Research

The first phase of the research is an exploratory qualitative study involving data collection from the doctors and the patients in personal interviews.

(1) Personal Interviews with Doctors:-

(a) Objective:-

Personal interviews with 35 doctors (M.D. Doctors, having private practice) were conducted with the main objective to know whether the doctors consider patient loyalty of any importance or not. Secondly it was important to know as to how the doctors understand loyalty in health care. Also it was felt necessary to find out what factors, according to the doctors, affect patient loyalty and what are the reasons for patients switching from one doctor to another.

(b) Sample Selection:-

Practicing doctors with M.D. degree (Chest Physicians, Cardiologists, and Diabetologists) and having private practice only were selected for the study. The final sample consisting of 35 doctors was chosen from the Must See List (MSL)[1] of 2

[1] Must See List (MSL) is a list containing the names, addresses, specialization, and category (A+, A, B etc.) of the doctors. This list is given to the Medical/sales representatives of pharmaceutical companies to aid them in their day to day work. The categorization of A+ and A class is generally given by the companies based on the number of patients seen by a doctor.

Pharmaceutical Companies, Cipla and Winmedicare, who were given A+ or A rating by both these Companies.

(c) Interviews:-

Personal interviews were conducted with the doctors in their clinics with the help of an open-ended questionnaire. Qualitative data collected from these 35 doctors was analyzed basically to understand how doctors perceive patient loyalty with reference to their practice and to delineate various variables, which might affect the patient loyalty.

Also various reasons as perceived by the doctors as to why patients switch from one doctor to another are identified.

(2) Personal Interviews with Patients

(a) Objective: -

Personal interviews with 55 patients were conducted to find out which aspects of doctor – patient interactions the patients feel are important for a good doctor-patient relationship. Also to identify what factors, according to the patients, affect their loyalty to the doctor and to identify the reasons for patients switching from one doctor to another.

(b) Sample Selection: -

The list of patients for personal interviews was prepared by randomly taking names and addresses of patients from the doctor's appointment diary, which almost all doctors maintain. The respondent sample of patients consisted of those patients who came for treatment for any of the chronic ailments like cardiac problems, asthma, diabetes etc.

(c) Interviews: -

Personal interviews were conducted with the patient respondents at their residence or at the place of work as per their convenience. Meeting the patients at the doctor's clinic was deliberately avoided. This was necessary to avoid any bias in response that could have cropped up in the mind of the respondents, had the interviews been taken at the clinics of the doctors. In all 55 patients were interviewed from among those selected from the doctor's appointment diary. An open-ended questionnaire was employed to collect the data from the patient respondents.

The patients were also asked to narrate any good or bad critical incident occurred during the service delivery, any time during their treatment over a period of time, which according to them has affected their opinion about the doctor.

The Critical Incident Technique (CIT) was used to identify underlying variables in the critical incidents which occurred during the doctor-patient interaction and which, in patients opinion have affected their relationship with the doctor. The underlying variables were identified by doing content analysis of the critical incidents.

(3) Analysis: -

The data collected from the doctors and the patients in personal interviews was analyzed in order to identify the various underlying variables, specifically related to the doctor-patient interaction, which might affect patient loyalty to the doctor. The critical incidents

as narrated by the patients were also content analyzed to identify the underlying variables which might affect patient loyalty.

Mainly by taking these variables identified from the field study and also those few variables reported in the existing literature, various hypotheses were nailed down. These hypotheses which resemble the important factors affecting patient loyalty were then tested empirically by employing a structured questionnaire for data collection by survey method.

(B) Quantitative Study

(1) Development of the Survey Instrument:-

Keeping in mind the hypotheses to be tested a structured questionnaire was designed. This questionnaire was discussed among eminent academicians for their opinion and suggestions during the several group guidance sittings, the changes suggested were incorporated and the questionnaire refined accordingly.

All the variables are measured using a 5-point Likert scale ranging from 1= strongly disagree to 5=strongly agree, or from 1=very less to 5=very high, except in the case of Source of Recommendation, where a multiple choice question is employed.

(2) Pre-testing of the Questionnaire:-

The questionnaire developed was pre-tested with a few patients mainly to ascertain whether the words and phrases used in the questionnaire convey the same meaning as the

researcher wanted to convey and also to check whether there is a smooth flow of questions. There were no major difficulties encountered by the respondents and as such the only minor changes of some words were incorporated and the corrected questionnaire was implemented.

(3) Sample Selection and Data Collection:-

The questionnaire was administered to a sample of 194 patient respondents who were selected by taking their names and addresses from the appointment diary of the doctors. Again the respondent patients consisted of those taking treatment for chronic ailments. It was initially decided to take an average of 10 patients per doctor from about 25 doctors, which would make about 250 patient respondents. This was proposed in order to get a fair representation of the population. However some doctors refused to give the appointment diary and disclose the names of their patients and as such the researcher had to depend on whatever names and addresses could be obtained from 19 doctors.

In all the questionnaire was administered to 194 patients by meeting them personally at their residence or place of work as per their convenience and the questionnaires were filled in.

(4) Data Analysis and Interpretations:-

The data from the 194 completed questionnaires is tabulated and analyzed.

The main statistical analysis done using SPSS 10.0 are;

i) Factor analysis is done for data reduction

ii) Regression of loyalty upon the variables obtained from factor analysis

iii) Chi-square test is done for source of recommendation

Organisation of the Research

The thesis is divided into six chapters. The first chapter being the Introduction, discussed the Research Objective, the Research Method adopted for the study, the basis for selection of the sample and the various phases of data collection.

Chapter II presents a review of literature of the studies in the area of customer loyalty in general and patient satisfaction and patient loyalty to the doctor in specific. Review of literature on the doctor-patient relationship is also presented here. The latter part of this chapter deals with the theoretical framework of the research problem and sub-objectives of the research.

Chapter III presents the personal interviews with the doctors and discusses the findings of these interviews.

Chapter IV presents personal interviews with the patients and summarises the findings of these interviews. The use of Critical Incident Technique (CIT) as a data collection tool is also discussed here. Sample critical incidents are also reported and also the hypothesis generation process is given in this chapter. Various variables affecting patient's loyalty to the doctor are identified which are tested using a structured questionnaire.

Chapter V provides the results and analysis of the quantitative study carried by using a structured questionnaire. The analysis is done using SPSS 10.0 package.

The final chapter, Chapter VI, presents the conclusions and discussions of the results and their implications for the service providers, i.e. doctors and academicians, as well as suggests directions for future research. The limitations of the study are also noted.

Chapter II

LITERATURE REVIEW

A review of the existing literature on customer loyalty throws light on how the focus has shifted from the seller's market (forced loyalty) to that of a highly competitive market (loyalty by choice). The 1950's to the early 1960's were the seller's market. In 1970's with ample choice to the customer, the provider-customer relationship became important. By the 1980's quality became a primary means for securing customer loyalty and by the 1990's the focus had moved to customer care (Lynch, 1995). In this decade, the focus is on achieving customer delight and customer relationship management.

Types of Loyal Customers

Customers are an essential ingredient of an organisation that values loyalty and its success depends on how long the customers stay with the organisation. Major efforts of an organisation should be directed towards delivering good quality service thereby ensuring total satisfaction of the customers. It is known that customer satisfaction leads to customer loyalty (retention, repeat business and referral) which in turn leads to revenue growth and profitability of the firm (Heskett et al 1994). Customers often become more profitable over time and loyal customers account for an unusually high proportion of the sales and profit growth of successful service providers. But not all customers are loyal to the same degree. Customers may be classified into four categories based upon their loyalty to the service provider.

1. *Hard core loyals* – these are the best customers a service provider has under its umbrella. They are 100% loyal to the service provider and are most profitable. These most loyal customers-the top 20% of total customers-not only provide all the profit but also cover losses incurred in dealing with less loyal customers (Heskett et al 1994).
2. *Pseudo loyals* – these are 100% loyal customers but loyalty is thrust upon them. They are forced to be loyal by the virtue of limited choice they have of service providers. These types of customers are seen more in a monopolistic type of service markets. Given a choice, these type of customers may switch over within no time.
3. *Split loyals / polygamous loyals* – the loyalty of these customers is usually split between 2 to 5 brands/ organisations / service providers. They are loyal to all providers in respect of specific service or at a specific time.
4. *Switchers* – they are not loyal to any particular brand / organisation / provider but keep changing from one provider to another for varied reasons. These are the costliest customers to serve and usually result in losses to the provider.

The most important customers to any organization are the hard-core loyal customers and the service providers need to constantly strive to maintain their loyalty and gain more such customers.

Stages of Loyalty

It is also important to understand how loyalty develops to the service provider. Except under some rare circumstances, customer loyalty doesn't develop automatically but loyalty develops in stages (Griffin, 1999). People grow into loyal customers over a period

of time and in stages, which requires plenty of nurturing and attention at each stage of growth. The seven stages over which customers grow into loyal customers are;

Stage 1: Suspects. Suspects include everyone who might possibly buy the product or service. They are called suspects because the service provider thinks or "suspects" that they might buy, but is not sure that they will buy.

Stage 2: Prospects. Prospects are those who have a definite, identified need for the products/services and have the ability to purchase them.

Stage 3: Disqualified prospects. They don't require the product/service and/or don't have the ability to buy them.

Stage 4: First – time customers. They have purchased once and may purchase the second time and might be considering switching from competitors.

Stage 5: Repeat Customers. They have purchased on more than two occasions and might actively purchase in future.

Stage 6: Clients. Clients purchase regularly and have developed a strong ongoing relationship with the provider, which makes them immune to the pull from the competitors.

Stage 7: Advocates. Like clients, advocates buy regularly. In addition advocates spread a positive word of mouth and become important members in the marketing and sales team.

Inactive customers or clients: Inactive customers or clients are those who were once customers or clients but have not bought from the firm in a period of time longer than the normal purchase cycle.

Oliver (1999) argues that consumers can become loyal at each attitudinal phase relating to different elements of the attitude development structure and theorizes that consumers become loyal in the cognitive sense first (Cognitive loyalty), then later in affective sense (affective loyalty), still later in a conative manner (conative loyalty) and finally in a behavioral manner, which is described as action loyalty.

Knowing the types of customers and their loyalty is certainly beneficial to the service provider, so also understanding in which stage a customer lies is very useful, as it helps to tackle these different type of customers and at various stages by formulating different marketing strategies. Going a step ahead, an understanding of what determines the loyalty of a customer to the service provider would be quite beneficial to the service provider as he will be better equipped to target these very core determinants of loyalty to build much stronger loyal customers.

Loyalty Construct

Various definitions for loyalty are found in the literature, which address loyalty in a different manner. Brand Loyalty is defined as a positively biased emotive, evaluative and/or behavioral response tendency toward a branded, labelled or graded alternative or choice by an individual in his capacity as the user, the choice maker, and/or the purchasing agent (Sheth & Park, 1974). Customer loyalty is defined as the feeling of attachment to or affection for a company's people, products, or services (Jones & Sasser Jr., 1995). Similarly, loyalty is conceptualized as the relationship between the relative

attitude toward an entity (brand / service / store / vendor) and repeat patronage (Dick and Basu 1994).

Oliver (1999) defined loyalty as a deeply held commitment to rebuy or repatronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand- set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior.

In terms of repeat purchase, Tellis (1988) defined loyalty as repeat purchasing frequency or relative volume of same-brand purchasing. Heskett et al (1994) defined loyalty as repeat purchase over a period of time and whether or not a customer is on the company rolls. Similarly, Newman and Werbel (1973) defined loyal customers as those who rebought a brand, considered only that brand, and did no brand-related information seeking.

Patient loyalty concept too is defined in different ways by various researchers. Penchansky (1986) defines patient loyalty as a commitment to the provider. Christensen and Giese (1988) discusses it in terms of satisfaction with a practice, as distinct from satisfaction with a specific encounter. Patient loyalty is described as a combination of psychological attachment to a provider, a willingness to promote and defend that provider's virtue, a strong desire to remain his or her patient, and resistance to changing to another provider (Kingstrom, 1983).

Patient loyalty is also discussed in terms of intentions. Anderson (1982) describes intention to return to the same provider as an indicator of loyalty, similarly Fisk et al (1990) add, an intention to recommend one's provider to others as an indicator of loyalty. Still others discuss patient loyalty as behaviour. Eisenberg (1990) describes a low rate of defection as a true measure of loyalty to physicians.

Measures of Loyalty

When it comes to measures of loyalty, traditionally loyalty research has used various behavioral measures and viewed loyalty based on purchase (Dick and Basu, 1994). Some of these behavioral measures include repeat purchases, proportion of purchases (Cunningham, 1966), purchase sequence (Khan et al, 1986), probability of purchase (Massey et al 1970) and repeat purchasing frequency (Tellis, 1988). It is proposed by Heskett et al (1994), that loyalty be measured in terms of whether or not the customer is on the Company rolls. However, Jacoby and Chestnut (1978) criticised these behavioral measures as lacking a conceptual basis and capturing only the static outcome of a dynamic process. Further, the behavioural measures simply estimate frequencies with no examination of the reasons for purchases or the factors that may influence choices (Dick and Basu, 1994).

To overcome the limitations of behavioural definitions, many researchers have defined loyalty by including attitudinal measures. It is argued (Day, 1969; Lutz and Winn, 1974; Snyder, 1984) that loyalty must be measured as a combination of attitudinal and behavioural dimensions. Dick and Basu (1994) also propose that loyalty be determined

by a combination of both attitudinal (relative attitude) and behavioural measures (repeat purchase levels).

Jones and Sasser Jr. (1995) suggest intent to repurchase, primary behaviour (measuring actual behaviour) and secondary behaviour (willingness to recommend) as measures of loyalty. Cronin and Taylor (1992) focus solely on repurchase intentions, whereas Boulding et al (1993) focus on both repurchase intentions and willingness to recommend for measuring customer loyalty. Hill and Alexander (2000) suggest measuring loyalty in terms of varying degrees of commitment. The levels of commitment include Customer retention (Past data + future intention), share of wallet (probable future spending), willingness to recommend, and future intentions to switch.

A unique definition of loyalty to the service provider in terms of future intentions is the one put forth by Shamdasani and Balakrishnan (2000), who conceptualized loyalty in terms of repeat patronage, switching behavior, word-of-mouth recommendations and complaints. i.e. A loyal customer is one who will repatronize a service, will recommend the provider to others, will not switch to another provider, and will not complain.

As may be observed from the above, measuring future intentions of the customer is a better measure of loyalty. As such for this research, the same definition and operationalisation of the loyalty construct as has been followed by Shamdasani and Balakrishnan (2000), is adopted.

Factors Affecting Loyalty

From among the many studies reported on customer loyalty in various areas, only a few studies have some reference to the factors affecting loyalty, but not with much empirical evidence. It is reported that service quality (Bitner, 1990 and Boulding et al, 1993), the relationship quality (Crosby et al, 1987 and Crosby et al, 1990) and the overall service satisfaction (Cronin et al, 1992) can improve a customer's intentions to stay with a firm. The perceived service quality is recognised as a significant determinant of customer loyalty and business performance in terms of economic returns (Anderson et al, 1994, Reichheld and Sasser, 1990). Similarly a clear positive relationship between perceived service quality and customer loyalty is established by some researchers (Parasuraman et.al, 1994), whereas some others (Cronin and Taylor, 1992) have failed to find the same relationship between perceived service quality and customer loyalty.

Time or money constraints, lack of alternatives, switching costs, and habit, might also affect service loyalty (Bitner, 1990). Convenience, price and availability might also enhance customer satisfaction and ultimately affect behavioral intentions to stay or switch (Cronin and Taylor, 1992). Three interrelated factors Trust, Social networking and Communality are reported to increase customer loyalty and generate positive "word of mouth" recommendations (Baron and Harris, 1995). Some correlation between demographic variables and strong service loyalty is also reported (Snyder, 1991). In another study it was found that frequent stayers, under a frequent-stayer program, exhibited demographic, attitudinal and behavioral characteristics different from those of non-frequent stayers (Rivers et al, 1991).

Personal determinism (fortitude) and social bonding are reported to have an impact on loyalty (Oliver, 1999). Personal relationships have been identified as potential drivers of loyalty (Mittal and Lassar, 1996), although the empirical evidence is limited.

Loyalty in Health Care

A review of literature on patient satisfaction and loyalty throws light on a few aspects affecting loyalty. Apart from medical expertise, which patients are largely unable to evaluate, research indicates that 'service' factors are cited as the major contributors to patient satisfaction/dissatisfaction (Ruyter and School, 1994). Examples of these service factors that are mentioned in the literature are physician sensitivity, staff courtesy, on-time service and cleanliness of facilities (Eliopoulos, 1986; Leebov, 1988). Patient satisfaction may lead to greater patient retention and loyalty, increased referrals from other health professionals, lowered administrative costs, better word–of–mouth recommendations from patients, higher employee productivity and enhancement of the community image (Hellestern, 1986; MacStravic, 1988). Empathy by the staff at the clinic is considered a major source of satisfaction by patient respondents at outpatient clinics (Ruyter and School, 1994).

Caring and comfort, technical competency and communication are the physician behaviours which were found to be most strongly associated with patient trust (Thom, 2001). Patient trust in the physician has been proposed as a key feature of the physician-patient relationship (Thom and Campbell, 1977; Thom et al, 1999). It is reported by

Stewart (2000), that patient-centered communication influences patient's health through perceptions that their visit was patient centered and especially through perceptions that common ground was achieved with the physician. Like wise Safran (2001), reported that the quality of the physician-patient relationship significantly predicts patient's loyalty. In their study the strength of physician–patient relationship in primary care—as indicated by patients trust in their physician, their assessment of how well the physician knows them, and the quality of communication and interpersonal treatment—was the leading predictor of patients' loyalty to their primary physicians' practice.

Research Problem

It is observed that most of the studies reported on loyalty have considered a single determinant or two or three determinants of loyalty and studied its effect on loyalty. However, besides these reported determinants, there would be many more additional factors affecting loyalty, which are yet to be researched and reported. Moreover none of the reported studies have tried to delineate all or most of the determinants of loyalty in a single study. As far as healthcare service is concerned, little is known about the determinants of patient loyalty, as this aspect is not yet dealt with in detail. There is not much empirical evidence of the determinants of patient loyalty to the doctor in health care service except for those reported above. It is thus very clear that there is a gap in the existing literature as far as the determinants of loyalty are concerned, and as such, a study in this direction is essential. Hence this thesis studies what are the determinants of loyalty in the health care service.

Understanding what determines the patient's loyalty to the doctor will be very useful to doctors as loyal patients are instrumental in generating profits and getting newer patients into the practice through word of mouth recommendations. Doctors can formulate various strategies based on these determinants of loyalty, deliver better service and make their patients more loyal to them, which is very essential for every practitioner to survive in this competitive era. This thesis therefore delineates what are the determinants of patient loyalty in healthcare sector.

Customer of Health Care Service

A patient who is a customer of the health care service given by the doctor, is a different type of customer from the customer of other services in a number of ways. Health care service is a high involvement service in which the patient is directly involved in the provider-client interaction where the service is produced and simultaneously consumed by the patient. However due to lack of technical knowledge the patient does not know what he is getting from the doctor even after experiencing the service. As such a patient is somewhat different from other customers who consume other types of services in view of the credence qualities of the health care services (Zeithaml et al, 1996).

The behavior of a patient as a consumer of health care services is determined by various unavoidable factors like the physical condition of the patient, the illness involved and the seriousness of the case etc. Most often, the need for availing the health care services from a provider i.e. doctor, becomes immediate and unavoidable as it may involve the question of life or death of the patient. Whereas in case of a consumer of other services,

the decision of consumption may be avoided or postponed for a future date depending upon the wishes of the individual. Such a possibility does not exist in health care sector as usually the avoidance or postponement of consumption decision will lead to very serious implications for the health of the patient, either resulting in death or seriously debilitated health.

A patient is a consumer of such services where he has no choice of the type and quality of treatment given - both personal and therapeutic. He has no choice as regards the diagnosis, the various tests, scans etc. to be carried out. Also there is no choice about the medicine prescribed. Moreover a patient, unless he happens to be from the medical/paramedical field, does not posses sufficient knowledge about the disease and the treatment and has to depend fully on the doctor for his well-being. A patient is in the hands and control of the doctor as is a child in the mother's. To use the term coined by Anderson and Manning (1990) a patient may be called a "Vulnerable Consumer". They define vulnerable consumers as "those who are at a disadvantage in exchange relationship where that disadvantage is attributable to characteristics that are largely not controllable by them at the time of transaction".

In the course of health care service delivery, many a times the doctor lacks human warmth, concentration being more on medical treatment. The concept of "patient" and "illness" to the doctor are contrary to that of the patient himself. To the doctor, illness is a disease process that can be measured and understood through laboratory tests and clinical observations (Toombs, 1992), whereas to the patient, illness is a disrupted life (Korsch

and Harding, 1998). The doctor's focus is more on keeping pace with the rapid advances in medical science than on trying to understand the patient's feelings and concerns. They do not see the role of doctor as listener, but instead view their function more as a human 'car mechanic': find it and fix it (Rotter & Hall, 1992). Such behavior on the part of the doctor may make the patient psychologically irritated and more sick and unhappy with the whole thing. These aspects are more relevant in the health care services in view of the high personal involvement (physical and mental) of the patient in the service encounter.

Moreover there are varied situations and conditions that a patient may encounter in health care service. There are a number of systems of treatment available for the patient to take treatment from, like Allopathy, Ayurveda, Homeopathy etc. Similarly there are various specialties of the doctors available ranging from general practitioners to the super specialists. Likewise a patient may seek medical advice and treatment in varied situations, like in routine ailments, in emergency situations, in treatment of chronic aliments etc.

All these aspects clearly suggest that the healthcare service is different from the other types of services and the patient, who is the customer of the health care services, is a different type of customer from customers of other type of services. As such, the factors that determine the patient's loyalty to the doctor will largely vary from those of other type of services. Moreover this is an under-researched area in the service sector as a whole and requires due research in identifying the factors affecting loyalty. A research study in this direction is therefore justified.

Credence Qualities of Healthcare Service

The health care service is a high involvement and credence type service (Zeithaml et al, 1996). Moreover, due to the absence of the tangibility of the service, one cannot make a thorough evaluation of the service received; and since such an evaluation often seems desirable, customers would tend to evaluate what they can sense (Gronroos, 1978). That is surrogates or "cues' are used to help them determine the provider's capability (Shostack, 1977).

Health care is equally a complex service involving a doctor dealing with the very "person" of the patient. A patient, unlike a customer of other services, does not know what he should get and what he is getting from the doctor even after experiencing the service (credence qualities). He does not have the technical ability to judge what exactly he is receiving from the doctor, and as such relies heavily upon other cues, such as aspects of the interaction, and the process dimension of the service delivery to evaluate and form his opinion about the service (Parasuraman et al, 1985). The interpersonal encounters between the doctor and the patient thus become very important in the evaluation of the health care service.

According to the Servuction System Model of Bateson and Hoffman (1999), customers receive a bundle of benefits from each service experience as a result of their interaction with visible elements of the service system. Visible elements would include :

- All contact personnel employed by the service provider (customer-provider interaction),
- Aspects of inanimate environment (customer-physical environment interaction), and
- Other customers within the service system (customer – customer interaction).

Every time the customers come in contact with any aspect of the service delivery system (service encounter), they are presented with an opportunity to evaluate the service provider and form an opinion of service quality.

The impact of the elements of physical environment (Servicescape) on customers and employees has been much researched (Bitner, 1992). The customer –customer interactions within the service setting have received minimal attention (Harris et al, 1995). However there are not many reported studies that determine which customer – provider interaction aspects affect customer loyalty. More so these aspects are under researched as far as the health care service is concerned. i.e. Which aspects of the doctor-patient interaction will contribute in building patient loyalty to the doctor is required to be empirically researched.

In healthcare service, because of the complex nature of the service and due to high involvement of the patient in the interaction with the doctor during the service delivery, the interaction aspects with the provider will have an edge over the customer-physical environment interaction and the customer – customer interaction.

The Servuction System Model highlights that the interaction aspects between the customer and provider of the service are important in the formation of the customer's opinion about the service, but which these interaction aspects are, is not researched in depth. Moreover which of these aspects of the doctor-patient interaction will contribute towards building patient loyalty is not understood. Therefore, as one of the sub-objectives, this research addresses this particular aspect in the healthcare sector in addition to identifying the determinants of patient loyalty. In other words, what is being researched is which are the significant doctor – patient interaction aspects of patient loyalty from among all determinants of loyalty.

The main research problem of this thesis, however, revolves around identifying the determinants of loyalty to the service provider, and the type of service chosen for the study is a high involvement service, the health care service.

Chapter III

PERSONAL INTERVIEWS WITH DOCTORS

Personal interviews with doctors were conducted with the main objective to know whether or not doctors consider patient loyalty to be of any importance. It was also important to know as to how the doctors understand and define patient loyalty in health care and whether they make any efforts towards building patient loyalty. Also it was felt necessary to find out what factors, according to the doctors, affect patient loyalty and what are the reasons for patients switching from one doctor to another.

In order to explore these aspects a sample of 35 practicing doctors with M.D. degree (Chest Physicians, Cardiologists, and Diabetologists) and having private practice only were selected for the study. Personal interviews were conducted with the doctors in their clinics with the help of an open-ended questionnaire. Qualitative data collected from these 35 doctors is analysed basically to delineate various variables, which might affect patient loyalty. Also various reasons as perceived by the doctors as to why patients switch from one doctor to another are identified.

Loyalty Definitions by Doctors

The doctors were asked to define patient loyalty, as they perceive it to be and whether they consider patient loyalty to be of any importance to their practice. Various definitions are given by the doctors that mostly revolve around faith and trust shown in the doctor

and continuation of consultation by the patient. Some interesting definitions of loyalty cited by the doctors are given in the following table.

Table III – 1

Patient Loyalty Definitions Cited by the Doctors

i.	Loyalty is having a patient for lifetime with you.
ii.	A loyal patient is one who for anything and everything will consult you first and will come repeatedly for any problem.
iii.	A loyal patient is one who abides by the advice given by the doctor, takes the treatment properly and follows drug regimen strictly.
iv.	Loyalty is mutual trust between the patient and doctor, the faith and truthfulness in the relationship.
v.	Loyalty is having faith in the doctor, complying strictly with the treatment, consulting you first for any health problem, and referring other patients to you.
vi.	Loyalty is coming back for consultation despite not getting 100% relief or cure but giving 100% co-operation and persistence with the doctor.
vii.	Loyalty is faithfulness in following the instructions, showing full trust in the doctor and following the advice given and drug regimen prescribed.
viii.	Loyal patient is one who comes to you, keeps on coming to you and does not go to any other doctor, follows your advice, suggestions, who sticks to you without consulting any other doctor.
ix.	A 100% loyal patient is one who, even after realising the mistake of the doctor, does not take any action against him but on the contrary continues consulting him.
x.	A loyal patient is one who comes for treatment with full faith, carries on the given treatment faithfully and comes back without doubting the doctor's abilities and treatment given.
xi.	Patient loyalty is faith in the doctor without doubting the knowledge and ability to treat him i.e. maintaining the traditional bonds which are only second to the bond between Man and God.

Doctors consider patient loyalty to be an important determinant of the success of their practice. A few decades back the doctor was considered only second to God and the doctor – patient bond used to be very strong, the patient relying on the doctor for anything and everything concerning his family's health and other related aspects. Today

with emergence of consumerism and competition, things have changed and doctors necessarily have to make additional efforts to satisfy and maintain a base of loyal patients. Only giving proper medical treatment is not sufficient and hence most doctors make it a point to satisfy the patients psychologically by improving their personal dealings with the patient. Doctors sometimes go out of the way to help their patients, which besides making the patients strongly loyal creates a personal level bond, which in the long run helps the doctor in getting new patients through referrals from such loyal patients. Patient loyalty is very important for a doctor's practice to run smoothly and doctors make special efforts to make their patients loyal.

Factors Affecting Loyalty as Cited by Doctors

Doctors were asked to narrate factors that they feel affect patients' opinion and loyalty to the doctor. A number of factors are cited as affecting loyalty, which are grouped into categories depending upon their similarity. These categories include personality factors, communication factors, factors related to caring and empathy, treatment given by the doctor, characteristics of the patient, and other general characteristics. These factors are given in detail in Table III - 2.

(I) Personality Factors

The doctors classified the personality factors affecting patient loyalty into two aspects; (1) Doctor's personality, and (2) Patient's personality. As health care is a high involvement service, where the doctor – patient interaction is of prime importance, the personalities of both the players will have a major role in deciding the outcome of the

interaction. The doctor's personality is said to be affected by (a) The doctor's attitude towards life, (b) Attitude towards patient, (c) Attitude towards illness and treatment, and (d) Attitude towards practice/profession. Similarly the patient's personality is said to be affected by (a) Patient's attitude towards life, (b) Attitude towards illness and treatment, and (c) Expectations from the doctor. These attitudinal aspects of the doctor as well as the patient play a major role during the service encounter (consultation) in forming perceptions and ultimately have an impact on the loyalty.

A doctor will tend to behave with a patient in accordance with his psychological make up and attitude towards the patient and the illness. Similarly the patient will perceive the doctor's behaviour and treatment given based upon his mental make up and expectations from the doctor. A doctor may feel he is giving the best service and treatment to the patient whereas the patient may perceive this in a different way. The doctor might give the best of medicines, but if he does not behave in a friendly manner with the patient or does not explain to the patient about the ailment and the treatment given, the patient will leave with many doubts in his mind. A healthy doctor – patient interaction is very essential for creating loyalty.

A doctor's approach towards the patient, doctor's mannerism, the tone of speech, behaviour of the doctor, etc. are some of the personality aspects of the doctor which affect the patients perception. The moral character of the doctor and the optimistic nature of the doctor are also stated to affect patient loyalty. Similarly, patients' personality factors and the expectations they have from the doctors affect loyalty. Generally patients

have high and unrealistic expectations and when their expectations are not met they become dissatisfied. Therefore one of the important roles of the doctors is to educate their patients about the ailment and the treatment so that the patients will start having realistic expectations from their doctors.

(II) Communication Factors

Proper communication by the doctor with the patient is stated as an important factor affecting loyalty. Openness and being truthful with the patients was considered as very essential. Likewise, listening to the patients carefully and answering queries satisfactorily and also giving a lot of advice to the patients was considered as important for developing patient loyalty. The role of a doctor is to make the patient feel comfortable and at ease when he enters the clinic. The doctor should make the patient feel at home by properly greeting and welcoming the patient by a smile. Giving the patient a chance to explain his problems, persuading the patient to talk openly and explaining the details about the ailment and the drug regimen are some of the communication aspects stated to affect patient loyalty.

(III) Caring and Empathy Factors

Proper patient care and understanding of the patients' needs, behaving empathetically with the patients, showing interest in the patients, sympathetic behaviour towards patients etc. are some of the factors stated as affecting patient loyalty. Treating the patient as a human being, in the same way as the doctor himself would like to be treated, is very important to have a healthy relationship. A doctor should handle the patient carefully, try

and satisfy the psychological needs first and be compassionate to the patient, which in turn will make patients loyal. Patients are not competent to evaluate the treatment prescribed by the doctor and hence will rely more on the caring and empathy that the doctor shows them, in forming their opinion about the doctor. Warm words showing care and concern to the patients will definitely work wonders in satisfying the patients and thus making them loyal.

(IV) Patient Characteristics

The doctors also narrated a few patient characteristics, which they perceived to be affecting loyalty. According to most doctors, the most important characteristic is the patient's psychological make up. Doctors were of the opinion that if the patient is not psychologically stable and satisfied with the treatment of a particular doctor then no matter what the doctor does the patient is not going to be happy and will resort to doctor shopping. If the patient does not have faith in the doctor, the best medicine in the world is not going to make a difference to the patient. Besides, other factors like patient's family background (Joint family v/s Nuclear family), patient's financial position, patient's education level, and co-operation of the patient etc. are seen as affecting loyalty.

(V) Other Factors

Besides the above stated factors doctors have also stated various other factors which in their opinion affect the patient loyalty. The time factor i.e. the amount of time a doctor spends with a patient in the clinic is stated as an important factor affecting patient loyalty by some doctors. Most doctors were of the opinion that an adequate amount of time

Table III – 2

Factors Affecting Loyalty as Cited by Doctors

(I) Personality Factors

(a) Doctors personality factors

- Doctor should have dignified morality
- Doctor should be approachable
- Doctor should be well behaved, kind and courteous
- Personal character of the doctor should be good
- Doctor should have optimistic nature
- Doctor should have good mannerism

(b) Patients personality factors

- Patient should be cooperative, and obedient
- Patient should have realistic expectations from doctor
- Patient should have lot of patience
- Patient should trust the doctor

(II) Communication Factors

- Frank and openness with patients
- Tell facts of the case to patients
- Listen to the patients carefully
- Answer patient queries satisfactorily
- Make the patient comfortable and at home
- Encourage patients to talk frankly
- Give a lot of advice to patients
- Call patients by name
- Greet the patients when they enter the clinic
- Explain in detail to the patient

(III) Caring and Empathy Factors

- Satisfy psychological needs of the patient
- Show interest in the patient and his family
- Show sympathy towards patient
- Show understanding towards the patient
- Be caring to the patient
- Be compassionate to the patient
- Handle the patient carefully
- Answer queries to the satisfaction of the patient

(IV) Patient Characteristics

- Patient's psychological make up
- Patient's family background
- Patient's financial condition
- Patient's education level

- Patient's personality and openness with the doctor
- Co-operation of the patient
- Nature of sickness and mental state of the patient

(V) Other Factors

- Time spent by the doctor in clinic with the patient
- Knowledge of the doctor and competence of the doctor
- Availability of the doctor in emergency
- Image of the doctor in the society
- Accessibility to the doctor
- Unnecessary economic constraints on the patient
- Attend emergency calls
- Aims and objectives of the doctor behind the practice

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should be spent with each patient depending upon the case. With a new patient some extra time needs to be spent in order to know the case. However some doctors were of the opinion that patients just want to be with the doctors asking the same questions over and over again, or just asking some irrelevant questions, which results in a waste of time. Availability of the doctor to the patient is another factor, which is considered crucial for patient loyalty. Availability round the clock and attending emergency calls, even at night, will make patients very strongly loyal. But some doctors were of the opinion that although a doctor should be available for the patient, it need not be for 24 hours, as the doctor too has his personal life and needs time for himself. Some doctors feel that going out of the way to help patients also creates most strong loyalty, but may not be feasible for a doctor always. Besides, other factors stated as affecting loyalty include not putting unnecessary economic strain on the patients, the knowledge/competence of the doctor, image of the doctor in the society, accessibility to the doctor etc.

Reasons for Patients Switching in Doctor's Opinion

Doctors have given various reasons as to why patients switch from one doctor to another, which are given in Table III - 3. The reasons given are numerous, both concerning the doctor as well as those concerning the patients and are discussed below.

(I) Other People's Opinion

A major reason attributed by most doctors for switching of patients is the "influence of other peoples opinion" (which includes relative's opinion, friend's talks, suggestions by close family members etc.). These opinions are of varied types ranging from just a good or bad opinion about the doctor, his treatment, his behavior etc. to specific suggestions to the patient to switch to a particular doctor or even to change the existing system of treatment[1] and adopt a particular system. These opinions and suggestions usually include success stories of personal experience or experience of some close relative or friend with a particular doctor or a particular system, and stories of personal care and warmth given by that doctor whose name they suggest to the patient. Alternatively these opinions may be bad personal experiences or experiences of other close people whereby they felt the doctor had failed to give them proper treatment, or did not give proper care, warmth and time. Under such circumstances, the patient being in pain relies upon such advice and gets influenced by the most impressive opinion or the maximum opinion and switches accordingly. Some of the opinions may also be casual and simple, like "*why are you wasting your time waiting for so long in the clinic of a particular doctor? Go to Dr. 'A'*

[1] There are various types of systems of treatment, which can be followed to treat a particular ailment, each system having its own standards and styles of treatment. Most prominent among all is the Allopathic system of treatment. The other prominent systems include Ayurveda, Homeopathy, Siddha and Unani, Naturopathy etc. to name a few.

where you don't have to wait for so long." OR "*why don't you go to Dr. 'Y' he is available at any time as per your convenience.*" Such suggestions though casual in nature, may cause a permanent switching behavior.

It may be observed that the opinions/suggestions of other people includes both a positive opinion (word of mouth) about a doctor to whom they want the patient to switch to, as well as a negative opinion about the doctor from whom they want the patient to switch. These opinions are in the fullest interest of the patients but have a direct impact on the doctor's practice. It may be concluded thus, that word of mouth is very powerful and plays a very significant role in the health care sector and it may be a major cause for making or breaking a particular doctor's practice.

(II) No Symptomatic Relief

A large number of respondents have stated that not getting symptomatic relief is one of the major reasons for switching of patients. This indicates that there is core service failure and is an important reason for switching of patients in health care sector, as is also stated by Keaveney (1995) that core service failure is a major reason for defections in service industries.

Doctors feel that this happens because of the unreasonable expectations by the patients from doctors that they should get quick relief and total cure from their ailment. Every patient has certain preconceived notions about the ailment and its treatment, which forms the base for expectations from doctors. A patient may feel he is not getting better or there is no symptomatic relief even after repeated visits to the doctor and following his

treatment. Although on the contrary the patient's condition may be improving medically and the doctor may be satisfied with the treatment. But because the patient expects a fast improvement or total recovery he is unable to understand the improvement and may switch to fulfill his expectations. The patient's personality factors also will contribute a lot to their expectations and the ultimate behavior in switching. Factors like the patient's definition of pain, his attitude towards life, attitude towards the ailment and the patient's life style will go a long way in forming his expectations. (The patients may be better respondents to understand these personality aspects in more detail and the same will be undertaken in the next phase of this research.) However much depends on the doctor and the role he plays in educating the patient on the complexities involved in the treatment and management of the case and convincing the patient to follow proper treatment along with other requirements like diet control, physical exercises etc. and seeking co-operation to treat him most efficiently. Most doctors may not invest sufficient time in these minor but important aspects, which may cause patients to switch.

It may be noted here that the responses for "other people's opinion" and "no symptomatic relief" were very close. It may indicate that people who don't get symptomatic relief are more likely to get influenced by other people's opinions and switch. Or, people who think they should have got better or cured faster and are not getting any improvement get influenced by other people's opinions and switch in search of fulfillment of expectations. However here it is important to take into consideration the nature of the ailment that is being treated by the doctor. Ailments like Diabetes, Asthma or Hypertension are to be only managed, as they are irreversible ailments. The role of the doctor becomes important

in educating the patient carefully on the management aspects of the ailment and giving an assurance of a better life in the future. The behavior of the patient in such a situation will be determined by the impact of the knowledge and education given by the doctor about the ailment and its management on one side and the impact of the opinions from other people on the other.

(III) Death of a Family Member

Many respondents have stated that death of a patient under a particular doctor's practice/supervision is an important determinant, which encourages the whole family of the patient, the close relatives and even sometimes close friends and neighbors to switch.

Two possibilities of death of a patient were cited by the doctors (i) Anticipated death, and (ii) Unexpected death. In the first case the doctor anticipates death and explains the exact position to the patient's family members. Inspite of this, the family members often tend to blame the doctor and the health care system. In case of unexpected death where the doctor had no idea that the patient will die, the total blame comes on the doctor and the health care system.

Dying patient calls (calls given to the doctor to attend on a dying patient) are very crucial and need to be handled tactfully. These types of calls come at any odd time, more so in the case of patients admitted in hospitals, and the family members want the doctor to attend on the patient. Many a times such calls become repetitive, demanding the doctor's presence continuously. This may not be practically possible for the doctor. However in

such a situation a lot depends on how the doctor can convince the patient's family members about the patient's condition. In case death occurs, the remaining family members might switch from the doctor. It may be merely the fear of death that is created in the minds of the family members and relatives, which may make them to switch from the doctor.

(IV) Attitude of the Doctor

Doctors have cited aspects of the doctor's attitude as one of the major reasons why patients switch. These attitudinal factors include various aspects of doctors behavior like; (a) Doctors approach towards patients (b) Personal warmth in the interaction with patients (c) Accessibility of the doctor (d) Tone of speech with the patients – Does the doctor shout at the patients or does he try to understand them? Does the doctor speak politely or is he harsh? (e) Exploitation of the patient by the Doctor – Does the Doctor exploit the patient monetarily and mentally by way of telling the patient to do unnecessary tests, scans X-ray etc? (f) Failure to empathize with patients – Does the doctor understand the patient's condition and try to empathize with him? (g) Doctor's prescription habits – Does the doctor prescribe costly medicines or does he see the economic condition of the patient and accordingly prescribe the medicines? (h) Doctor's efforts at understanding the patient, his case history as well as his family background and other related aspects. Kotler (2000) speaks of five attitude groups, which can be found in a market: *Enthusiastic, Positive, Indifferent, Negative and Hostile*. The attitude of doctors also may fall under any one or more of these attitude groups which will affect their behavior towards the patients, which in turn may cause patients to switch or stay. The

overall behavior of the doctor will largely be influenced by his own attitude towards life in general, his motto behind the practice, attitude towards the patient, attitude towards the disease and attitude towards treatment.

It may be noted here that the respondents are the doctors themselves and it is quite likely that most of the doctors might have not felt like attributing the switching of patients to their attitudes and behavior. Here the patients themselves will be better respondents to understand in detail the attitudinal and behavioral characteristics of the doctors because of which patients may switch. These aspects will be explored in the next phase of this research where personal interviews with patients will be conducted.

(V) Fee Structure

High fees or higher fee structure was one of the reasons for switching of patients, which was cited by some of the respondents. Doctors felt that the fees charged by the doctors should be comparable to that of other doctors. i.e. the fee charged on an average by any doctor should be same. This would be an ideal situation, but it does not exist in the market. The fees charged by the doctors vary from a low of Rs. 30/- to Rs. 150/- per consultation, although most of them charge Rs. 100/- per consultation. One doctor commented: "*Why will patients not flock to Dr. Proto? Despite being a consultant doctor he charges them peanuts, a meager Rs. 30/- per consultation, which a General Practitioner charges today. Such a fee structure is not healthy for the profession.*" The doctor further went on to say that Dr. Proto's modus operandi is that he calls the patients back for follow up every week. However the point of argument here is that the fee

charged by the doctor does have some effect on the patient's behavior. Most doctors being specialists often advise the patients to take various tests like ECG, stress test, blood test, X-ray etc. in the course of investigation, which may be mandatory for proper diagnosis of the case. Some doctors may have facilities for these tests in-house and carry on these tests themselves with the help of supporting staff. In such cases the final fee charged, including those of consultation becomes huge and may have a negative effect on the patient's thinking. Whereas if the doctor only does his consultations and advises all other things to be done elsewhere, barring the urgently needed tests like ECG, the patient may go with a feeling that the doctor's charges are reasonable. A doctor having private practice is an entrepreneur and may like to carry out all those activities by which his income increases. But the doctor should be very careful as regards pricing and fix his fees astutely.

(VI) Waiting Time

Respondents have said that waiting time in the clinic plays a major role as regards patient's behavior. They opined that many patients switch to some other doctor due to long waiting time, may be more than one hour or two hours. There could be varied reasons why a patient has to wait for long time in the clinic of the doctor. In case of many doctors the practice of prior appointments is not followed. The patients are served on a 'first come, first served' basis. Due to this many patients come early and have to wait for long time because of patients already present before them. In case of doctors who take the patients by prior appointments, many a time the appointments may be delayed because of some critical patients who take more time than expected or because the doctor

has to attend an emergency etc. Finally the long waiting time may be because the doctor takes a comparatively longer time to examine and diagnose each patient, which makes the patient waiting outside the clinic uneasy. "*How long this doctor takes to examine each patient! She must be simply chatting with the patient" – say some of the patients waiting outside, but when their turn comes they want still more time to be spent with the doctor"* – commented one of the doctor respondent. Whatever may be the reason for long waiting time at the clinic, in this world of speed and competition, longer waiting time in the clinic may cause patients to switch to some other doctor.

(VII) Lack of Interaction Time and Communication Gap

Doctors state that the patients may switch because they have to wait for too long outside the clinic, but once inside with the doctor, the patients want to spend a lot of time with the doctor telling the symptoms, describing the disease, clarifying queries etc. If the doctor fails to give adequate time to the patient, the patient may not turn up the next time. Patient's expectations are too many and queries are varied. They wouldn't mind if the doctor is around them for 24 hrs. But giving adequate time to each patient is very important besides a qualitative interaction with the patient, trying to understand his or her health problems. A clear communication between doctor and patient is required whereby the doctor should take the role of an educator and make the patient understand the complexities involved in the treatment. The doctor should explain properly the facts of the case, the alternatives available in the treatment, and those aspects, which the patient should control and manage at his level taking into consideration the nature of the ailment. "*A doctor should give sufficient time and a lot of advice to the patient to make him/her*

most satisfied, if not the patient will leave the clinic disturbed." – commented one doctor. If the patient is not made to feel at ease, allowed to explain his problems and examined over hurriedly, he will feel most uncomfortable and dissatisfied. The doctor's role as a good listener also plays a vital role in the satisfaction of the patient. If the patient is talking, explaining his case and the doctor is simultaneously engaged in some other activity, it will certainly leave the patient offended and may force the patient to switch to some other doctor. Dr. Durga commented – " *A good doctor is a good listener.*" The doctor's inability to give sufficient time to the patient and explain the facts of the case properly may cause the patient to switch. The patients themselves will be better respondents in this aspect.

(VIII) Availability of Doctors in Emergency

Non-availability of the doctor in case of an emergency may cause the patient to switch. Patients expect the doctor to attend the emergency cases at any odd hour, may be during the clinic time or at late nights. Some doctors do not attend this type of emergency cases at odd hours even if the patient is a very loyal patient and this causes the loyal patient to switch. In cases where these types of calls are attended and the life of the patient saved, the loyalty gets tightened stronger. The patients expect that the doctor should attend to them whenever they need the doctor. But doctors say "We have our lives to live and we cannot afford to disturb our schedules." Some doctors take that extra effort to attend to all emergencies at any time. " *Most of my loyal patients are patients whom I have visited in emergencies and helped them. If I don't, then I am not a doctor, serving such a noble*

profession." – says Dr. Netra. Reaching needy patients in times when they need a doctor the most, creates the most hard core loyal patients and vice versa.

(IX) Others

There are various other factors that are stated by doctors as being reasons for switching of the patients (see table III - 3). These factors include some of the personality factors or behavioral aspects of the doctors in addition to other factors, which is the cause for patients switching. Aspects like advertisements appearing in newspapers, pamphlets etc. about things like complete cure of Asthma, alternative therapies etc. may cause patients to switch. Professional jealousy may also force a patient who has gone for second opinion, to switch permanently. Rude behavior or an unprofessional gesture by the receptionist may also put off some patients. The lack of cleanliness and infrastructure in the clinic may also cause switching of some patients. As stated earlier, the patients would be better respondents to comment on the effect of these various factors, especially the personality and behavioral aspects of the doctor, which are explored in the next phase of this research.

Table III – 3

Reasons for Switching as Cited by Doctors

A) Doctor related factors
- Attitude of doctor (approach, personal warmth, assurance)
- Lack of interaction time
- Communication gap/ Patient queries not answered satisfactorily
- Doctor's availability in emergency calls/outside OPD
- Doctor shouts at the patient
- Exploitation of the patient by the Doctor
- Accessibility of the Doctor
- Failure to empathise with patient

B) Patient related factors
- Friends' talks/other people's opinions/ relatives' opinions
- Death of a family member – the whole family switches
- No psychological satisfaction
- Patient feels he is fine and stops treatment
- Patient's illiteracy
- Habitual doctor shopping
- High expectations
- Difference in opinion between doctor and patient

C) Ailment related factors
- No symptomatic relief/cure /Quick relief / fast recovery
- Side effects of drugs
- Too costly medicine
- Fee structure

D) Others
- Too long waiting time
- Patient referred for second opinion
- Advertisements
- Distance
- Cleanliness of waiting room
- Receptionist's behaviour
- Professional jealousy

Chapter IV

PERSONAL INTERVIEWS WITH PATIENTS

Personal interviews with 55 patients were conducted to find out which factors patients feel are important for a good doctor-patient relationship. Secondly to identify what factors, according to the patients, affect their loyalty to the doctor and also to identify the reasons for patients switching from one doctor to another. The overall purpose in conducting the personal interviews was to delineate variables affecting loyalty based on which various hypotheses were nailed down and tested later in the thesis.

The list of patients for personal interviews was prepared by taking names and addresses of patients from the doctor's appointment diary, which almost all the doctors maintain. In all 55 patients were interviewed by meeting them at their residence or at the place of work. This was necessary to avoid any bias in response that could have been cropped up in the mind of the respondents in the course of the interview, had the interviews been taken at the doctor's clinics. An open-ended questionnaire was employed to collect the data from the patient respondents.

The patients were also asked to narrate a critical incident that occurred during the service delivery, which according to them has affected their opinion about the doctor. The critical incident technique was employed mainly to identify the underlying variables in these

critical incidents which occurred during the doctor-patient interaction and which, in patients' opinion have affected their relationship with the doctor.

Critical Incident Technique (CIT)

The Critical Incident technique was originally developed by Flanagan (1954). The general validity and reliability of the method has been confirmed by Anderson and Nilson (1964), Ronan and Latham (1974), and White and Locke (1981). The CIT has been used extensively in various areas of industry like management (White and Locke, 1981), human resources (Hough 1984; Latham et al, 1980, 1984), and education (Copas 1984; Cotterell, 1982). In the marketing context, the CIT is used successfully by many researchers (Duffy 1983; Bitner et al, 1985; 1989; Nyquist and Booms, 1987; Feinberg et al, 1990). Specific application of the CIT to health care services has been practically non-existent (Ruyter and Scholl 1994).

The principal strength of the CIT is that the customer perspective is used as a basis for identifying detailed information about satisfaction/dissatisfaction (Ruyter and Scholl 1994). Critical incidents are defined by Bitner et al (1990) as "specific interactions between customers and service firm employees that are specially satisfying or specially dissatisfying." In their research they have used only those incidents which customers found memorable because they were particularly satisfying or dissatisfying, as examining such memorable critical incidents was likely to afford insight into the fundamental factors leading to customers dissatisfactory/satisfactory evaluations. By the same logic the CIT

method can be used successfully to identify the various underlying factors that affect the patient satisfaction/dissatisfaction and in turn patient loyalty to doctor.

The CIT is adapted by Bitner et al (1990) in the marketing context to identify the sources of both satisfactory and dissatisfactory service encounters from the customer's point of view. Service encounter is defined as "the dyadic interaction between a customer and service provider" (Surprenant and Solomon, 1987). This definition focuses on the interpersonal element in the service provider-customer interaction. Similarly Shostack (1985) defines the service encounter somewhat more broadly as " a period of time during which a consumer directly interacts with a service." This definition encompasses all aspects of the service firm with which the consumer may interact, including its personnel, its physical facilities and other visible elements. In health care service, as the personal interactions between the patient and the doctor are of more importance over the physical facilities and other visible elements, this study lays emphasis on incidents involving the doctor and the patient interactions only.

This thesis adopts the definition of "critical incident" and the four criteria, out of which an incident is required to meet at least one to become eligible for the study, as laid down by Bitner et al, (1990). The four critical incident criteria are; (1) involving customer – employee interaction, (2) being very satisfying or dissatisfying from the customer's point of view, (3) being a discrete episode, and (4) having sufficient detail to be visualised by the interviewer.

The following questions were asked to all respondents in order to get critical incidents and answers were recorded. These questions are based on the framework of questions used by Bitner et al (1990), suitably modified to suit the subject under research. One new question has also been added.

- Think of a time/incident when, as a patient, you had a particularly satisfying/dissatisfying interaction with the doctor that has affected your opinion about the doctor.
- When did the incident happen?
- What specific circumstances led up to this situation?
- Exactly what did the doctor say or do?
- What resulted that made you feel the interaction was satisfying/dissatisfying?
- How has it affected your opinion about the doctor?

Analysis of Data

The data collected from the doctors and the patients, in personal interviews, is analysed in order to identify the various underlying variables that might affect patient loyalty to the doctor. Variables specifically related to the doctor-patient interaction are also identified. The critical incidents as narrated by the patients are also content analysed to identify the underlying variables which might affect patient loyalty. A list of *a priori* grouping of the variables identified from the field study and literature is given in Table IV – 1.

Table IV-1

A priori Grouping of Variables Affecting Patient Loyalty

(I) Variables Pertaining to Communication

1. Explanation by doctor
2. Recognition of the patient
3. Addressing the patient by name
4. Inquiry about patient details/health
5. Willingness to answer patient's queries
6. Listening to the patient
7. Greeting the patient
8. Talking freely with patients
9. Difficulty in talking with the doctor
10. Openness in dealing with the patient
11. Showing interest in the patient's personal life / inquiry about patient's family
12. Time given to the patient to make adequate explanations

(II) Variables pertaining to the General Behavior of the Doctor

1. Doctor's friendly approach
2. Caring attitude
3. Reliability of doctor
4. Trustworthiness of doctor
5. Doctor's mannerisms
6. Accessibility of the doctor
7. Availability of the doctor
8. Careful doctor
9. Concern towards patient

(III) Variables Pertaining to Medical Treatment

1. Diagnosis done
2. Effectiveness of medicine
3. Patients feeling good
4. Doubts in patient's mind
5. Physical exercises
6. Instructions on medicine
7. Dietary regimen
8. Improvement in health

(IV) Variables Pertaining to Authoritative Behavior of the Doctor

1. Strictness of doctor
2. Emphasis on lifestyle
3. Doctor's anger/ Doctor's displeasure
4. Warning to patient
5. Strict general instructions
6. Doctor may discontinue treatment

(V) Variables Pertaining to Confidence

1. Building confidence in the patient
2. Doctor's confidence
3. Confidence in the diagnosis
4. Positive attitude of the doctor
5. Confidence in the doctor

(VI) Variables Pertaining to Advice given by the Doctor

1. Treatment related advice
2. Diet related advice
3. Instructions to be followed at work place
4. Advice related to patient's habits and lifestyle

(VII) Variables relating to the Cost of Treatment

1. Number of medicines prescribed
2. Cost of medicines prescribed
3. Fees charged

(VIII) Variables relating to Time

1. Doctor's clinic timings
2. Waiting time in clinic
3. Time given for consultation

(IX) Others

1. Source of recommendation/information

The incidents that meet at least one of the four critical incident criteria are classified into five broad categories based upon the similarity in the reported experiences in the incident. Content analysis of the critical incidents has thrown light on various important issues related to patient loyalty, in addition to delineating various variables affecting patient loyalty. By taking these underlying variables from the incidents, various hypotheses were culled out. The sample critical incidents and hypotheses generated from them are given in the subsequent pages. These hypotheses were later taken up for empirical testing by employing a structured questionnaire for data collection by survey method.

Hypotheses Generation

(a) Source of Recommendation

In a high involvement and credence type service like the health care service, where the patient does not have the technical ability to judge what exactly he is receiving from the doctor, relies heavily on other cues and the process dimension of the service delivery to evaluate and form his opinion about the service. Source of recommendation is one such cue which gives the first hand information to the patient based on which the patient makes his choice of the doctor to take treatment. Further, the patients are more likely to rely on personal sources than impersonal sources to form their opinion.

In the personal interviews with patients it was observed that most of the patients consulted a particular doctor because, some of their friends, relatives or colleagues had recommended them to consult that particular doctor. Some patients also stated that they would continue to consult the same doctor till their friend/relative/colleague continues to consult that doctor. The influence of a friend/relative/colleague in selection of a doctor is thus evident from this. However whether these friends, relatives and colleagues who recommend are/were the patients of the same doctor or not is a question which subsequently cropped up. Similarly whether the patients showed any loyalty to the doctor because of the influence of recommendation from friends, relatives or colleagues is not known.

A review of the existing literature suggests that personal recommendation is an important source in selection of a service provider. Recommendation was the method for selecting a

new service supplier in about 50% of the cases studied (Keaveney 1995). Studies specific to health care services suggest a similar trend in selection of a doctor. Personal recommendations (family and friends) are the source most frequently used in the selection of a dentist. (Barnes and Mowatt, 1986). Reports by Cody, state that 46% of dental patients attributed their selection of the dentist to recommendation (Cody, 2000). Patients rely heavily on recommendations from family and friends while choosing a doctor (Hoerger and Howard, 1995; Lupton, Donaldson and Lloyd, 1997). Similarly, the most frequently used cue by majority patients in selecting doctors and dentists was "Personal Referral" (Crane and Lynch, 1988).

The "Tie-Strength Relationship Model" of Brown and Reingen (1987), categorises the word of mouth recommendation sources according to the closeness of the relationship between the decision maker and the recommendation source, or the tie strength. Tie strength relationship is defined as "strong" if the source is someone who knows the decision-maker personally. Whereas the tie strength is defined as "weak" if the source is merely an acquaintance or one who does not know the decision-maker at all.

As per the "Tie- Strength Relationship Model", weak – tie sources which are more likely to have greater expertise, appear to be conducive to the flow of information, whereas Strong – tie sources, which have a personal relationship with the decision maker are more conducive to the flow of influence.

This model puts forth the view that strong – tie sources influence the initial choice of the service provider. However, whether the strong-tie sources will influence or not, the satisfaction and loyalty of the customer to the service provider is not understood. More specifically, whether these strong-tie sources will have any influence on the patient loyalty to the doctor in health care services is not clear.

All the above studies suggest that personal recommendation from friends, relatives and colleagues play an important role in the initial selection of the doctor. However none of these researches have addressed these two important questions; (1) whether the people (friends and relatives) who recommend, have experienced the services of the doctor whom they are recommending and (2) whether the source of recommendation will have any influence on a patient's satisfaction and loyalty to the doctor. These aspects are not addressed in any of the existing researches and as such are an important gap in the existing literature.

This thesis therefore proposes the following hypotheses and tests the same empirically in order to understand whether source of recommendation has any influence on the patient's loyalty.

HYP. 1.

- A patient receives recommendations about a doctor largely from friends and relatives who are the patients of that doctor, than from other sources.

HYP. 2.

- A patient, who avails the services of a doctor as a result of recommendation by another patient, is more loyal than one who comes through other sources.

(b) Patients Feeling Good

Many patients reported their satisfaction with proper diagnosis of the ailment and feeling good with the treatment of the doctor. Similarly there were a number of patients who reported their dissatisfaction and anger with wrong diagnosis or improper treatment and not feeling good with the treatment from the doctor. Some patients have accused the doctor for unnecessarily experimenting with them with different types of medicines and various tests, which only aggravated their health problem. In health care service, both the aspects, the physical well being of the patient and the mental well being of the patient are important. In other words the patients feeling good both physiologically and psychologically is very important. The patient is a vulnerable consumer and has no technical knowledge to assess whether his physical state has improved or not. Thus it is the psychological state of well being which plays a predominant role in forming the patients opinion about the doctor, which depends on how the doctor behaves with the patient and how he delivers the service.

Sample incidents:-

1. I consulted many specialists for my breathing problem, but in vain. They gave me inhalers and loaded me with medicine. I consulted this doctor who took my detailed history, checked everything, asked many minute questions about my lifestyle and diet habits; he spent almost about an hour diagnosing me, which no other doctor did, and arrived at the correct diagnosis that the breathing problem was due to allergy caused by milk and milk products.

2. I came to this doctor who checked me and wrote a simple prescription containing just syrup and I was cured. Now for any ailment I might go to any other specialist, I won't find relief, but the moment I enter this doctor's clinic, I get relief. I don't know why this is happening. Probably the very magic words by the doctor may be working wonders on me or it may be simply the doctor's touch. I can't explain it.

3. The doctor just looked at me and started writing a prescription for me without even checking or touching me. He wrote a lengthy prescription and handed it over to me and said, "Come next Monday, as I want to know the progress." How would the doctor know what is wrong with me? And for this he charged me Rs. 100/- How greedy!

4. The doctor could not tell me what was wrong with me nor did I feel any better; on the contrary the doctor went on changing the medicines and experimenting every time I went to him. When asked what was wrong with me, he told me arrogantly "you stop drinking and smoking and you will be all right" when in reality I neither smoke nor drink liquor. Probably the doctor himself could not diagnose my case properly.

5. The doctor did not take any details about me. No history was taken. He just examined me as any other General Practitioner would do and prescribed the medicine. He did not talk with me freely. The doctor was like a stranger, more of a professional approach and nothing of friendliness.

6. The doctor always gave me medicines to control my B. P., never changed nor thought of advising me to take any other test although my face and legs used to remain swollen almost always. I took treatment for almost 2 years without any substantial improvement in my health. It was then on advice of one of my close friends I took test for diabetes and it was found positive and thereafter I consulted a diabetologist with whose treatment I am feeling healthy.

Based on the above incidents the following hypothesis is framed;

HYP. 3.

- The patient's state of feeling good (Physical + Psychological) after consulting a doctor will increase patient loyalty and vice versa.

(c) Authoritarian Behaviour

Some patients reported that the doctor behaves in an authoritative manner with them during the consultation and gives them strict instructions which, if they do not follow the doctor gets displeased with them. Sometimes the doctor may also shout at them with good intentions for patient's welfare and such behavior on part of the doctor is considered as acceptable and welcoming by the patients. The patients feel that the more strict the doctor is with them as regards the treatment, they will follow the treatment regimen more strictly otherwise will take the treatment more casually which in the long run will affect their health more. The patients have reported that the doctor specifically tends to be strict as regards the dietary regimen and physical exercises. Similarly a doctor who gives a lot of advice regarding the treatment is perceived to be a good doctor. Sample critical incidents are listed below, analysis of which led to nailing down hypotheses on authoritarian behavior of the doctor, advice given and the dietary regimen.

Sample incidents:-

1. On the advice of a friend I started taking Aloe Vera (Ayurvedic medicine) without the knowledge of the doctor. The doctor noticed some complications developed at the time of diagnosis. I disclosed to the doctor that I had taken Aloe Vera. She just shouted at me and warned me not to take any other medicine without her advice as it might be fatal to my health due to drug interactions. That shows how much she is concerned about me. This incident has touched my heart.

2. The doctor shouted at me for not coming in time for check up. He then angrily asked me whether I was doing lot of work in water like washing of clothes, filling water in the house etc. He also warned my son very strictly, who had accompanied me, not to allow me to venture in cold water.

3. Once I missed the monthly appointment with the doctor, as I was busy with some domestic work. When I went the next month for check up, the doctor questioned me

in a very angry tone why I had not come the previous month for check up, as a check up every month is necessary for me. He went on to say further that if I do not follow his instructions properly and want to ignore my health by not coming for check up regularly, then he will have no interest in treating me.

4. I had fried fish and cake at the party in my house, which increased my sugar level. The doctor shouted at me for not maintaining the proper diet regimen and angrily told me not to see him if I did not stick to the dietary regimen prescribed and that he will definitely come for my funeral in a month's time.

5. When I went to consult the doctor, he advised me on strict diet restrictions. He went on telling me what not to eat and ultimately I was left with only wheat chapatties or bread without yeast and boiled vegetables without salt. I got very frightened and felt as though I was almost dead with hunger. But then I knew that if I have to recover then I must obey doctor's advice.

6. The doctor had prescribed a particular brand of medicine to me. At the chemist shop this brand was not available, so the chemist asked whether a substitute product will be acceptable and gave me that product. I consumed the medicine for four days and started getting skin rash. I consulted the doctor and told him that a different brand of medicine was taken. Looking at the tablets doctor got furious and yelled at me. He instructed me very sternly never to take any medicine without his permission. The substitute product, which I had taken, had contained an additional molecule, which caused allergic reactions with me.

7. On my first visit the doctor checked me and started shouting at me asking why I had not come for treatment earlier, why I delayed taking treatment. "You are careless, irresponsible" he said to me, and angrily told me to follow a very strict diet regimen and brisk walking of at least 2 kilometers every day and gave an appointment after a month for follow up. I felt the doctor is very proud, egoistic and hot tempered and did not go to him for second time. After the date of appointment the doctor sent a reminder asking why I had not come for check up. I went to him and later I realised that the initial shouting was out of care and concern for me and not with any bad intentions.

The following hypotheses are culled out;

HYP 4

- The more authoritatively a doctor demands particular behaviors from a patient, stronger will be the patient loyalty.

HYP 5

- The more advice a doctor gives to the patient, the stronger will be the patient loyalty.

HYP 6

- The dietary regimen, which the doctor tells the patient to follow, will affect patient loyalty.

(d) Confidence of the Doctor

The confidence with which the doctor dealt with the patients was reported to be another factor, which affected the patient's opinion about the doctor. Some patients reported that the doctor was very helpful in building the patient's confidence to fight the ailment. Whereas some patients reported that the doctor himself was very confident about his patient's recovery and displayed the same confidence in the patients, thereby making the patients to actively take part in the treatment of the ailment as patients participation is very vital for the treatment to be effective. The confidence with which the doctor deals with his patients thus becomes important.

Sample incidents:-

1. The doctor explained to me how to take the insulin and then made me to take the injection myself in her presence for next one week. She supervised me and boosted my confidence.

2. I had a paralytic attack and couldn't move my hand and leg. When I went to consult the doctor, he told me to move my hand and leg up and down, but I couldn't do it. He said that he is confident that I can do it and pressurized me mentally and gave all the required moral boost and made me move my hand and leg. Under his pressure and his confidence I managed to move both my leg and the hand, which otherwise I would have not done for life. Today I walk only because of his confidence shown in me.

3. I had suffered a mild heart attack and I almost had given up the hopes of healthy life in future and was even getting prepared for a bypass surgery. But my doctor was very confident that without any surgery I could live a healthy life just by following the treatment regimen prescribed by him, which consisted of lot of physical exercises and diet control, in addition to medicines. I am very fit now.

4. Initially I was reluctant to take treatment but the doctor played a very vital role in convincing me that I require a proper treatment and constant follow up. She explained the facts in such a way and with so much confidence that I got convinced and I am taking regular treatment.

From the above incidents the following hypothesis is culled out.

HYP 7

- The greater the confidence the doctor displays in his dealings with the patient, stronger will be the loyalty.

(e) The Cost of the Treatment:-

The cost of the treatment was cited as another major factor affecting the patient's opinion about the doctor. The cost of treatment involves the cost of the medicines, the number of medicines prescribed, the fees of the doctor, charges of various tests and hospitalisation charges if any. Hospitalisation charges are not considered in this research as this thesis leaves aside any situation of emergency and hospitalisation. The cost factor was of concern in view of the chronic nature of ailments taken for study which required constant monitoring and management of the case by the doctor. This would obviously make the cost factor important, which would influence the patient's opinion about the doctor. Many patients have cited instances where the doctor charged more fees or called the patient more frequently for check up there by shooting up the total fees charged in a month. Most doctors charged Rs. 100/- as the fees but it varied from a meager fee of

Rs.20/ per consultation to Rs. 150/- per consultation. More variation in fees was observed in the South Goa whereas in North Goa the fees were more or less stable at around Rs. 100/- per consultation. This may be due to the competition between doctors, patient's income or the education level of the patients in the respective regions, the North Goa being a more educated district of Goa.

Sample incidents:-

1. The doctor on the first visit itself told me to do so many investigations, which I feel were not really necessary. He took ECG, stress test, blood test, etc. I feel they were only to generate business for his hospital, which he runs.

2. The doctor loads the patients with medicines. He writes on an average six to seven different types of medicines every visit and these medicines are very costly too.

3. The doctor charges only Rs. 60/- per consultation, but she calls me for check up every week stating that constant monitoring is a must. This shoots up the fees to Rs. 240/- a month. May be if I go to some other doctor who charges Rs. 100/- per visit then it would be cheaper and moreover I may not have to waste my time waiting to meet the doctor.

4. The doctor charges only Rs. 20/-as his fees, but no patient will get relief by just meeting the doctor once. At least three to four visits are essential before one gets relief. The doctor too will call the patient after four days for follow up. As such the total cost of treatment shoots up besides waste of time and mental tensions.

5. The doctor examines and writes a big prescription, which is very costly. Moreover, the doctor will not explain how to take the medicine, rather he asks us to meet the receptionist, who explains how to take the medicine. As a patient I expect this from the doctor.

6. I was having mild burning sensation and pain in the chest as such I went to the doctor for check up. I had to wait for almost one and half hours before I could meet the doctor. Upon check up, the doctor told me to get admitted in his hospital as he said I should be kept under observation for some time. The doctor kept me in the hospital for one week, simply under the name of observation. He came only twice to see me in the whole week. Only the nurses were taking body temp, B.P. and the pulse count.

Just once ECG was taken and that's all. A bill of Rs. 8000/-was given to me on the seventh day and told to come for follow up after eight days.

7. The doctor is very expensive and often advises hospitalisation and asks to do blood and other tests often. It becomes too costly. I can't afford to pay so much money to him. Once he advised hospitalisation, but told me to make the payment in advance although I was his regular patient

The following hypotheses are thus formulated;

HYP 8

- The more the fees charged by the doctor, less would be the patient loyalty.

HYP 9

- The more number of medicines prescribed by a doctor, less will be the patient loyalty.

HYP 10

- The more the cost of medicine prescribed by the doctor, less will be the patient loyalty.

(f) The Time Factor

Time was one of the major factors the patients stated as affecting their opinion about the doctor. There were three different categories of time reported by the patients viz. waiting time in the clinic, the time spent with the doctor inside the clinic and the clinic timings of the doctor which affected the patients in one way or the other. Most of the patients cited instances where they had to wait for long hours outside the clinic and once inside the clinic the doctor finished with the consultation within few minutes. They expected the doctor to spend a reasonable time with them inside the clinic. Similarly some patients tried to justify the waiting time in the clinic saying that to avail specialised services of the

doctor it's a fair deal to spend so much time waiting for the doctor. Some patients also showed their happiness over the availability of the doctor at late evening hours as they could meet the doctor after their whole day's chores, whereas some patients showed their displeasure over the doctor coming late to the clinics after their hospital rounds. Some of the sample incidents are reported here below based on which three hypotheses are formulated relating to the time.

Sample incidents:-

1. The doctor makes us wait for hours together. He does not give prior appointments nor does he give numbers. This forces us to sit in the clinic if we have to maintain our number in the queue.

2. I was waiting in the clinic for one and half-hour. When my turn came for consultation the doctor only checked my blood pressure and told to continue with the same prescription and finished with me within five minutes. The doctor was in an unreasonable hurry.

3. The doctor takes too much time with each patient. On an average 30 minutes per patient is too much time and she needs to reduce this time to about 15 minutes per patient. Once I told her about this, but she says every patient necessarily requires this much time.

4. Once after waiting for almost 2 hours for my turn, the doctor was checking me and I was explaining my ailment to him. Suddenly the receptionist comes in along with another patient and tells that this patient only wants to know about medicines and she went out. The patient came in, asked whatever he wanted to ask, the doctor checked his B.P also, wrote a prescription and then only the patient left. It took about 10 minutes and I was left over there. By the time the other patient went out, I had forgotten what I was talking with the doctor and had to forgo that particular aspect. Moreover the doctor did not give me sufficient time to explain my problems.

The hypotheses framed are as follows;

HYP 11

- The more convenient the clinic timings of the doctor more will be the patient loyalty.

HYP 12

- The more the time spent by the patient waiting in the clinic to meet the doctor, less will be the patient loyalty.

As the study pertains to determinants of patient loyalty to the doctor, the patient who experiences the service is a better respondent to tell us what factors affect his opinion about the doctor and in turn on loyalty to the doctor. As such, although the doctor interviews are conducted and there are many factors identified which may affect patient loyalty, the emphasis is laid more on the data collected in personal interviews, specifically by use of the CIT from the patients in order to generate hypotheses. CIT is considered as a successful technique as it catches the actual behaviours of the people involved in the service encounter and the feelings of the customer.

All these hypotheses which are culled out mostly from the critical incidents and other data in personal interviews are taken for testing empirically in the second phase of research by employing a structured questionnaire to arrive at the determinants of loyalty.

Reasons for Switching given by Patients

The patient respondents were also asked whether they had consulted any other doctor in the past for taking treatment to their present ailment and if the answer was yes they were asked to state the reasons why they changed the doctor. Many respondents had changed their doctor in the past and various reasons are given for their switching over doctors. The list of these reasons, which are grouped into four categories, is given in Table IV - 2. The

four categories are (a) Reasons for switching related to the doctors, (b) Reasons related to the patients, (c) Reasons related to the ailment, and (d) Other reasons.

(a) Reasons for Switching related to the Doctors

Among the reasons cited for switching by patients, most revolve around the doctor. Aspects related to the doctor's bad behaviour and communication gap are most highlighted by the patient respondents. Similarly high cost of treatment is stated to be a very important reason why most patients switched. Patients have also cited examples of doctors who neither give advance appointments nor follow number system but expect the patients to come early in the morning and wait in the clinic till noon for their turn to come. If they happen to move out of the clinic for some reason, then they have to forgo their number in the waiting line. Yet some patients narrated story of a doctor who does not give appointments and also restrict the number of patients to be examined in a day. It means to meet the doctor one has to come early in the morning and if there are already 12 number of patients then he has to go back and try some other day. Moreover this doctor will come to the clinic only after 11 o'clock, after finishing his hospital rounds which further will create inconvenience to the patients.

Various other improper behavioral aspects are stated as reasons why patients have switched. Some patients state that the doctor does not talk with them properly nor does show any interest in the patient. Some patients state that the doctor behaves by looking at the patient, making a differentiation based on rich and poor patient. Some doctors are greedy and charge very heavy fees or tell the patients to do unnecessary tests over and

over again. The reasons are varied and the patients have attributed their switching over to another doctor due to one or more of these reasons.

(b) Reasons related to the Patients

Patients have also given reasons related to them as the cause for their switching to another doctor. Convenience of meeting the doctor and convenient clinic timing are stated as the reason by most of the patients who are employed or are in business. This is simply because they don't want to waste their day waiting for the doctor, but can conveniently go in the evening after their business hours and consult the doctor. Recommendation from friends or relatives and other people's opinion are also most important reasons why patients switched their doctors. In a high credence service like health care it is understandable for the patient to rely on other people's opinion. Especially if the patient is in a shaky position as regards whether to meet the same doctor again or meet someone else, the other people's opinion will certainly have more weight and the patient will switch. The patient's mindset is also very important and is an important reason why patients switch. Similarly the sex of the doctor too is important for some patients, especially for the lady patients, as they would not be feeling free to talk to a male doctor about certain important aspects, or vice versa. Hence such patients may switch to the doctors of their sex with the intention of having a more free and fruitful interaction.

(c) Reasons related to the Ailment

Ailment related reasons for switching are mainly related to not getting relief from the symptoms or not getting cured for long time. Here basically the mental makeup of the patient plays a major role and the chief role of the doctor lies in educating his patients about the ailment and its management, as the ailments are irreversible types and cannot be cured fully, but only managed. Sometimes the doctor makes a wrong diagnosis of the ailment, which makes the patients to switch. Similarly any allergic reactions or severe side effects become the reasons for patients to switch. Whatever may be the case, the role of the doctor is to educate the patients in this direction.

(d) Other Reasons

Besides the reasons related to the doctor, the patient, and the ailment there are some other reasons like the distance factor, which make patients to switch. If the patient has to travel a very long distance to meet the doctor, then the patient looks for options and switches one fine day. The patient may not like to travel for a long distance to consult the doctor, especially when he can meet an equally good and competent doctor somewhere close by to his place. Similarly if the doctor migrates to some other place, then the patient has no option but to switch to some other doctor. Another most important reason stated by some patients for switching is the long waiting time in the doctor's clinic. However there are mixed responses as regards this reason. Some patients are of the opinion that they don't mind waiting for long time to meet the doctor, as they don't want to change the doctor, for various reasons. They justify this aspect by stating that the doctor has to cater to so many patients and he cannot just hurry up with the patients. Moreover there is no singling

Table IV-2

Reasons for Switching Doctors given by Patients

(I) Doctor Related Reasons

- The doctor does not keep appointments
- The doctor does not give appointment and as such too much waiting time
- The doctor hurries through the consultation
- The doctor judges the patient rather then checking thoroughly
- The doctor exaggerates things/ creates fear in patients mind
- The doctor does not talk/explain properly
- The doctor does not listen properly
- The doctor does not fulfil my expectations
- The doctor loads me with medicines/too many medicines
- The doctor prescribes very costly medicines
- The doctor charges very high consultation fees
- The doctor unnecessarily tells to do tests, scans and X-rays
- The doctor does not behave properly
- The doctor is too formal not friendly at all.
- The doctor is not accessible
- The doctor is not easily available/or in emergency
- The doctor puts too many restrictions specially on diet
- The doctor is not a good human being
- The doctor is stupid , does not know how to talk with patients
- The doctor simply shouts
- The doctor is of serious nature and egoistic
- Time spent in the clinic is very less
- Same medicines are repeated over time
- Doctor sold doctor's samples
- Experimentation with medicines by doctor
- The doctor is biased in giving treatment to rich and poor patients
- Too frequent follow up visits
- Doctor has become aged
- Doctor is greedy for money
- No appointments and number of patients per day is restricted
- Receptionist's behaviour is not good
- The doctor never smiles
- The doctor did not have a nebuliser or any other equipment
- Too much rush to meet the doctor

(II) Patient Related Reasons

- Patient found a better option

- Convenience of meeting and clinic timing
- Friend recommended / WOM
- Other people's opinion
- Patient expects immediate relief
- Patient has doubts about diagnosis and treatment
- Patient has no confidence in doctor
- Patient goes for second opinion and does not return
- High expectations created from others opinions
- Patient's mind is not stable
- Being a lady the patient couldn't discuss a few things with male doctor
- Patient simply did not like the doctor

(III) Ailment Related

- No symptomatic relief
- For long time no relief
- Wrong diagnosis by the doctor
- Allergic reactions/side effects of medicine

(IV) Others

- The distance to reach the doctor is too far
- Too much waiting time
- Doctor migrated

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out of a particular patient. All get the same treatment, all patients have to wait, so what is wrong if I wait to meet a good doctor. Whatever may be the arguments put by patients justifying their stand, it is very much true that the patients waste a lot of time waiting in the clinics to meet the doctor.

When these reasons stated by patients are compared with those stated by the doctors, it is observed that the doctors tend to blame the patients more for switching whereas the patients tend to put the blame more on the doctors behaviour and other related aspects. It is quite natural on part of both the parties to blame each other for unhealthy relations. Explaining this aspect with the help of attribution theory, it may be stated that the doctors

will attribute reasons for failure of the doctor-patient relationship to the patient, whereas the patients will attribute the failure of the relationship to the doctor's behaviour and other aspects within the control of the doctor.

The first phase of research was a qualitative study, mainly conducted to identify various variables affecting patient loyalty and to generate hypotheses for testing. The second phase of research is a quantitative study involving data collection from patient respondents by employing a structured questionnaire in personal interviews. All the variables identified, which may be affecting loyalty, and the hypotheses generated are taken for testing in a survey study. The next chapter therefore deals with analysis and interpretations of this data collected in the second phase i.e. in the quantitative study.

Chapter V

QUANTITATIVE STUDY – DATA ANALYSIS AND DISCUSSION OF RESULTS

Development of the Survey Instrument

The hypothesis generation exercise in the previous chapter has led to selection of twelve hypotheses, which are taken for empirical testing. Keeping in mind the hypotheses to be tested, and by taking the various variables identified in the qualitative study reported in previous chapters, a structured closed-ended questionnaire was designed. The dependent variable is "patient loyalty" whereas all other variables, which may affect patient loyalty, are the "independent variables" which are included in the questionnaire. In all there are 4 statements measuring the dependent variable, "loyalty", whereas there are 49 independent variables included in the questionnaire, each measured on a 5-point Likert scale or a multiple-choice question.

The structured questionnaire after its preliminary design was discussed among eminent academicians. Their opinions and suggestions given during the several group guidance sittings were thought over minutely and the worthwhile changes suggested were incorporated and the questionnaire refined accordingly.

(A) Pre-testing of the Questionnaire:-

The questionnaire developed was pre-tested with a few patients mainly to ascertain whether the words and phrases used in the questionnaire convey the same meaning as the researcher wanted to convey and also to check whether there was a smooth flow of

questions. There were no major difficulties encountered by the respondents and as such the only minor changes of some words were incorporated and the corrected questionnaire was finalized.

(B) Measure for Loyalty Construct and Validation:-

In this thesis the measure for Loyalty construct (dependent variable) is adopted from Shamdasani and Balakrishnan (2000), who conceptualised loyalty to the service provider in terms of repeat patronage, switching behaviour, word-of-mouth recommendations and complaints. The construct of Loyalty is operationalised by multi-item measure using 5-point Likert scales ranging from 1=strongly disagree to 5=strongly agree. The loyalty scale consisted of 4 items operationalised from definitions of consumer loyalty and service loyalty found in research by Bitner (1990) and Dick and Basu (1994). The unidimensionality and internal consistency of this measure was assessed using single factor analysis with Principal components and Cronbach's alpha. (Cronbach's alpha = 0.83).

The four items included in the loyalty scale were;

(a) I will continue to consult my present doctor in future

(b) I will switch to another doctor in future. (R)*

(c) I will recommend my doctor to my friends and family members.

(d) I will complain about my doctor to others. (R)

*(Note: R indicates that the statement is reverse coded)

All the independent variables were measured using a 5-point Likert scale ranging from 1= strongly disagree to 5=strongly agree, or from 1=very less to 5=very high, except in the case of source of recommendation, where a multiple-choice question was employed.

All the statements were mixed including those of loyalty construct in order to avoid the respondent getting any clues of what exactly is being researched. This was required, as otherwise there were chances of the respondent giving biased answers.

The questionnaire was administered to a sample of 194 patient respondents who were selected by taking their names and addresses from the appointment diary of the doctors. The patients were contacted personally at their residence or place of work as per their convenience and the questionnaires were filled. Meeting the patients in doctor's clinic was purposely avoided as that would put the patient under pressure while answering and as such would lead to biased responses mostly in favour of the doctor.

Analysis of Data

The data collected from 194 useful questionnaires was tabulated and analysed using SPSS 10.00 version. The main statistical analyses done are;

i) Factor analysis is done for data reduction

ii) Regression analysis of loyalty upon the variables derived from factor analysis, and

iii) Chi-square test is done for analysing source of recommendation

(I) Factor Analysis

Factor analysis is a useful method for analysing data collected by employing Likert type statements. It is a data reduction technique, which reduces the data complexity by reducing the number of variables being studied. Factor analysis allows one to identify the latent or underlying factors/dimensions from the many seemingly important variables on which measurements have been collected.

The data collected in all the Likert type statements was tabulated and subjected to Factor Analysis by the extraction method of Principal Component Analysis. Initially there were 48 variables, which are reduced to 8 factors with eigenvalue above 1. These 8 factors extracted were subjected to rotation by the Varimax with Kaiser Normalisation method. As the sample size (n=194) is large enough and close to 200, the variables having factor loading of 0.4 and above were selected from each of the 8 factors extracted. These 8 factors explained 67.14% of the total variance. Out of the 48 variables entered into factor analysis, only 3 variables, which are having factor loading of less than 0.4 are left out. The variables from each factor with their factor loading are given in Table V-1 below.

Factor 1- Feeling Good (Physical + Psychological)

This factor accounts for the highest variance i.e. 44.55% of the total variance. There are 13 items extracted in this factor with factor loading ranging from 0.498 to 0.823. This factor shows high positive loading on two categories of variables, those concerning the physical well being of the patient and those concerning the mental well being of the patient. The variables that loaded most highly are: feeling good by taking treatment,

Table V-1

Factor Loading on Variables in Each Factor Extracted

Items	Factor loading	Communalities
Factor –I: Feeling Good (physical + Psychological)		
1. I feel good taking treatment from my doctor	0.823	0.771
2. The medicine prescribed by the doctor is very effective	0.808	0.745
3. My health has improved with the treatment from my doctor	0.798	0.793
4. The doctor does accurate diagnosis	0.712	0.668
5. The doctor is well mannered	0.676	0.648
6. The doctor is trustworthy	0.644	0.674
7. I have no doubts about the diagnosis and treatment given by the doctor	0.579	0.676
8. The doctor has a careful attitude	0.566	0.634
9. The doctor is reliable in all respects	0.554	0.627
10. I have full confidence in my doctor	0.522	0.676
11. The doctor is very caring	0.513	0.674
12. The doctor's approach towards me is friendly	0.501	0.613
13. The doctor recognises me as his regular patient	0.498	0.597
Factor-II: Authoritarian Behaviour		
1. The doctor emphasises that I follow a particular lifestyle	0.756	0.772
2. The doctor is very strict with me as regards my treatment	0.742	0.855
3. The doctor gives me strict instructions every time I visit him	0.718	0.754
4. The doctor gets angry at me if I do not follow his instructions	0.686	0.642
5. The doctor warns me about all the do's and don'ts related to the treatment	0.679	0.738
6. The doctor enquires about my personal life and my family members	0.650	0.738
7. The doctor is easily available	0.612	0.681
8. The doctor may discontinue treatment if I disobey his instructions	0.603	0.577
9. The doctor is freely accessible	0.521	0.642
10. The doctor explains in detail various aspects about the ailment and the treatment	0.505	0.735
11. The doctor spends sufficient time with the patient in the clinic	0.480	0.597
12. The doctor gives me medicine-related instructions every time I consult him	0.478	0.612
13. The doctor is willing to answer any of my questions	0.445	0.660

Factor-III: Doctor's Confidence		
1. The doctor himself is very confident about my recovery	0.665	0.708
2. The doctor and I can talk about anything	0.657	0.667
3. The doctor displays great confidence in diagnosis and treatment process	0.647	0.717
4. The doctor always sees things positively	0.618	0.648
5. The doctor calls me by my name	0.600	0.725
6. The doctor makes me feel positive about my recovery	0.440	0.728
Factor- IV: Lifestyle Prescription		
1. The doctor gives me instructions regarding my diet	0.750	0.667
2. The doctor gives me sufficient time to explain my problems	0.434	0.675
3. The doctor shows concern towards me	0.434	0.605
4. The doctor specifies the physical exercises to be done by me	0.430	0.593
Factor-V: Cost of Treatment		
1. The doctor charges high fees	(-)0.752	0.690
2. The doctor prescribes more number of medicines	(-) 0.716	0.639
3. The doctor prescribes costly medicine	(-) 0.647	0.674
Factor-VI: Approachability		
1. The doctors clinic timings are not convenient to me	0.743	0.597
2. The doctor greets me when I enter the clinic	0.596	0.611
3. It is not difficult to talk with the doctor	0.482	0.653
Factor-VII: Advice Given		
1. The doctor gives instructions to be followed at my work place	0.735	0.694
2. The doctor warns me about my habits	0.647	0.606
Factor-VIII: Waiting Time		
1. I waste a lot of time waiting for my turn to meet the doctor	0.839	0.785

(a) Eigen values above 1.00
(b) Extraction method: Principal component analysis
(c) Rotation method: Varimax with Kaiser Normalization

(Note: The tables on Communalities, total Variance explained and Rotated Component Matrix are given as Appendix-I)

medicine prescribed is effective, improvement in health by taking treatment, doctor does accurate diagnosis, doctor is well mannered, trust in the doctor, friendly approach, have no doubt about the diagnosis and treatment, careful attitude, doctor is reliable, confidence in doctor, doctor is caring, doctor recognises the patient easily.

As may be seen, variables concerning both physically and mentally feeling good are extracted in this factor. It is evident from past research that health care being a credence service, and due to lack of adequate technical knowledge to judge the service he is getting, the patient relies on other cues like the doctors behaviour to judge the service given to him. If the patient perceives the doctor's behaviour as good and pleasing the patient will be satisfied, and this psychological feeling good by the patient contributes more to the overall feeling good by the patient. As all the variables extracted in the first factor are about the treatment given (vocational + humane) which makes the patient feel good about the overall treatment, the factor is labeled as "feeling good (Physical + Psychological)".

Past research has reported that satisfaction with the core service is very vital for overall customer satisfaction and in turn customer loyalty. The same holds true as far as the health care service is concerned. However it is not only the technical service (what is delivered), but the functional service too (how service is delivered), is equally important in health care service delivery to make a patient satisfied and thus loyal to the service provider. The two aspects of service delivery (technical + functional) affect the two states of the patient, the physical well being and the mental well being. As such it justifies

the naming of the factor as "feeling good (physical + psychological)" and the high variance explained by this factor.

Factor 2 – Doctor's Authoritarian Behaviour

Factor 2, which is labeled as Authoritarian behaviour, accounts for 5.31% of the total variance. It is composed of variables, which deal with the doctor's behaviour towards the patient. It loads highly on the following variables: doctor's emphasis on a particular life style, doctor's strictness regarding treatment, strict general instructions to the patient, doctor gets angry if instructions are not followed, doctor warns of do's and don'ts of treatment, enquires about personal life and family, easily available, discontinue treatment if instructions not followed, freely accessible, doctor explains various aspects of the ailment and treatment in detail, doctor spends sufficient time with patient in clinic, doctor gives medicine-related instructions every time, doctor is willing to answer any questions. This factor has variables with factor loading ranging from 0.445 to 0.756.

As may be seen all the variables extracted in this factor are pertaining to the behavioural aspects of the doctor. As such it would have been more appropriate to name this factor more generically as "doctor's behaviour". However a closer look at the highest loaded first six variables in this factor reveals that the behaviour depicted is of authoritative nature. It is very true that the doctor by virtue of his knowledge and position enjoys an authoritative position vis-à-vis the patient. But the type of authority that is explained by these variables is different, one which is more inclined towards the betterment of the patient. Moreover taking into consideration the nature of the ailment being treated,

which is of chronic nature and requires continuous management and monitoring, it becomes mandatory for the patients to follow a particular life style and adhere to the treatment regimen specified by the doctor. The nature of most patients is such that they will follow the doctor's instructions for a few days and then tend to be relaxed with everything, which certainly will be harmful to the patients. It is therefore the doctor, who plays a major role in making the patients adhere to the treatment regimen prescribed, by being authoritative and strict with patients. It is by virtue of the authority that the doctor has, that he can make the patients follow the treatment prescribed and keeps the patients under control. It is a fact that many patients follow the treatment regimen only because of the doctor's authoritative and strict behaviour, which ultimately patients know is for their betterment, and hence they tend to like such an authoritative behaviour on the part of the doctor.

Although the variables extracted in this factor are pertaining to the general behaviour of the doctor, by virtue of it having more loading on variables concerned with the authoritarian behaviour, this factor is labeled as "doctor's authoritarian behaviour".

Factor 3 – Doctor's Confidence

This factor is defined as doctor's confidence. It is composed of variables pertaining to the doctor's confidence in dealing with the patient and confidence in delivering the service. It explains about 4.07% of the total variance. The factor loading on the variables range from 0.440 to 0.665. There are a total of six items in this factor with high factor loading, which are as follows: the doctor is very confident about patients recovery, the doctor and patient

can talk about anything, the doctor displays great confidence in diagnosis and treatment process, the doctor always sees things positively, the doctor calls patients by name, the doctor makes patients feel positive about recovery.

Although the variables "doctor and patient can talk about anything" and "doctor calls patients by name" may seem incongruous as a doctor's confidence variable, it is only a confident doctor who will be willing to talk with his patients about anything, especially on subjects unrelated to the ailment and treatment. Similarly, only if the doctor is having high confidence in himself and also if he is confident about the patient's name, he will address the patient by name. Generally doctors tend to address the patients by a smile or a question, what is the problem? But if the patients are addressed by their name, besides they feeling good, it also shows how confident the doctor is in general.

The confidence with which the doctor deals with patients during service delivery is an essential factor in framing the perceptual map of the patient about the doctor and the service he is receiving. Patients like to be treated by doctors who are confident themselves and in turn also play a role in building the patient's confidence to fight the ailment. Doctor displaying confidence at every stage of treatment is important and is viewed by the patients as affecting his recovery. Thus looking at the highly loaded variables extracted which are revolving around confidence of the doctor, this factor is named as " doctor's confidence".

Factor 4 – Lifestyle Prescription

This factor explains 3.32 % of the total variance with the range of loading on variables from 0.430 to 0.750. This factor shows high factor loading on 4 variables with one variable having a very high loading of 0.750 as compared to other variables extracted in this factor. The variables having high loading are: instructions regarding diet to the patient, doctor's concern towards patient, sufficient time given to patient to explain his problems, and doctor specifies physical exercises to be done by the patient. This factor is named as "Lifestyle Prescription".

The variable "instructions regarding diet" has the highest loading of 0.750 compared to other variables in this factor. Proper diet control is the prime activity, which needs to be controlled by the patients for effective management of the ailment and diet is very closely associated with one's lifestyle. The Doctors concern about the patient's dietary regimen is essential, as, along with the medication it is the dietary control, which is very important aspect of the treatment. If the doctor is not concerned about what the patient is eating, and just goes on giving medicines, the patient's condition may not improve and may lead to a unhealthy doctor-patient relationship. Likewise the doctor should allow the patient to explain his problems, especially regarding the diet and exercises, and come out with a suitable solution. If the doctor does not give sufficient time to the patient to explain his problems, most of which are generally related to diet, the patient will be left in the dark and may end up consuming foods harmful to his health. Doctors should thus be very much concerned about the patient's dietary regimen.

Taking the nature of the ailment into consideration (Cardiac, Diabetes, and Asthma), strict and proper dietary regimen along with physical exercises becomes very essential. In fact some doctors believe that these ailments can be effectively managed without medication, only by changing the lifestyle i.e. with strict diet control and regular physical exercises. Doctors generally prescribe an active lifestyle involving brisk walking of 1-5 Kms. every day, depending on the condition of the patient and to avoid oily and rich foods. As such since the dietary regimen goes hand in hand with physical exercises and effective implementation of which requires elaborate discussions and doctor's concern towards the patient, this factor is named appropriately as "Lifestyle prescription".

Factor 5 – Cost of Treatment

This factor shows high loading on 3 variables ranging from 0.647 to 0.752. It shows a high positive loading on 1 variable, cost of medicine, whereas it shows high negative loading on two variables namely: fee charged by the doctor and number of medicines prescribed. This factor explains 3.07% of the total variance. The name "cost of treatment" emerged out of the fact that the nature of all these 3 items indicated the cost factor involved in the treatment. It is obvious that any patient will want treatment at a cheaper rate and as such having negative loading on two of the variables is well justified.

Cost of treatment plays a significant role in the treatment process, especially if the economic condition of the patient is not sound. Moreover, as the treatment is to be continued for the rest of the patient's life, it is quite natural on the part of the patient if he is looking out for cheaper options. Although patients may not like to compromise on the

quality of the treatment, they will certainly welcome paying lesser fees and consuming less number of medicines. Two of the variables, fee charged by doctor and the number of medicines prescribed are considered to be directly within the control of the doctor. Hence having a negative loading for these variables is expected, as patients in general would want the doctors to charge lesser fees and prescribe less number of medicines for obvious reasons. However as regards the cost of medicine, the patients consider that it is *not* directly within the control of the doctor, especially if cheaper options are not available. Moreover it is in the mindset of the patients that costlier the medicines, more superior they are and as such patients do not have serious problems regarding cost of medicines. It thus justifies having a positive loading for cost of medicine and negative loading for the other two variables.

Factor 6 – Approachability

This factor is named as "approachability" and explains 2.42% of the total variance. It loads highly on 3 items namely: clinic timings are convenient to the patient, doctor greets the patient when he enters the clinic, and the third item is, it is not difficult to talk to the doctor. The variable "convenient clinic timing" is having the highest loading of 0.743, the others being 0.596 and 0.482 respectively, which are components of approachability to the doctor and hence the factor is labeled as "approachability".

Every person would prefer to do things as per his convenience. Patients are no different and they too expect to meet the doctors as per their convenience, but as most doctors have practice during normal working hours at daytime, patients face hardships in meeting

the doctors. Especially if the doctor does not give prior appointments then it will be still more problematic to the patients to meet the doctor. Likewise most patients especially those employed or engaged in business activities would prefer to meet the doctor only when they are free, either in the afternoon time or late in the evening. Whatever may be the case the patient is at the receiving end and does not have much choice in overcoming such a situation and is forced to make time to take treatment. Alternately, looking out for doctors having practice as per their convenience will be the priority of some of the patients. Clinic timing is therefore an important component of approachability to the doctor, in addition to ease of communicating with doctor and the doctor's greeting and being friendly with patient. This factor is thus named as "approachability".

Factor 7 – Advice Given

This factor explains 2.23% of the total variance and loads highly on two variables, instructions at work place, and advice about habits. The factor loading of both these variables are 0.735 and 0.674 respectively. As both these items are related to advice given by the doctor, the factor is called as "advice given".

Patients generally are in a disturbed state of mind and may like the doctor advising them on various matters pertaining to treatment and other related aspects. Similarly patients may like the doctor advising them on their wrong habits or giving instructions to be followed at work place. However not all patients will like the doctor advising them on certain habits like smoking or keeping up late in the night, etc. The patients will listen to the doctor for the sake of appearances and will do what they want. As such giving advice

may be very useful and effective with some patients but may just not work with some other patients.

Factor 8 – Waiting Time

This factor accounts for 2.12% of the total variance. It is highly loaded on only 1 item " long waiting time", having a factor loading of 0.839, which is the highest among the variables in all 8 factors. Since this factor has a very high loading and accounts for a high percentage of total variance, this factor is considered to be an important factor. The factor is labeled as "waiting time".

Most patients complain of wasting a lot of time waiting in the doctor's clinic for their turn to come, but they have no choice. If they have to meet the doctor then they have to wait. Moreover it is not that a particular patient is being singled out, but all patients have to wait for more or less the same amount of time. Whatever may be the situation, patients do waste a lot of time waiting in the doctor's clinic for their turn to come and long waiting time is certainly working on the minds of the patients.

(II) Regression Analysis

The main objective of regression analysis is to explain the variation in the dependent variable (loyalty), based on the variation in all other independent variables (8 factors extracted). Taking into consideration the hypotheses to be tested all the 8 factors extracted in the factor analysis were subjected to regression analysis. The variable with the highest loading from each of the 8 factors served as the predictor variables, which

were entered into multiple regression with loyalty as the dependent variable. The scores of all the four items used to measure loyalty were summed up together and an overall loyalty score was used for entering in the regression analysis. The variables entered in regression and their loading are as follows: patients feeling good (0.823), Emphasis on lifestyle (0.756), doctors confidence (0.665), instructions on diet (0.750), fees charged (0.752), clinic timing (0.743), instructions at work place (0.735), and waiting time (0.839).

The multiple regression technique was used to arrive at the regression model. Table V-2 below gives the results of regression analysis. The first table gives predictor variables entered and the dependent variable, followed by the table giving the regression model summary. The third table gives the results of analysis of variance and the last table gives the details of the coefficients of each predictor variable, the beta -values, the t - values and the significance level.

The regression model is statistically significant as may be seen from the analysis of variance table, which indicates the p-level to be 0.00, which means the model is statistically significant at a confidence level of 99.99. The R Square value is 0.777, which means the regression model explains about 77% of the total variance. In other words it means that about 77% of the variation in patient loyalty is explained by all the independent variables in the model.

Table V-2

Results of Regression Analysis

Table A: Variables entered/removed

Variables Entered/Removed [b]

Model	Variables Entered	Variables Removed	Method
1	WAITTIM1, FEE, IAWP, CT1, FEELGOOD, DIET, EOL, DRCONFD [a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: LOYALTY1

WAITTIM1 = Waiting time, FEE = Fees charged, IAWP = Instructions at work place, CT1 = Clinic timing, FEELGOOD = Feeling good, DIET = Dietary regimen, EOL = Emphasis by doctor, DRCONFD = Doctor's confidence.

Table B: Model summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.881[a]	.777	.767	.5030

a. Predictors: (Constant), WAITTIM1, FEE, IAWP, CT1, FEELGOOD, DIET, EOL, DRCONFD

Table C: ANOVA

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	162.766	8	20.346	80.406	.000[a]
	Residual	46.812	185	.253		
	Total	209.579	193			

a. Predictors: (Constant), WAITTIM1, FEE, IAWP, CT1, FEELGOOD, DIET, EOL, DRCONFD

b. Dependent Variable: LOYALTY1

Table 4: Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.816	.296		2.757	.006
	FEELGOOD	.395	.053	.312	7.473	.000
	EOL	.358	.038	.407	9.475	.000
	DRCONFD	.173	.052	.144	3.340	.001
	DIET	8.574E-02	.040	.085	2.126	.035
	FEE	-.279	.041	-.248	-6.738	.000
	CT1	-2.74E-02	.040	-.025	-.690	.491
	IAWP	5.871E-02	.038	.058	1.525	.129
	WAITTIM1	5.434E-02	.033	.060	1.634	.104

a. Dependent Variable: LOYALTY1

FEELGOOD = Feeling good, EOL = Emphasis by doctor, DRCONFD = Doctor's confidence, DIET = Instructions on diet, FEE = Fees charged, CT1 = Clinic timing, IAWP = Instructions at work place, WAITTIM1 = Waiting time.

Out of the 8 predictor variables entered in regression analysis, the beta coefficients for 5 variables are statistically significant at 95% confidence level (significance value of 0.00), whereas beta coefficients for 3 variables are statistically insignificant. The 5 significant predictor variables in the regression model are 'patients feeling good', 'emphasis on lifestyle', 'doctor's confidence', 'instructions on diet', and 'fees charged'. The t-values for all these variables are well above +2 or are below –2. The other 3 variables that are not statistically significant in the model are, 'clinic timing', 'instructions at work place', and 'waiting time'. As such since each predictor variable represents one factor of the 8 factors extracted, it can be concluded that, there are 5 factors, which affect loyalty significantly, whereas the remaining 3 factors do not have any significant effect on loyalty.

The regression model thus is represented as follows:

Loyalty = 0.816 + 0.395 (Feeling good) + 0.358 (Emphasis) + 0.173 (Dr's. Confidence) + 0.0956 (Diet) - 0.279 (Fee charged)

This equation that is obtained means that patients loyalty will increase with the proportionate increase in 'patients feeling good with the treatment (Vocational + Psychological)', 'improvement in doctor's authoritarian behaviour', 'increase in doctor's displaying confidence in his dealings', 'more instructions to patients related to lifestyle', and a 'reduction in the cost of treatment'.

Significant Factors of Loyalty and Hypotheses Acceptance

(a) Feeling Good (Physical + Psychological)

Patients feeling good (FEELGOOD) is the predictor variable in the factor called as "Feeling good (physical + psychological)" by the patient. It has an unstandardised coefficient value of 0.395 and the " t- value" of 7.473 at a p - value of 0.000. The beta coefficient value is 0.312. It means feeling good is a significant determinant of patient loyalty and has a very strong association with loyalty.

Feeling good basically represents the feeling good by the patient regarding his physical health as well as psychologically feeling good. In other words it represents the core service and a good core service will certainly make the patients fell good and make them more loyal. Symptomatic relief or feeling good in general by the patient is the prime expectation with which a patient comes to the doctor and patient's perception that he has received a good service because of which he is feeling good, goes in building patient loyalty to doctor.

Thus it can be concluded that the hypothesis No. 3 "The patients state of feeling good (Physical + Psychological) after consulting a doctor will increase patient loyalty and vice versa" stands proved correct and thus the said hypothesis is accepted. In fact it has emerged as the most dominant factor affecting loyalty explaining about 39.5% of the total variance in loyalty.

(b) Doctor's Authoritarian Behaviour

Emphasis on lifestyle (EOL) is the predictor variable in the factor named "doctor's authoritarian behaviour". It has the unstandardised coefficient 0.358 and the "t – value is 9.475 at a p- value of 0.000. The beta coefficient is 0.407. Doctor's authoritarian behavior is thus an important determinant of patient loyalty and it has a very strong association with loyalty.

Patients prefer the doctor exercising authority on them, as they know it is for their own betterment. Doctor being authoritative helps the patients to comply more efficiently with the treatment regimen and co-operate in better management of the ailment. By virtue of the doctor's knowledge and position in the doctor-patient relationship, being authoritative with patients is always better and it does work.

Thus it is concluded that the hypothesis No.4 "The more authoritatively a doctor demands particular behaviors from a patient, stronger will be the patient loyalty" is proved to be correct and thus the said hypothesis is accepted. It explains about 35.8% of the total variance in patient loyalty and is an important determinant of patient loyalty.

The segment of patients under study being a chronic segment which requires strict monitoring and management by both patient and doctor in close association with each other the doctor's authority plays an important role in keeping the patient under control and seeking patient's co-operation in the course of treatment.

(c) Doctor's Confidence

Doctor's confidence in dealing with patients (DRCONFD) is the predictor variable in the factor labeled as "Doctor's confidence". It has a coefficient of 0.173 and the "t-value of 3.340 with the p-value of 0.001. The beta coefficient is 0.144. This means the factor "doctor's confidence" is very much a significant determinant of loyalty and it has a strong association with loyalty.

It is very much natural and expected of patients to rely more upon a confident doctor than on one who is not very sure of what he is doing. The confidence, with which a doctor deals with the patient, conveys signals of accuracy and success of the treatment. Moreover the doctor being confident himself motivates the patients to be confident about their recovery and helps them to cope and co-operate well in the treatment process. Doctor's confidence is thus a very important factor for patient's satisfaction and thus loyalty.

It can be thus concluded that the hypothesis No. 7 "The greater the confidence the doctor displays in his dealings with the patient, stronger will be the loyalty" is proved to be correct and thus the said hypothesis is accepted. It explains about 17.30% of the total variance in patient loyalty and is thus an important determinant of patient loyalty.

(d) Lifestyle Prescription

Instructions on diet (DIET) is the predictor variable in the factor "Lifestyle prescription". It has a coefficient of 0.0956 and "t-value" of 2.126 at the p-level of 0.035. The beta

coefficient is 0.085. Thus the factor "Lifestyle prescription" is a significant determinant of loyalty and has a strong association with loyalty. Dietary control along with physical exercises is an important component in the lives of chronic patients for better control of the ailment, and doctor's emphasis on it, time and again, are desirable to the patients. Patients by nature would not like to follow strict dietary regimen and hence instructions from the doctor with concern for the patient's welfare makes the patients feel nice about it and as such they may adhere to the dietary regimen.

It can thus be concluded that the hypothesis No. 6 "The dietary regimen, which the doctor tells the patient to follow, will affect patient loyalty" is proved to be correct and thus the said hypothesis is accepted. It explains about 9.56% of the total variance in patient loyalty and is thus an important determinant of patient loyalty.

(e) Cost of Treatment

Fees charged (FEE) is the predictor variable of the factor labeled as "cost of treatment". It has the coefficient of (-) 0.279, the "t – value" is (-) 6.738 and the p – level is 0.000. the beta coefficient is (-) 0.248. It means that this factor is a very significant determinant of loyalty and the association between the two is a strong one. The negative sign indicates that as the cost of treatment increases the loyalty tends to decrease. It is very true that the cost factor is an important factor especially for the patients taking treatment for chronic ailments, as they have to take the treatment for life long and have to consult the doctor repetitively for monitoring the ailment. It is obvious that people would prefer lesser cost of treatment and as such the factor has a negative loading.

It can thus be concluded that the hypotheses Nos. 8, 9 and 10 dealing with the cost of treatment (Fees charged, Number of medicines prescribed and Cost of medicine) given in the previous chapter are proved to be correct and thus the said hypotheses are accepted. The hypotheses being (a) "The more the fees charged by the doctor, less will be the patient loyalty". (b) "The more the number of medicines prescribed by a doctor, less will be the patient loyalty". (c) "The more the cost of medicine prescribed, less will be the patient loyalty". These hypotheses together explain about (-) 27.9% of the total variance in patient loyalty and is thus an important determinant of patient loyalty.

Insignificant Factors of Loyalty and Hypotheses Rejection

(a) Approachability

The predictor variable in this factor is clinic timing (CT1) and it has come out as an insignificant factor of loyalty. The "t – value" is (-) 0.690 and the p- level is 0.491 and as such this factor is not a significant determinant of loyalty.

The insignificance of clinic timing as a determinant of loyalty may be explained with the help of simple logic that every person wants things to happen as per his convenience and tries to manipulate whatever is within his control to suit his own convenience. But everything does not happen as per one's convenience and one needs to make adjustments. Patients too want everything as per their convenience, and as such they may find it problematic meeting doctors during daytime practice. They are displeased by this inconvenience of meeting doctor during the busy daytime, when they might be otherwise

working or busy with some other activity. But they have no choice. They have to consult the doctor often and for this they have to spend their day and meet the doctor as most doctors having private practice keep their clinics open only during the daytime. The patients have to necessarily make adjustments regarding the clinic timing. As such although clinic timing is found to be inconvenient by most patients it does not really matter as the patients have no choice but to make themselves free to avail the specialised services by doctors as and when the doctors are available i.e. mostly during busy day time. Moreover the doctor is looked upon by the patient as the "healer" with specialised knowledge, and to get the benefit of this expertise, the patient wouldn't mind spending a day or two in a month. Similarly a doctor greeting the patient or talking with the patient is considered as something very normal and as such whether a doctor greets the patient or not will make not make much of a difference to the patient. Thus the factor which is named as 'approachability' coming as insignificant determinant of loyalty is well justified.

It can thus be concluded that the hypothesis No. 11 "The more convenient the clinic timings of the doctor, more will be the patient loyalty" stands disproved and thus is rejected.

(b) Advice Given

The predictor variable in this factor named "advice given" is instructions at work place (IAWP) the other variable being 'advice about patients habits'. This factor is insignificant as a determinant of loyalty as it has a "t-value" of 1.525 and the p-level is 0.129.

The very personality and nature of the patient may again justify this insignificance. The doctor might be giving instructions to the patient with the intention that the patient's health should improve. But as it is well known "old habits die hard", the patient may not be willing to fully give up old habits especially like smoking, drinking alcohol, sedentary life style etc.. As a result the patient may take the doctor's instructions most casually or it may not have any effect on the patient. Like wise the doctor might be giving some serious instructions to be followed by the patient at his work place. Like in case of a housewife the doctor might advise the patient not to work in cold water. But can a housewife do away not working in cold water? It is next to impossible. The same might apply to other patients in some other context. As such the patients may be generally ignoring such advice given by the doctor. In general the human nature is such that anything that goes against the comforts, the chances of it being adhered to are very less. The insignificance of this factor as a determinant may be due to this tendency on part of the patients.

It can thus be concluded that the hypothesis No. 5 "The more advice a doctor gives the patient, the stronger will be the patient loyalty" stands disproved and thus is rejected.

(c) Waiting Time

The predictor variable in this factor is the waiting time. However it is insignificant as a determinant of loyalty. It has a "t-value" of 1.634 and the p-level is 0.104. Thus it may be stated that waiting time in the clinic to receive the service from the doctor is not significant in determining the patient loyalty to the doctor. It can thus be concluded that

the hypothesis No. 12 "The more the time spent by the patient waiting in the clinic to meet the doctor, less will be the patient loyalty" stands disproved and thus is rejected.

In general the opposite tends to happen, i.e. people tend to be dissatisfied with longer waiting time. A negative relationship between long waiting time and consumer satisfaction is reported while waiting in line. (Chebat and Filiatrault, 1993; Katz et al 1991). In health care, long waiting time in clinics is reported as a source of dissatisfaction. (Barnes and Mowat 1986; Jones et al 1987). In their research "influencing satisfaction for dental services" (Gopalkrishnan and Mummalaneni, 1993) conclude that waiting time is the most important variable influencing the satisfaction with dental care. i.e. lesser the waiting time more satisfied will be the patient. This may be true for a particular segment of customers. Moreover this may be the scenario in the west, where people are more demanding and assertive of their rights as consumers and also the culture is different from a country like India.

This research concludes that there is no significant relationship between the waiting time and patient loyalty. This aspect may be justified with the help of the "Theory of Social Construction of Reality", which postulates that people tend to socially construct reality around themselves that in order to get the services of a good doctor one has to wait for long. Similarly whenever the doctor has a busy practice and the clinic remains overcrowded the people tend to construct social reality that the doctor is really a good doctor and as such to have consultation with a good doctor one has to wait for long time.

Similarly as is put forth by the "Equity Theory", the patients perceive the long waiting time in the clinic to receive the service as an equal treatment meted to all the patients without any discrimination. The patients seem to feel they are receiving a fair deal from the doctor as they are receiving the same type of service as all others are receiving. Moreover taking into consideration the end result, the patients tend to justify the long waits as they perceive it as a fair deal whereby everyone gets the same type of treatment, everyone has to wait for more or less that much time.

Long waiting time in the doctor's clinic is thus a well accepted socially constructed reality and also the patients try to justify the long waiting time by accepting the reality that everyone has to wait for an equally long time.

Doctor – Patient Interaction Aspects

Out of the 8 dimensions of determinants of patient loyalty delineated, 4 dimensions are pertaining to the Doctor – Patient interaction, namely: 'Feeling good (Physical + Psychological)', 'Authoritarian behaviour', 'Doctor's confidence', and 'Advice given'. As shown by the results from regression all these interaction aspects are significant in determining patient loyalty, except one dimension 'advice given', which has come out as insignificant.

Feeling good (Physical + Psychological) by the patient is certainly an interaction dimension, because as stated earlier the patients rely more on the doctor's behaviour and the interaction aspects to form their opinion. As such major contributor to the patients

feeling good is the doctor's friendliness, kind behaviour, communication aspects and overall treatment given as a human being to the patient. The other dimensions, 'Doctor's authoritarian behaviour', 'Doctor's confidence in dealing with the patients, and 'advice given by the doctor' are very clear as Doctor – Patient interaction aspects. Thus it can be concluded that the Doctor – Patient interaction aspects, which affect patient loyalty, are' Feeling good (Physical + Psychological) by the patient', 'Doctor's authoritarian behaviour', and 'Doctor's confidence in dealing with the patient'.

(III) Chi-square Analysis

(A) Source of Recommendation

The data from the 194 completed questionnaires for question no.1 on source of recommendation was tabulated and analysed by using SPSS 10.0 version. The data was coded in two categories, "patient recommendations" and "non-patient recommendations". Similarly the loyalty construct was coded as "high loyalty" and "low loyalty", with responses having value between 3 to 5 being coded as "high loyalty". The two by two matrix obtained was subjected to the chi-square test of significance. Symmetric measures phi value, Cramer's V and contingency coefficients are calculated to assess the relative strength of association between source of recommendation and patient loyalty.

(a) Recommendations by Other Patients

Table V-3-A gives the breakup of patients who have availed the services of a doctor on recommendation by another patient and of those who have chosen the doctor through other sources. It may be seen that 55.16% of the patients have availed the services of a

doctor on the recommendation of friends, relatives and colleagues who are the patients of the same doctor (patient recommendations). Whereas a lesser number i.e. 44.84% of the patients have availed the services of a doctor based on other sources (Non-Patient recommendations).

It is thus concluded that a patient receives recommendations about a doctor largely from friends, relatives and colleagues who are/have experienced the services of that doctor i.e. they are/were patients of that doctor. Further, patient recommendation is the major source that a patient relies upon to choose a doctor as compared to other sources. It is quite natural for a patient to rely more on the advice and recommendation of an experienced person rather than the advice of a person who has no experience. The hypothesis No. 1 "A patient receives recommendations about a doctor largely from friends and relatives who are the patients of that doctor, than from other sources" therefore stands proved correct and is accepted.

(b) Chi-square Test of Significance

Test of significance between patient loyalty and the source of recommendation was done by using the chi-square test. The dependent variable was patient Loyalty and the independent variable was the source of recommendation. The hypotheses which is tested is "A patient, who avails the services of a doctor as a result of recommendation by another patient, is more loyal than one who comes through other sources".

Table V-3

Results of Chi-square Test

Table A: Recommendations by other patients

HIGHLOYL * PATRECCO Crosstabulation

Count

		PATRECCO		
		patrecco	nonpat	Total
HIGHLOYL	highloyl	99	49	148
	lowloyl	8	38	46
Total		107	87	194

HIGHLOYAL = Loyalty, highloyl = high loyalty, lowloyl = low loyalty, PATRECCO = Recommendation, Patrecco = Patient recommendations, nonpat = Non-patient recommendations

Table B: Chi – square test

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	34.765[b]	1	.000		
Continuity Correction [a]	32.792	1	.000		
Likelihood Ratio	36.425	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	34.586	1	.000		
N of Valid Cases	194				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.63.

Table C: Symmetric Measures

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.423	.000
	Cramer's V	.423	.000
	Contingency Coefficient	.390	.000
N of Valid Cases		194	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table V-3-B gives the results of the chi-square test. As may be seen from the table, the Pearson chi-square value is 34.765 which is much above the table value of chi-square for 1 degree of freedom and the significance level of 0.05 which indicates that the source of recommendation is very much significant in determining the patient loyalty. As such the hypothesis is accepted, thereby concluding that "A patient who avails the services of a doctor as a result of recommendation by another patient, is more loyal than one who comes through other sources."

To assess the relative strength of association between the patient loyalty and the source of recommendation symmetric measures, the Phi value (0.423), the Cramer's V (0.423) and the contingency coefficient (0.390) were calculated. The values for all the measures were quite high at the significance value of 0.05, (95% confidence level) which indicates a

strong relationship between the patient loyalty and the source of recommendation as may be seen from Table V-3-C. Patients tend to rely on the trusted and experienced people rather than non-experienced people, and associate themselves with these experienced persons.

A patient is a vulnerable consumer who even after experiencing the service is not able to judge as to what he is getting from the doctor. The patient does not have the technical knowledge to assess the quality of the service and hence relies more on other cues. Similarly the perceived high risk level involved in the process as well as the high personal nature of the service, makes the patient to rely more on the advice and recommendation of trusted and close acquaintances such as friends, relatives or colleagues, who have experienced the service of that doctor, in selection of the doctor and there after in continuing the treatment with the same doctor.

It is thus concluded that the Source of recommendation plays a significant role in deciding patient loyalty and there is a strong association between patient recommendation as a source of recommendation and patient loyalty. The hypothesis No.2 "A patient, who avails the services of a doctor as a result of recommendation, by another patient, is more loyal than one who comes through other sources" is thus proved correct and therefore accepted.

The findings above thus support the "Tie-Strength Relationship Model" of Brown and Reingen (1987), and also provide a theoretical extension to this model, that strong tie

sources besides influencing the choice of a doctor also influence the patient's loyalty to the doctor.

The conclusions of the study and implications of the findings as well as suggested directions for further research are discussed in the next chapter.

Chapter VI

CONCLUSIONS AND DISCUSSIONS

This chapter presents the findings and results from the preceding chapters in a summary. First the main conclusions from the quantitative study are summarised and later the findings from the qualitative study involving personal interviews with doctors and patients are presented This chapter also discusses the implications and possible future research extensions of this thesis.

Conclusions of Quantitative Study

The main conclusions of the quantitative study are briefly summarised below;

1. The most important and significant underlying dimensions of determinants of patient loyalty to the doctor are;

(a) **Feeling Good by the Patient**: Feeling good (physical + psychological) by the patient is very significant in determining the patient loyalty and there is a very strong positive association between feeling good by the patient and loyalty. i.e. the patients state of feeling good or bad (Physical + Psychological) after consulting a doctor will certainly affect patient loyalty.

(b) **Doctor's Authoritarian Behaviour with the Patient**: Authoritarian behaviour is a very important aspect of doctor's behaviour and is very significant in determining the patient's loyalty to the doctor. There is a very strong positive association between

doctor's authoritarian behaviour and patient loyalty. As such the more authoritatively a doctor demands particular behaviors from a patient, stronger will be the patient loyalty.

(c) **Doctor's Confidence in Dealing with the Patient**: The confidence a doctor exhibits in his dealings with the patients is a very significant dimension of determinants of patient loyalty and there is a very strong positive association between doctor's confidence and patient loyalty. i.e. the greater the confidence the doctor displays in his dealings with the patient, stronger will be the loyalty.

(d) **Lifestyle Prescription Specified by the Doctor**: Lifestyle prescription is a significant dimension of determinants of patient loyalty and is important in making patients loyal. There is a strong positive association between the lifestyle, which the doctor prescribes for the patient to follow and patient loyalty. As such the lifestyle, comprising mainly of dietary regimen, and physical exercises, which the doctor tells the patient to follow will affect patient loyalty.

(e) **Cost of Treatment**: Cost of treatment is a very significant dimension of determinants of patient loyalty and is important in building loyalty. There is a strong negative association between the cost of treatment and patient loyalty there by indicating that the loyalty will tend to reduce with the increasing cost of treatment.

2. **Source of Recommendation** is another important determinant of patient loyalty, which influences the choice of a doctor by the patient and loyalty to doctors. It is concluded that:

(a) The major source a patient relies upon to choose a doctor is the recommendations from friends, relatives and colleagues who have experienced the services of that doctor i.e. they are/were patients of that doctor.

(b) The Source of Recommendation plays a significant role in deciding patient loyalty and there is a strong association between patient recommendation as a source of recommendation and patient loyalty. In other words, a patient, who avails the services of a doctor as a result of recommendation by another patient, is more loyal than one who comes through other sources.

3. The factors that are not significant as determinants of patient loyalty, are;

(a) **Approachability**: Approachability is a dimension, which is not significant as a determinant of loyalty. As such, although the convenience of meeting the doctor may remain an important aspect for the patients, the clinic timing of the doctor will not have any effect on patient's loyalty as patients will necessarily have to meet the doctor during clinic timing. Similarly whether the doctor greets the patient or not and whether doctor talks freely are mundane issues and have no effect on loyalty.

(b) **Advice given by the Doctor to the Patient:** Advice given to the patient is insignificant in determining the patient's loyalty to the doctor. Although the patients

expect good interactions and friendly chat with the doctor, advice given by the doctor to the patient is insignificant in determining loyalty.

(c) **Waiting Time in the Clinic to meet the Doctor**: Although waiting time spent by the patient in the doctor's clinic to meet the doctor seems very vital, it is insignificant as a determinant of patient loyalty to the doctor. Patients in general may not like to wait for long, but long waiting times have no effect on their loyalty to the doctor.

4. The **Doctor – Patient Interaction Aspects** affecting patient loyalty:

From among all the eight dimensions of determinants of patient loyalty that have been identified, there are 4 dimensions of determinants of loyalty that are the aspects of doctor – patient interaction. Out of these 4 dimensions there are 3 dimensions, as perceived by the patients, which are significant in determining patient loyalty. They are (a) Feeling good (Physical + Psychological) by the patient (b) Authoritarian behaviour of the doctor, and (c) Doctor's confidence. Whereas the interaction aspect that is insignificant as a determinant of patient loyalty is 'advice given by the doctor to the patient'.

Conclusions of Qualitative Study

a. Doctors understand loyalty in terms of repeat patronizing by the patient, patient having faith in the doctor and the patient complying with the treatment regimen prescribed by the doctor.

b. As health care is a high involvement service, the personality factors of both the doctor and the patient are major players in deciding the outcome of the doctor –patient relationship. In case of an unhealthy doctor –patient relationship, the doctors tend to blame patients whereas the patients blame doctors for the unhealthy relationship.

c. The patient's family background, educational level and financial condition contributes strongly in forming his overall mental framework of looking at the ailment and the treatment given by doctor (Physical + Psychological) and as such affects the doctor-patient relationship.

d. The reasons for switching of patients from one doctor to another doctor chiefly revolve around the doctor's attitude and behaviour, the patient's attitude and behaviour, ailment related factors and others like distance, convenience, long waits etc. It is observed that there is no major difference between the perceptions of the doctors and the perceptions of the patients as regards the reasons for switching of patients from one doctor to another. However in general patients tend to blame the doctors whereas the doctors tend to put the blame on patients for switching.

e. The opinion of other people is a strong factor which makes the patients believe or disbelieve in any doctor which in turn directly affects their relationship with the doctor. A major reason why patients choose a particular doctor or switch from a doctor is the opinion of other people.

f. A doctor's image in the society gets socially constructed as a good doctor or not a good doctor and the main contributory factor for this social construction of reality is the constant spread of positive word of mouth by the patients about the doctor.

Implications of the Study

The findings from this thesis may be useful input for players in the health care sector at various levels. A doctor having private practice is an entrepreneur and needs to implement various business strategies, especially those related to the doctor – patient relationship, to maintain a healthy and growing practice. The following implications may be noted:

a. The existing base of loyal patients that a doctor has is a potential source of getting new patients by way of recommendations. As most patients rely on experienced and personalised sources for selection of a doctor, completely satisfying and retaining the current patients becomes essential if a doctor needs to maintain and grow his practice. Emphasis should thus be laid in maintaining the present loyal patients and making them more loyal to get newer loyal patients.

b. A patient is a living human being generally in distressed mental condition and needs emotional support more than anything else. It is thus essential for a doctor to first understand the mental set up of the patient and treat the patient psychologically before giving any treatment to the ailment. A doctor should not treat the patients as mere subjects but treat them as special people who require emotional support and empathy.

c. A doctor should exhibit some amount of authority towards his patients as regards the treatment, which obviously should be in the interest of the patients, and such authority will definitely strengthen the personal bond between the doctor and the patient. The benefits of such a relationship are obvious for both the parties. However a doctor should take care not to over exercise his authority or exploit the patient, which will certainly damage the relationship.

d. A doctor should exhibit great confidence in his dealing with the patient, as it gives an assurance of good treatment to the patient. May it be the diagnosis, the treatment prescribed or explaining and counseling the patient, needs to be done confidently. At the same time building confidence within the patients to fight the ailment is equally important quality of a doctor. A confident doctor gets marked for good service delivery among patients.

Limitations of the Study

The study has a few limitations, which are briefly noted.

a. The sample selected for the study consists of only one segment made up of cases suffering from chronic ailments like cardiac problems, asthma cases and diabetes. All these are irreversible ailments having no permanent cure but only management of the case, thereby compelling the patients to consult the doctor on a regular basis. This fact itself might give rise to a high patient loyalty in view of switching costs involved.

As such the chances of having more loyal patients in the sample selected was high resulting in overall higher loyalty among patients.

b. The findings of this study are restricted to the chronic segment in health care sector and may not necessarily be applicable in toto across the varied specialties and situations where various other factors might be affecting patient loyalty. However this aspect was beyond the scope of this study and thus was not taken into consideration.

Suggestions for Future Research

The possibilities of future research emerging from this study are many. Some of the important suggestions for future research are discussed here.

a. The determinants of patient loyalty across various specialties and different situations will be different and may have different effect on patient loyalty. This study has delineated the determinants of patient loyalty in chronic segment, which may not necessarily apply in toto in some other segment like in dental cases or in gynecology or in pediatrics. For example, this study finds that the 'waiting time' in treatment of chronic ailments is insignificant in determining patient loyalty, whereas Gopalkrishnan and Mummalaneni (1993), report the reverse. It is thus logical that there are possibilities of future research in delineating determinants of patient loyalty across various specialties and different situations. There is also a possibility of comparison of the determinants of patient loyalty across various specialties and situations and arriving at an exhaustive list of determinants of patient loyalty in health care service.

b. Having understood that recommendations by patients play an important role in getting new patients and also that recommendations influence patient loyalty it will be of interest to know the reasons why patients recommend and how often. These reasons could be attributed to many aspects such as the personality of the patient who recommends, factors associated with the physician, relationship with the person to whom he is recommending, or any other factors. Understanding these reasons will help physicians to frame strategies, which may be directed towards motivating the patient to recommend more people and more often.

c. The doctor's personality factors play an important role in the doctor – patient relationship. Delineating the personality factors and behavioural aspects of the doctor that affect the doctor – patient relationship, would provide very good theoretical insights.

d. Patients form their opinions from their previous experiences with healthcare service providers and these are the very opinions, which they share with other people. Finding out what factors play a role in forming these strong positive or negative opinions will be a good research extension. Similarly finding out what exactly motivates a patient to spread a positive or a negative word of mouth will be interesting.

e. Finding out the perceptual differences between the doctors and the patients as regards the reasons why patients switch from one doctor to another will be an interesting study.

f. Exploring the effect of demographics such as patient's age, gender, income, education level, family structure etc on the patient loyalty will be another interesting research extension from this study.

g. By virtue of the doctor having a very busy practice and his clinic remaining overcrowded the people tend to socially construct a reality that the doctor is a "good doctor". Whether such a socially constructed reality is having any effect on patient loyalty needs further exploration and will be a good theoretical contribution.

APPENDIX – I

Results of Factor Analysis

Full forms of Abbreviations

1. TIME – Time given by the doctor to the patient within clinic
2. NOM – Number of medicines prescribed
3. COM – Cost of the medicine prescribed
4. FEE – Fees charged by the doctor
5. STRICT - The doctor is very strict with me as regards my treatment
6. ACCESS - The doctor is freely accessible
7. DIAGNOSI - The doctor does accurate diagnosis
8. EOL - The doctor emphasises that I follow a particular lifestyle
9. CID - I have full confidence in my doctor
10. APPR - The doctor's approach towards me is friendly
11. EXPLN - The doctor explains in detail various aspects about the ailment and the treatment
12. REC - The doctor recognises me as his regular patient
13. CARING - The doctor is very caring
14. CALLS - The doctor calls me by my name
15. DRCONFD - The doctor himself is very confident about my recovery
16. ENQUIRY - The doctor enquires about my health when I enter the clinic
17. WILLANSQ - The doctor is willing to answer any of my questions
18. ANGRY - The doctor gets angry at me if I do not follow his instructions
19. CT1 - The doctors clinic timings are not convenient to me
20. LISTENIN - The doctor listens to me attentively
21. TRUST - The doctor is trustworthy
22. WARNING - The doctor warns me about all the do's and don'ts related to the treatment
23. FEELPOS - The doctor makes me feel positive about my recovery
24. GREETING - The doctor greets me when I enter the clinic
25. DOUBT - I have no doubts about the diagnosis and the treatment given by the doctor
26. CAREFULL - The doctor has a careful attitude
27. IOM - The doctor gives me medicine-related instructions every time I consult him
28. DRTALKS - The doctor talks very well with me in the clinic
29. RELIABLE - The doctor is reliable in all respects

30. DIF2TAK - It is not difficult to talk with the doctor
31. PRISCRPT - The medicine prescribed by the doctor is very effective
32. MANNERS - The doctor is well mannered
33. GENINS - The doctor gives me strict instructions every time I visit him
34. FEELGOOD - I feel good taking treatment from my doctor
35. TAA - The doctor and I can talk about anything
36. AVAIL - The doctor is easily available
37. DISCONTT - The doctor may discontinue treatment if I disobey his instructions
38. CONCERN - The doctor shows concern towards me
39. PHYEXR - The doctor specifies the physical exercises to be done by me
40. DRCIDT - The doctor displays great confidence in diagnosis and the treatment process
41. DIET - The doctor gives me instructions regarding my diet
42. WAITTIM1 - I waste a lot of time waiting for my turn to meet the doctor
43. IAWP - The doctor gives instructions to be followed at my work place
44. PERLIF - The doctor enquires about my personal life and my family members
45. HABITS - The doctor warns me about my habits
46. IMPHEALT - My health has improved with the treatment from my doctor
47. DRPOSITV - The doctor always sees things positively
48. TIMETOEX - The doctor gives me sufficient time to explain my problems

Communalities

	Initial	Extraction
TIME	1.000	.597
NOM	1.000	.639
COM	1.000	.674
FEE	1.000	.690
STRICT	1.000	.855
ACCESS	1.000	.642
DIAGNOSI	1.000	.668
EOL	1.000	.772
CID	1.000	.676
APPR	1.000	.613
EXPLN	1.000	.735
REC	1.000	.597
CARING	1.000	.674
CALLS	1.000	.725
DRCONFD	1.000	.708
ENQUIRY	1.000	.493
WILLANSQ	1.000	.660
ANGRY	1.000	.642
LISTENIN	1.000	.632
TRUST	1.000	.674
WARNING	1.000	.738
FEELPOS	1.000	.728
GREETING	1.000	.611
DOUBT	1.000	.676
CAREFULL	1.000	.634
IOM	1.000	.612
DRTALKS	1.000	.622
RELIABLE	1.000	.627
DIF2TAK	1.000	.653
PRISCRPT	1.000	.745
MANNERS	1.000	.648
GEN.INS	1.000	.754
FEELGOOD	1.000	.771
TAA	1.000	.667
AVAIL	1.000	.681
DISCONTT	1.000	.577
CONCERN	1.000	.605
PHY.EXR	1.000	.593
DRCIDT	1.000	.717
DIET	1.000	.667
IAWP	1.000	.694
PERLIF	1.000	.738
HABITS	1.000	.606
IMPHEALT	1.000	.793
DRPOSITV	1.000	.648
TIMETOEX	1.000	.675
CT1	1.000	.597
WAITTIM1	1.000	.785

Extraction Method: Principal Component Analysis.

Total Variance Explained

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	21.388	44.559	44.559	8.116	16.909	16.909
2	2.553	5.319	49.878	7.176	14.950	31.859
3	1.957	4.077	53.956	4.882	10.171	42.030
4	1.595	3.322	57.278	3.387	7.056	49.087
5	1.477	3.078	60.355	2.632	5.483	54.569
6	1.165	2.426	62.781	2.571	5.357	59.926
7	1.075	2.239	65.020	2.055	4.282	64.208
8	1.019	2.123	67.144	1.409	2.936	67.144
9	.889	1.852	68.995			
10	.849	1.769	70.764			
11	.821	1.711	72.475			
12	.786	1.638	74.113			
13	.732	1.526	75.639			
14	.676	1.408	77.047			
15	.669	1.393	78.440			
16	.634	1.322	79.762			
17	.591	1.232	80.994			
18	.585	1.218	82.213			
19	.542	1.129	83.341			
20	.517	1.078	84.419			
21	.499	1.039	85.458			
22	.480	.999	86.457			
23	.459	.957	87.414			
24	.428	.891	88.305			
25	.386	.804	89.109			
26	.382	.796	89.905			
27	.374	.779	90.684			
28	.358	.745	91.429			
29	.343	.715	92.144			
30	.321	.668	92.812			
31	.307	.639	93.452			
32	.293	.610	94.062			
33	.289	.603	94.664			
34	.270	.561	95.226			
35	.250	.520	95.746			
36	.237	.493	96.239			
37	.219	.456	96.695			
38	.203	.423	97.118			
39	.198	.412	97.530			
40	.190	.397	97.927			
41	.157	.327	98.254			
42	.148	.308	98.562			
43	.144	.299	98.861			
44	.135	.282	99.142			
45	.123	.257	99.399			
46	.113	.236	99.635			
47	9.131E-02	.190	99.826			
48	8.372E-02	.174	100.000			

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component							
	1	2	3	4	5	6	7	8
TIME	.670	-.115	-.293	-4.39E-03	-.145	-9.52E-02	-.137	-1.45E-02
NOM	-.376	.314	.285	.457	.125	.102	-.216	.192
COM	.491	-.133	-.151	-.548	-.264	2.629E-02	.129	6.590E-02
FEE	-.405	.140	.468	.452	6.833E-02	.263	8.027E-02	5.954E-02
STRICT	.842	.122	-.275	.182	-.121	7.857E-02	-3.33E-02	3.884E-02
ACCESS	.687	3.180E-02	2.128E-03	6.657E-02	-.399	5.741E-02	-2.61E-02	3.762E-02
DIAGNOSI	.677	-.360	-4.75E-02	.119	5.402E-02	.103	-.127	.185
EOL	.745	.140	-.258	.305	-.125	.108	8.656E-03	-9.92E-02
CID	.799	-.105	-.111	-3.24E-02	5.292E-03	1.349E-02	-6.65E-02	9.043E-02
APPR	.721	-.196	.108	2.637E-02	-.100	-.147	-4.39E-02	-9.43E-02
EXPLN	.817	4.067E-02	-.137	-7.20E-03	-8.04E-02	-.140	-.116	8.247E-02
REC	.726	-.128	4.978E-02	4.599E-02	9.272E-02	-.183	4.061E-02	-6.91E-02
CARING	.740	-.148	5.209E-02	-1.01E-02	.248	-8.70E-02	6.248E-02	-.171
CALLS	.752	.152	.120	-.216	5.753E-02	-.198	-7.07E-02	.164
DRCONFD	.716	.114	.214	-.183	.141	5.259E-02	3.617E-03	.284
ENQUIRY	.589	.162	.261	9.550E-03	-2.83E-02	.156	-.162	-2.66E-02
WILLANSQ	.771	1.123E-02	3.314E-02	-6.98E-02	-.117	6.576E-02	-.171	-.112
ANGRY	.645	.337	-.269	8.653E-02	-9.72E-02	2.494E-02	.124	-8.40E-02
LISTENIN	.713	-2.89E-02	.166	-.118	2.724E-02	.254	-6.39E-02	-.111
TRUST	.709	-.232	9.395E-02	.159	5.210E-02	.235	.156	-2.37E-02
WARNING	.796	.177	-.172	.126	-.130	1.017E-02	-9.94E-02	-4.67E-02
FEELPOS	.788	9.579E-03	1.545E-02	-7.13E-02	.152	.184	-.209	-3.27E-02
GREETING	.564	.105	.285	.208	-.347	-.131	.130	-5.54E-02
DOUBT	.742	-.143	5.560E-02	2.026E-02	-4.28E-02	1.019E-04	3.060E-02	.314
CAREFULL	.665	-.271	.172	2.884E-02	.215	5.569E-03	3.271E-02	-.201
IOM	.642	.127	5.926E-02	.298	-.195	-7.29E-02	.200	8.913E-02
DRTALKS	.708	.124	.256	1.853E-02	-8.43E-03	-.180	-3.54E-02	-7.54E-02
RELIABLE	.742	-.183	.152	-5.38E-02	6.336E-02	9.540E-02	2.456E-02	5.097E-02
DIF2TAK	.587	.201	.326	-.155	-.148	-.167	-.294	-4.06E-02
PRISCRPT	.678	-.471	-6.68E-02	.192	.105	7.740E-02	-1.69E-02	6.708E-02
MANNERS	.572	-.479	.172	6.346E-02	-8.14E-02	-.145	.175	-1.07E-02
GEN.INS	.757	.281	-.290	8.748E-02	-5.07E-02	-3.21E-02	-3.81E-02	-6.96E-02
FEELGOOD	.668	-.460	-.138	.179	.109	.114	.127	.142
TAA	.613	.334	8.903E-02	-.292	-8.11E-03	-6.77E-02	5.057E-02	.283
AVAIL	.715	.237	-2.01E-02	6.754E-02	-.127	.198	7.581E-02	-.217
DISCONTT	.351	.452	-.355	5.562E-02	.112	.318	-2.20E-02	8.209E-02
CONCERN	.729	-5.40E-02	-2.85E-02	-5.32E-02	.183	5.546E-02	3.196E-02	-.170
PHY.EXR	.665	.246	6.756E-02	-2.65E-02	.279	6.101E-02	2.539E-03	-5.73E-02
DRCIDT	.746	.216	5.085E-02	-9.20E-02	.134	5.616E-02	-5.03E-02	.281
DIET	.526	9.990E-02	.192	-6.67E-02	.398	-2.29E-02	-.147	-.397
IAWP	.446	.413	-5.77E-03	8.631E-02	.219	-.325	.401	-4.11E-02
PERLIF	.785	.130	-.204	.123	-.136	-.113	-1.66E-02	-.127
HABITS	.478	.249	7.378E-02	4.240E-02	.249	-.179	.449	.116
IMPHEALT	.746	-.415	-7.64E-02	.170	5.339E-02	-7.83E-02	2.831E-02	.142
DRPOSITV	.707	.126	.123	-.135	.206	4.475E-02	-.132	.194
TIMETOEX	.786	-6.82E-02	2.690E-02	-8.09E-02	6.066E-02	-.101	-5.87E-02	-.170
CT1	.192	6.000E-04	.593	5.586E-02	-.446	-6.70E-02	-3.07E-02	-3.26E-02
WAITTIM1	.313	1.847E-02	.200	-.384	-.198	.525	.413	-.117

Extraction Method: Principal Component Analysis.

a. 8 components extracted.

Rotated Component Matrix[a]

	Component							
	1	2	3	4	5	6	7	8
TIME	.411	.480	.171	.112	.367	8.784E-02	-2.62E-02	-.111
NOM	-.255	-6.09E-02	4.419E-02	-9.87E-02	-.716	1.999E-02	-6.93E-02	-.204
COM	.192	.145	.296	-3.17E-02	.647	.107	-7.02E-03	.311
FEE	-.140	-.211	-.147	-8.56E-02	-.752	.125	7.052E-03	.125
STRICT	.427	.742	.267	.110	.142	8.167E-02	.111	2.199E-02
ACCESS	.331	.521	.230	4.079E-03	.173	.401	-1.06E-02	.130
DIAGNOSI	.712	.242	.275	.103	8.501E-02	3.978E-02	-8.84E-02	-1.03E-02
EOL	.376	.756	9.054E-02	.153	3.879E-02	9.473E-02	.124	3.767E-02
CID	.522	.406	.362	.186	.248	8.137E-02	6.205E-02	2.672E-02
APPR	.501	.259	.181	.277	.235	.348	8.826E-02	-2.37E-02
EXPLN	.404	.505	.386	.169	.285	.177	.119	-.107
REC	.498	.252	.209	.320	.197	.192	.247	-5.61E-02
CARING	.513	.214	.195	.472	.187	7.158E-02	.252	3.526E-02
CALLS	.257	.254	.600	.246	.257	.219	.238	-4.30E-02
DRCONFD	.335	.182	.665	.189	7.075E-02	.128	.200	.155
ENQUIRY	.196	.310	.389	.319	-7.92E-02	.278	-1.77E-02	.147
WILLANSQ	.347	.445	.320	.337	.217	.259	-4.80E-02	9.648E-02
ANGRY	.123	.686	.173	.128	.155	4.571E-02	.274	9.212E-02
LISTENIN	.373	.296	.340	.398	9.528E-02	.172	-3.16E-02	.303
TRUST	.644	.288	.143	.222	-1.73E-02	.122	.113	.280
WARNING	.315	.679	.273	.207	.150	.170	9.531E-02	-1.46E-02
FEELPOS	.414	.395	.440	.425	.103	3.055E-02	-4.53E-02	.111
GREETING	.243	.344	.114	7.411E-02	-9.26E-03	.596	.234	7.463E-02
DOUBT	.579	.266	.449	-3.86E-03	.126	.184	.128	5.520E-02
CAREFULL	.566	.107	.127	.479	9.973E-02	.133	.136	9.916E-02
IOM	.358	.478	.164	-1.58E-02	-4.33E-02	.341	.329	4.500E-02
DRTALKS	.273	.284	.343	.363	8.460E-02	.388	.243	-2.46E-02
RELIABLE	.554	.197	.350	.266	.128	.173	8.637E-02	.183
DIF2TAK	6.053E-02	.227	.472	.345	.137	.482	-8.99E-03	-7.07E-02
PRISCRPT	.808	.213	.109	.160	9.221E-02	1.926E-02	-1.27E-02	5.904E-03
MANNERS	.676	-3.47E-03	2.258E-02	.114	.215	.325	.149	5.939E-02
GEN.INS	.215	.718	.257	.212	.196	4.499E-02	.196	-3.68E-02
FEELGOOD	.823	.225	.106	5.038E-02	.111	-5.74E-02	7.816E-02	8.558E-02
TAA	6.104E-02	.271	.657	6.406E-02	.208	.150	.275	.117
AVAIL	.206	.612	.171	.304	6.813E-02	.203	.141	.277
DISCONTT	-6.32E-02	.603	.278	4.594E-02	-7.67E-02	-.314	7.244E-02	.145
CONCERN	.425	.326	.222	.434	.189	1.736E-02	.164	.132
PHY.EXR	.212	.350	.402	.430	-3.47E-03	-8.03E-03	.263	.100
DRCIDT	.300	.365	.647	.164	5.459E-02	4.754E-02	.195	7.309E-02
DIET	.158	.145	.192	.750	1.897E-02	2.864E-02	.141	1.033E-02
IAWP	9.439E-03	.292	.169	.187	3.944E-02	4.780E-02	.735	-4.15E-02
PERLIF	.325	.650	.165	.223	.240	.194	.188	-5.81E-02
HABITS	.183	.171	.263	.105	1.933E-03	1.490E-02	.674	9.620E-02
IMPHEALT	.798	.241	.179	9.574E-02	.174	9.437E-02	.107	-7.44E-02
DRPOSITV	.314	.249	.618	.289	6.037E-02	4.882E-02	.120	4.642E-02
TIMETOEX	.421	.327	.261	.434	.282	.191	.137	1.495E-02
CT1	4.499E-02	-4.80E-02	.104	2.489E-02	-.103	.743	-4.67E-02	.126
WAITTIM1	6.973E-02	7.660E-02	.133	7.480E-02	.165	.134	4.396E-02	.839

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

Component Transformation Matrix

Componer	1	2	3	4	5	6	7	8
1	.553	.519	.417	.327	.225	.217	.195	.096
2	-.727	.455	.322	.063	-.240	.011	.314	.013
3	-.004	-.499	.243	.263	-.420	.634	.060	.200
4	.306	.344	-.392	-.122	-.700	.103	.111	-.327
5	.137	-.301	.187	.490	-.257	-.662	.296	-.152
6	.074	.193	.048	-.001	-.357	-.291	-.451	.735
7	.097	-.095	-.285	-.273	.076	-.034	.745	.514
8	.196	-.138	.625	-.700	-.162	-.127	.040	-.130

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

APPENDIX – II

Questionnaire to Doctors in Personal Interviews

1. What are the ailments that you treat the most?
2. How would you classify/ categorize your patients?
3. What is the concept of patient satisfaction to you?
4. When do you feel your patients are satisfied?
5. What according to you are the factors that make patients satisfied/dissatisfied?
6. What is the concept of patient loyalty to you?
7. When would you say a patient is loyal to you?
8. Generally what type of patients are more loyal?
9. According to you what factors make a patient loyal to the doctor?
10. What characteristics of the doctor do you feel are important for building patient loyalty?
11. According to you what are the characteristics of the patient that influence his loyalty to a doctor?
12. What personal efforts do you take to build patient loyalty?
13. What according to you could be the probable reasons for the switching of patients from one doctor to another?
14. Where do you feel the defected patients go? Do they come back any time?
15. Kindly comment on doctor – patient relationship?

APPENDIX - III

Questionnaire to Patients in Personal Interview

1. When did you last consult your physician for your health reasons?
2. Would you please tell me in brief about your ailment and the treatment you take?
3. Prior to this physician did you consult any other physician for a similar problem? If yes;

i) Please give details

ii) For how long were you consulting this Physician?

iii) Why did you switch from this physician?

4. How did you come to know about the present physician?
5. For how long are you consulting the present Physician?
6. Why did you choose this particular physician, and not some other physician?
7. What are your expectations from the physician?
   - Which of these expectations are fulfilled by the physician?
8. Are you satisfied consulting this physician?
   - What factors have contributed to your satisfaction/dissatisfaction ?
9. What characteristics of this physician do you like?

- What characteristics of this physician you don't like?
- Did the physician give you any advise?
- What you feel about it?
- Did the physician talk anything besides diagnosis and treatment? Please specify what?
- What do you feel about this?

10. Approximately how much time did the physician give to you inside the clinic?

- What do you feel about this?

11. Did you have a prior appointment with the physician? Yes/no

- Approx. for how long you had to wait outside the clinic for your turn to come?
- What do you feel about it?
- What did you do during the waiting time?

12. How many kinds of medicines did the physician prescribe?

- What do you feel about this?
- Did you find the medicines costly?

13. Do you feel you are loyal to your physician?

- What factors have made you loyal to the physician?

14. Would you consult this physician again? If no, Why?

- What in case of any other ailment? Why?

- What in case the physician increases his fees? Why?

- For a similar illness with any family member would you consult this physician? Why?

17. Would you recommend this physician to others to take treatment from? Why?

18. Are you aware of any social activity of the physician? Please specify?

- How has it affected your opinion about the physician?

1. In your opinion what should be the relationship between the physician and the patient?

- What role should a physician play to build a healthy patient–physician relationship?

- What role should a patient play to build a healthy patient–physician relationship?

- What is the relationship between you and your physician?

2. In your opinion, why do patients prefer a particular physician to others?

3. What are the reasons why patients switch from one physician to another?

4. What characteristics should a physician possess in general?

5. What should be a reasonable fee to be charged by a physician?

- What do you feel about the fees charged by your physician?

24. Think of a time/incidence when, as a patient, you had a particularly satisfying/dissatisfying interaction with the doctor that has affected your opinion about the doctor.

- When did the incident happen?
- What specific circumstances led up to this situation?
- Exactly what did the doctor say or do?
- What resulted that made you feel the interaction was satisfying/dissatisfying?
- How has it affected your opinion about the doctor?

6. Details of the respondent

- Age:
- Sex:
- Religion:
- Education
- Employment status/Income/Economic Status
- Family structure

APPENDIX - IV

Final Questionnaire to the Patients in Quantitative Study

Q.1. On whose recommendation did you first consult your present doctor? (Tick your response)

(i) A friend/colleague recommended to consult this doctor

(ii) A relative recommended to consult this doctor

(iii) The doctor is well known

(iv) Another doctor referred me to this doctor

(v) Through advertisements/publicity

(vi) The doctor had treated someone in the family in the past

(vii) Any other - please specify

If answer above is (i) or (ii) then answer question (a) below or else go to next question.

a) Is your friend/colleague/relative

(i) a patient of the same doctor

(ii) a patient of some other doctor

(iii) a care giver / companion to a patient

(iv) any other – please specify

Q2. Besides you, is the doctor treating any of your family members? YES / NO

IF YES Who?

Q3.Approximately how much time does the doctor spends with you inside the clinic? (Tick any one)

(i) Very little time

(ii) Less than normal time

(iii) Normal time

(iv) More than normal time

(v) Too much time

Q4.(a) How many different medicines does the doctor prescribe per consultation? (Tick any one)

(i) Too few medicines

(ii) Less than normally prescribed medicines

(iii) Normally prescribed medicines

(iv) More than normally prescribed medicines

(v) Too many medicines

(b) What is your opinion about the cost of the medicine prescribed? (Tick any one)

i. Too expensive

ii. More than normal cost

iii. Normal cost

iv. Less than normal cost

v. Not at all expensive

Q5. What is the fee charged by the doctor per consultation? (Tick any one response)

i. Very less fee

ii. Less than normal fee

iii. Normally charged fee

iv. More than normal fee

v. Too much fee

Q6. (a) Do you get medical reimbursement from your employer? YES / NO

(b) Is this doctor on your company's approved list of doctors? YES / NO

(c) Do you have any medical insurance policy? YES / NO

Q7. Please express your experience with the Doctor in terms of statements given below. (Please mark your response on the scale given against each statement)

Where, SD = *Strongly Disagree,* D = *Disagree,* U = *Undecided,* A = *Agree,* SA = *Strongly Agree,*

(1) The doctor is very strict with me as regards my treatment	SD	D	U	A	SA
(2) The doctor is freely accessible	SD	D	U	A	SA
(3) The doctor does accurate diagnosis	SD	D	U	A	SA

(4) The doctor emphasises that I follow a particular lifestyle	SD	D	U	A	SA
(5) I have full confidence in my doctor	SD	D	U	A	SA
(6) The doctor's approach towards me is friendly	SD	D	U	A	SA
(7) The doctor explains in detail various aspects about the ailment and the treatment	SD	D	U	A	SA
(8) The doctor recognises me as his regular patient	SD	D	U	A	SA
(9) The doctor is very caring	SD	D	U	A	SA
(10) The doctor calls me by my name	SD	D	U	A	SA
(11) The doctor himself is very confident about my recovery	SD	D	U	A	SA
(12) The doctor enquires about my health when I enter the clinic	SD	D	U	A	SA
(13) The doctor is willing to answer any of my questions	SD	D	U	A	SA
(14) I will continue to consult my present doctor in future	SD	D	U	A	SA
(15) The doctor gets angry at me if I do not follow his instructions	SD	D	U	A	SA
(16) The doctors clinic timings are not convenient to me	SD	D	U	A	SA
(17) The doctor listens to me attentively	SD	D	U	A	SA
(18) The doctor is trustworthy	SD	D	U	A	SA
(19) The doctor warns me about all the Do's and Don'ts related to the treatment	SD	D	U	A	SA
(20) The doctor makes me feel positive about my recovery	SD	D	U	A	SA
(21) The doctor greets me when I enter the clinic	SD	D	U	A	SA
(22) I have no doubts about the diagnosis and the treatment given by the doctor	SD	D	U	A	SA
(23) The doctor has a careful attitude	SD	D	U	A	SA
(24) The doctor gives me medicine-related instructions every time I consult him	SD	D	U	A	SA
(25) The doctor talks very well with me in the clinic	SD	D	U	A	SA
(26) The doctor is reliable in all respects	SD	D	U	A	SA
(27) It is not difficult to talk with the doctor	SD	D	U	A	SA
(28) The medicine prescribed by the doctor is very effective	SD	D	U	A	SA
(29) The doctor is well mannered	SD	D	U	A	SA
(30) The doctor gives me strict instructions every time I visit him	SD	D	U	A	SA

(31)	I feel good taking treatment from my doctor	SD	D	U	A	SA
(32)	I will recommend my doctor to my friends and family members	SD	D	U	A	SA
(33)	The doctor and I can talk about anything	SD	D	U	A	SA
(34)	The doctor is easily available	SD	D	U	A	SA
(35)	The doctor may discontinue treatment if I disobey his instructions	SD	D	U	A	SA
(36)	The doctor shows concern towards me	SD	D	U	A	SA
(37)	The doctor specifies the physical exercises to be done by me	SD	D	U	A	SA
(38)	The doctor displays great confidence in diagnosis and the treatment process	SD	D	U	A	SA
(39)	The doctor gives me instructions regarding my diet	SD	D	U	A	SA
(40)	I waste a lot of time waiting for my turn to meet the doctor	SD	D	U	A	SA
(41)	The doctor gives instructions to be followed at my work place	SD	D	U	A	SA
(42)	The doctor enquires about my personal life and my family members	SD	D	U	A	SA
(43)	The doctor warns me about my habits	SD	D	U	A	SA
(44)	My health has improved with the treatment from my doctor	SD	D	U	A	SA
(45)	The doctor always sees things positively	SD	D	U	A	SA
(46)	The doctor gives me sufficient time to explain my problems	SD	D	U	A	SA
(47)	I will switch to another doctor in future	SD	D	U	A	SA
(48)	I will complain about my doctor to others	SD	D	U	A	SA

Q8. Details of the respondent

- Name:
- Address:
- Age:
- Sex:
- Illness:
- Religion:
- Education:
- Employment status:
- Economic Status:
- Family structure:

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