

Antecedents and Consequences of Relationship Quality: A Study on Private Hospitals in Thailand

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ABSTRACT

This study aims at developing a more comprehensive set of dimensions of relationship quality by employing the Investment Theory (Rusbult, 1980). It also focuses on determining the antecedents of relationship quality by applying the Transaction Cost Analysis (TCA) Theory (Williamson, 1985) as well as examining their relative significant relations. Finally, the paper examines the consequences of relationship quality by using the Exit-Voice Theory (Hirschman, 1970). The focal construct in this research is the relationship quality between hospitals and their outpatients. Previous studies have developed relationship quality dimensions mostly in the “want to” aspect and tested their models in various B2B and B2C contexts. However, in a number of long-term relationships, “ought to” and “have to” aspects of a relationship are also important in helping the longevity of the relationship in spite of dissatisfaction in the relationship. Unfortunately, very few empirical studies on relationship quality have captured such dimensions. Therefore, I set out in this paper to study these issues. The questionnaire survey data were gathered from 478 outpatients of a total of four private hospitals in Bangkok, Thailand. The results show that knowledge about patients has the most significant relationship to trust and patient switching risks have the most significant association with both inertia and dependence. The variation in trust explains the most among all the dimensions of relationship quality. Trust and inertia have positive effects on constructive feedbacks and revisit intention. Trust may also discourage switching intention while dependence positively affects revisit intention.

Keywords: Relationship quality, Investment Theory, Transaction Cost Analysis Theory, Exit-Voice Theory

บทคัดย่อ

งานวิจัยนี้มีวัตถุประสงค์เพื่อ (1) ขยายความมิติของคุณภาพความสัมพันธ์โดยใช้ทฤษฎีการลงทุนของ Rusbult (1980) (2) ระบุปัจจัยเชิงเหตุของคุณภาพความสัมพันธ์ โดยใช้ทฤษฎีการวิเคราะห์ต้นทุนทางธุรกรรมของ Williamson (1985) ตลอดจนบ่งชี้ระดับความสำคัญของปัจจัยดังกล่าวที่มีต่อคุณภาพความสัมพันธ์ และ (3) ศึกษาปัจจัยเชิงผลของคุณภาพความสัมพันธ์ โดยใช้ทฤษฎีถอนตัวและไว้อยากของ Hirschman (1970) งานวิจัยนี้ศึกษาเกี่ยวกับคุณภาพความสัมพันธ์ระหว่างโรงพยาบาลกับผู้ป่วยนอก จากการทบทวนวรรณกรรมงานวิจัยส่วนมากศึกษาคุณภาพความสัมพันธ์ในมิติของ “ความต้องการ” ที่จะสร้างความสัมพันธ์ในบริบทของความสัมพันธ์ระหว่างธุรกิจกับธุรกิจ และธุรกิจกับผู้บริโภค อย่างไรก็ตาม ความสัมพันธ์ระยะยาวที่เกิดขึ้นในหลายรูปแบบ คุณภาพความสัมพันธ์ในมิติที่ผู้บริโภคประสบกับ “ความสมควร” และ “ความจำเป็น” ที่จะสร้างความสัมพันธ์ ก็มีความสำคัญเช่นกันต่อความสัมพันธ์แบบยั่งยืน ถึงแม้ว่าผู้บริโภคจะไม่พอใจกับความสัมพันธ์นั้นๆ ก็ตามด้วยวัตถุประสงค์ข้างต้น งานวิจัยนี้เก็บแบบสอบถามจากกลุ่มตัวอย่างได้แก่ ผู้ป่วยนอกจำนวน 478 คนของโรงพยาบาลเอกชนรวม 4 แห่งในกรุงเทพฯ ผลการศึกษาพบว่า ความรู้เกี่ยวกับผู้ป่วยมีความสัมพันธ์ทางบวกมากที่สุดกับความไว้วางใจ ความเสี่ยงในการเปลี่ยนโรงพยาบาลมีความสัมพันธ์ทางบวกมากที่สุดกับความเฉยใจและความจำเป็นต้องใช้โรงพยาบาล ความไว้วางใจเป็นมิติที่สำคัญมากที่สุดในคุณภาพความสัมพันธ์ ความไว้วางใจและความเฉยใจกับการใช้โรงพยาบาลมีผลทางบวกต่อความตั้งใจที่จะให้คำแนะนำเชิงสร้างสรรค์และความตั้งใจที่จะกลับมาใช้ใหม่ นอกจากนี้ ความไว้วางใจมีผลต่อความตั้งใจที่จะไม่เปลี่ยนโรงพยาบาล และความจำเป็นต้องใช้โรงพยาบาลมีผลทางบวกต่อความตั้งใจที่จะกลับมาใช้โรงพยาบาลเดิม

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INTRODUCTION

The service sector has become increasingly important (Czepiel, 1990; Patterson & Smith, 2001). Service industries accounted for 70% of the World's GDP in 2012 while Thailand's service sector contributed to 44% of the country's GDP (The World Bank, 2013). Acquiring a new customer is more expensive than retaining an existing one as found in Reichheld and Sasser (1990). Depending on types of industries, profits would increase from 25% to 85% if firms retain customers by 5%. The long-term relationship between a firm and its consumers is considered as an important tool to create a sustainable competitive advantage, especially in service industries (Bharadwaj, Varadarajan, & Fahy, 1993). Several long-term relationship studies focus on relationship marketing, relationship quality (RQ), and commitment (De Wulf, Odekerken-Schroder, & Lacobucci, 2001; Hennig-Thurau, Gwinner, & Gremler, 2002; Caceres & Paparoidamis, 2007). Among these prior studies, relationship quality has been the most popular issue to explore (Crosby, Evans, & Cowles, 1990; Kumar, Scheer, & Steenkamp, 1995; De Wulf et al., 2001) and has been studied in various contexts such as retailing, automotive dealers, and life insurance. Many B2B and B2C empirical studies of relationship quality focus largely on dimensions such as trust, satisfaction, and commitment (Crosby et al., 1990; Dorsch, Swanson, & Kelley, 1998; De Wulf et al., 2001; Roberts, Varki, & Brodie, 2003). These dimensions reflect positive affects or the "want to" aspect in many relationships. In many relationships, especially the long-term ones, the "have to" type of relationship enables both parties (for example, wife and husband, and employee and employer) to have relationship longevity although they may not be satisfied with their current relationship situation (Dwyer, Schurr, & Oh, 1987; van Dam, 2005). Unfortunately, very few empirical studies about relationship quality capture this dimension (de Ruyter, Moorman, & Lemmink, 2001; Moliner, Javier, Rosa, & Luís, 2007; Vesel & Zabkar, 2010). Therefore, this study employs the Investment Theory (Rusbult, 1980) to develop a comprehensive picture of relationship quality that would strengthen the relationship between service providers and their customers.

I focus on the healthcare service, especially the medical service provided by the hospitals in Thailand as the context for this empirical study. In general, hospitals provide highly personalized and customized services. Thus, the relationship between a patient and her hospital is important (Lovelock & Wirtz, 2011). In addition, a hospital's service is of high credence and such a service is also of high involvement and high risks (Padma, Rajendran, & Sai, 2009). Laohasirichaikul, Chaipoopirutana, and Combs (2011) conducted an empirical study on the effective customer relationship management of the healthcare industry, a study of the five largest private hospitals in Bangkok. The hospital business in Thailand has continued to become more and more strategically focused in the recent decades (Kasikornresearch, 2012). Many private hospitals have been expanding their facilities or their network hospitals in order to serve an increasing number of customers (EXIM Bank, 2013). Private hospital businesses created value-added activities of 47,566.5 million Baht in Thailand (National Statistical Office of Thailand, 2012).

This paper, as a result, aims at developing a more comprehensive picture of relationship quality by employing the Investment Theory (Rusbult, 1980). The other focus of the paper is to determine the antecedents of relationship quality by applying the Transaction Cost Analysis (TCA) Theory (Williamson, 1985), and to examine their relative significant relations, as well as to investigate the consequences of relationship quality by using the Exit-Voice Theory (Hirschman, 1970).

LITERATURE REVIEW

Relationship quality has been a topic of persistent interest for years (Crosby, Evans, & Cowles, 1990; Dorsch, Swanson, & Kelley, 1998; Shamdasani & Balakrishnan, 2000; Ulaga & Eggert, 2006; Caceres & Paparoidamis, 2007). Crosby et al. (1990) were the first group of researchers to empirically study relationship quality in the whole life insurance context using trust and satisfaction as dimensions of relationship quality.

Subsequent studies have been using different dimensions of relationship quality. Some researchers (Dorsch, Swanson, & Kelley, 1998; Lages, Lages, & Lages, 2005; Nyaga & Whipple, 2011) attempted to refine relationship quality dimensions to suit the contexts of their studies. Among various dimensions, trust, satisfaction, and commitment are most frequently employed and considered to be important and interrelated indicators of relationship quality (Crosby et al., 1990; De Wulf et al., 2001; Henning-Tharau et al., 2002; Roberts et al., 2003).

Previous relationship quality studies applied various theories, perspectives, and concepts to develop or refine the indicators of relationship quality (Wetzels, Ruyter, & Birgelen, 1998; de Ruyter et al., 2001; Myhal, Kang, & Murphy, 2008; Kim, Ko, & James, 2011). These include dimensions initially proposed by Crosby et al. (1990), and Morgan and Hunt's (1994) Commitment-Trust Theory of Relationship Marketing. I attempt in this study to apply the Investment Theory proposed by Rusbult (1980), as shown in Figure 1.

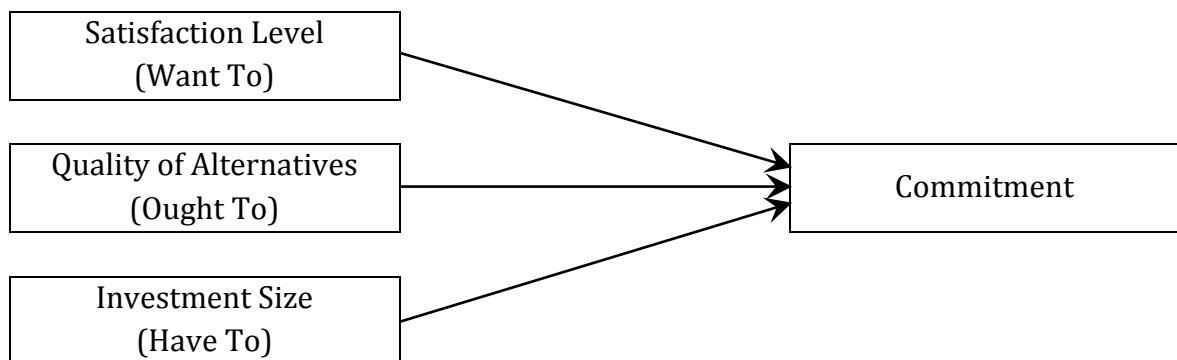


FIGURE 1

The Investment Model of Rusbult (1980)

Source: Rusbult, C. (1980)

The Investment Model argues that people commit themselves to a relationship individually and collectively because they are satisfied with such a relationship (want to), the alternative is poor (ought to), and the investment is high (have to) (Rusbult, Martz, & Agnew, 1998; Le & Agnew, 2003). Essentially, it includes the “have to” aspect, investment, as another determinant of the on-going relationship that can capture dissatisfied people to stay in such relationships (Rusbult, 1980). Particularly, this study’s new dimensions consist of trust, inertia, and dependence, which reflect those three aspects, respectively.

Past research has extensively focused on satisfaction, trust, and commitment to measure relationship quality (De Wulf et al., 2001; Ulaga & Eggert, 2006; Vesel & Zabkar, 2010). Nevertheless, I in this paper continue to choose trust since trust is an important factor for a customer to develop the “have to” type of relationship (Ganesan, 1994). Trust also helps create the customer’s confidence that he or she would receive

the benefits due to the service provider's high level of concerns (Kumar et al., 1995; Ganesan, 1994).

Inertia reflects the "ought to" perspective of relationship in the Investment Model because inertia can support the concept of "Quality of Alternative" in the Investment Model when a customer has no clear alternative or no better choice. Such a consumer would likely be more committed to the current relationship, whether or not he or she is satisfied or dissatisfied with it (Moon & Bonney, 2007). Inertia refers that a consumer tends to remain the relationship with his or her current service provider because he or she is not motivated sufficiently to use alternative providers or perceive switching to be more troubling (Sheth & Parvatiyar, 1995; Corstjens & Lal, 2000; DeVito, 2004).

Dependence is defined as that customers need to keep or rely on the existing relationships with the sellers to achieve their goals or obtain the irreplaceable value (Ganesan, 1994; Anderson & Robertson, 1995; Keith, Lee, & Leem, 2004).

This study uses the Transaction Cost Analysis (TCA) Theory to capture the antecedents of relationship quality. The Transaction Cost Analysis Theory suggests that customers enter into a long-term relationship with a service provider in order to minimize their transaction costs (Bendapudi & Berry, 1997). The dimensions of the Transaction Cost Analysis (TCA) Theory consist of bounded rationality, opportunism, asset specificity, uncertainty, transaction frequency, and the small number of firms in the market.

In this study, exploratory in-depth interviews are also used to help shed light on the antecedents of relationship quality between patients and hospitals. Such investigations have revealed 7 factors that can help enhance the patient-hospital relationship quality. These seven antecedent factors are, namely, doctor expertise, knowledge on patient, patient familiarity, perceived hospital image, doctor effective communication, patient switching risks, and hospital alternative scarcity.

This paper also adopts the Exit-Voice Theory to capture both positive and negative consequences of relationship quality. Prior work, such as Hirschman (1970), suggests that people usually exit from a relationship, give out their voices, or remain loyal in the relationship during satisfaction-dissatisfaction experiences in the relationship. In my study, three consequences of relationship quality—constructive feedback, revisit intention, and switching intention—are extensively investigated.

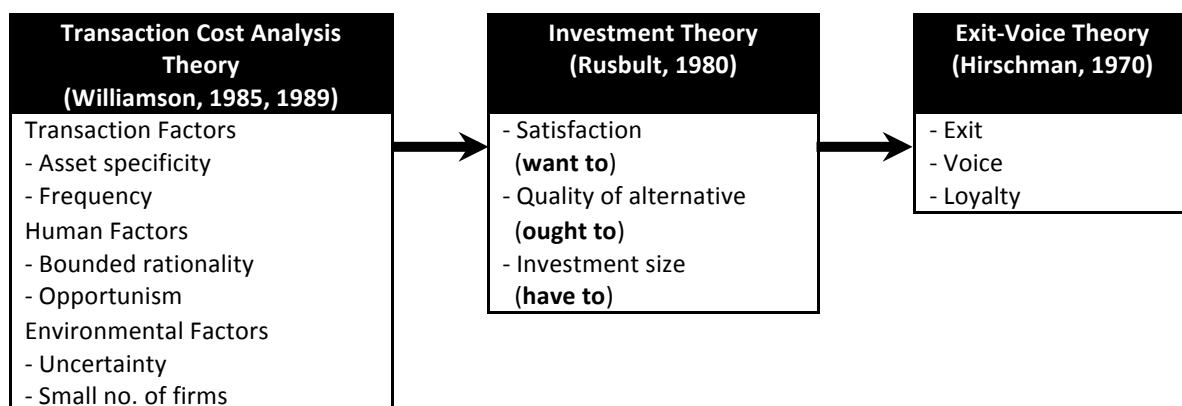


FIGURE 2
Theoretical Framework

FRAMEWORK

Theoretical Framework

The theoretical framework, as shown in Figure 2, explains that people develop relationship quality with the other party because they “want to”, “ought to”, and “have to” or when they become satisfied with the relationship, have no better alternatives, and have invested in a great deal in such a relationship. This relationship quality is affected by three main types of factors based on the TCA Theory, allowing people to minimize transaction costs and risks. To that end, people form a relationship quality, which is predicted to lower their intention to exit, but increases their intentions to voice out their opinions and remain loyal. These theoretical flows are also confirmed in the exploratory in-depth interviews.

Conceptual Framework

The conceptual framework, as exhibited in the Figure 3, is examined in the context of the patient-hospital relationship involving medical services.

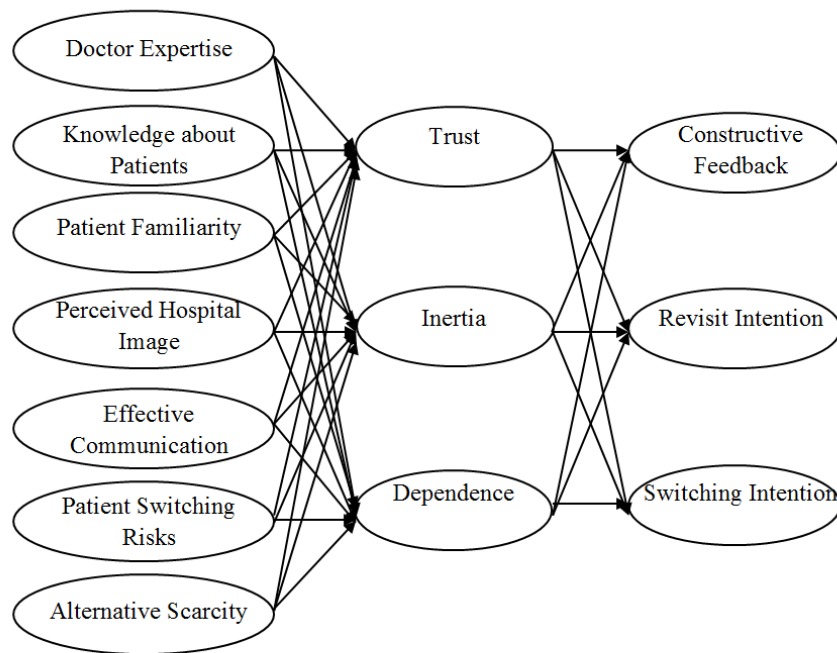


FIGURE 3

Conceptual Framework

This conceptual framework applies three theoretical backgrounds including the Transaction Cost Analysis (Williamson, 1985), the Investment Theory (Rusbult, 1980), and the Exit-Voice Theory (Hirschman, 1970). Employing the Investment Theory of Rusbult (1980), I include trust, inertia, and dependence as the endogenous variables. The framework is then utilized to explain that the level of a patient’s relationship quality with the hospital is influenced by the transaction costs perceived by the patient. Those transaction costs can be reduced through perceived hospital image, effective communication, doctor expertise, knowledge about patients, patient familiarity, patient switching risks, and alternative scarcity, which in turn would affect their constructive feedback, revisit intention, and switching intention.

RESEARCH HYPOTHESES

The Effect of Perceived Hospital Image on Relationship Quality

Empirical studies provide evidence that image is positively related to relationship quality (Athanasopoulou, 2008; Casielles, Alvarez, & Martin, 2005; Kwon & Suh, 2004; Lacey, 2007).

According to the TCA Theory, hospital image perceived by patients is related to their bounded rationality. Patients cannot process completely or resourcefully the knowledge or the obtained information regarding the choices of hospitals (Williamson, 1989; Sheth & Parvatiyar, 1995). Consequently, they employ a limited set of attributes in their memory to consider future choices (Sheth & Parvatiyar, 1995). Transaction costs of searching for information, such as efforts and time, increase if customers are rationally bounded. Consumers, thus, tend to use their perceived hospital image to judge the hospitals' attributes that they would choose to remain in the relationship and reduce the transaction costs (LeBlanc & Nguyen, 1996). To reduce the transaction costs, patients tend to develop long-term relationships with hospitals that they trust as a result of the good image of these hospitals (Bowen & Jones, 1986; Doney & Cannon, 1997). Customers focus on some cues rather than on many complex aspects (Bijlsma & van de Bunt, 2003) to select the right service provider. Due to such customer information processing limitations, a customer becomes committed to the service provider although he or she may not be highly satisfied with the service provider (Hellier, Geursen, Carr, & Rickard, 2003). It can, therefore, be argued that hospital image can also make patients stay in the relationship with their current hospitals.

For such high credence services, a consumer can use hospital image as the cue to make a decision or build a relationship with a hospital (LeBlanc & Nguyen, 1996). Using image as a cue, patients can reduce transaction costs of searching and monitoring the hospital performance. In-depth interview findings reveal a positive relationship between perceived hospital image and relationship quality. Thus, I hypothesize the following:

H1a: Perceived hospital image is positively related to trust.

H1b: Perceived hospital image is positively related to inertia.

H1c: Perceived hospital image is positively related to dependence.

The Effect of Effective Communication on Relationship Quality

The impact of communication on relationship quality has been studied in various contexts in both B2B (Smith, 1998; Ural, 2009) and B2C (Casielles et al., 2005; Chen, Shi, & Dong, 2008) literature. These empirical studies provide evidence that communication is positively related to relationship quality.

Effective communication is derived from the concept of opportunism in the human factor of the TCA Theory. Communicating effectively with the relationship partner helps decrease opportunism, which reflects a higher level of trust, which leads to a stronger relationship between a patient and his or her doctor in the case of healthcare services (Cai & Yang, 2008). Opportunism occurs when one does not deliver his or her promises in order to maximize the returns or act for his or her self-interests at the expense of others (Bowen & Jones, 1986), such as withholding some critical information (Skarmetas, Katsikeas, & Schlegelmilch, 2002). The frequency and quality of information exchange may determine the extent to which both parties, in this study patient and doctor, understand each other's goals or expectations so that both parties can use such in-

formation to adapt or modify their behavior or even try to support each other's goals (Anderson, Lodish, & Weitz, 1987; Moorman, Deshpande, & Zaltman, 1993). The patient and the doctor share the same goal, which is the recovery of the patient (Bowen & Jones, 1986).

In case of hospitals, effective sharing of information from the doctors in exchange for patients' personal information established with hospitals (such as medical records) helps the patients obtain their interests (getting recovered) as needed (Stock, 2005). Therefore, reduced opportunism through effective communication can help enhance trust. In-depth interview findings also reveal a positive relationship between effective communication and relationship quality. Thus, it is hypothesized as follows:

H2a: Effective communication is positively related to trust.

H2b: Effective communication is positively related to inertia.

H2c: Effective communication is positively related to dependence.

The Effect of Doctor Expertise on Relationship Quality

A number of previous empirical studies have revealed a positive relationship between expertise and relationship quality (trust, inertia, and dependence) in various contexts (Chen et al., 2008; Cheng, Chen, & Change, 2008; Moliner, 2009; Rajaobelina & Bergeron, 2009; Spake & Megehee, 2010).

Abstracting from the TCA Theory, I use the concept of asset specificity to capture doctor expertise. Doctor expertise represents the specific asset invested by a hospital, namely in its people and training, which may influence the patients to depend on as well as to trust the hospital (Ganesan, 1994; Bendapudi & Berry, 1997; Skarmeas & Robson, 2008). Patients are more likely to trust a doctor who is perceived as having greater expertise (Bendapudi & Berry, 1997).

Trust can also come from the patient's perceived asset specificity by the hospital in recruiting professional doctors (Skarmeas & Robson, 2008). Such a doctor expertise adds value into a relationship by improving service quality and lowering service provision costs (Skarmeas & Robson, 2008). Parties will suffer from the loss of such investments if one party switches to a new relationship. So, the investing party may become committed to the current relationship in order to recoup the investment from it (Young-Ybarra & Wiersema, 1999).

Expert doctors can help patients reduce risks, discomfort, psychological costs (mental effort, perceived risk, fear, and anxiety) associated with service use, and also help them screen and monitor the provider's performance. In-depth interview findings reveal a positive relationship between doctor expertise and relationship quality. Thus, it is hypothesized that:

H3a: Doctor expertise is positively related to trust.

H3b: Doctor expertise is positively related to inertia.

H3c: Doctor expertise is positively related to dependence.

The Effect of Knowledge about Patients on Relationship Quality

There exists empirical evidence that knowledge about patients is positively related to relationship quality (Lee & Cunningham, 2001; Johnson, Sohi, & Grewal, 2004; Berry et al., 2008; Rajaobelina & Bergeron, 2009).

Knowledge about the patients, such a concept is extracted from the idea of asset specificity in the TCA Theory. The doctor acquires the knowledge about his or her patients from their medical history and interaction, which are specific investments on the

patient's side. Such investments are in the forms of time, energy, emotions, and resources shared in the detailed discussions between patients and doctors (Bendapudi & Berry, 1997; Hocutt, 1998). Such specific assets are invested every time that the patients visit the hospital, and are adjusted or updated particularly for different treatments. These assets consequently save the patients' time and efforts in repeatedly providing the information and enhance the goals and achievements of both parties (Skarmeas et al., 2002).

These specific knowledge investments through the medical history create a complex process in the relationship if the patient wants to switch. Therefore, such investments increase the tendency of the patient's dependence (Bendapudi and Berry, 1997; Hocutt, 1998). If the patient terminates the relationship, he or she will lose earlier investments. To reduce or prevent such a loss, the patient needs to build and maintain a long-term relationship with the hospital (Waheed & Gaur, 2012). Those medical records also facilitate trust and efficiency in the treatments prescribed by doctors. Knowledge about patients can help both doctors and patients reduce the transaction costs of drafting new agreements and building a new relationship. In-depth interview findings reveal a positive relationship between knowledge about patients and relationship quality. Thus, it is hypothesized that:

H4a: Knowledge about patients is positively related to trust.

H4b: Knowledge about patients is positively related to inertia.

H4c: Knowledge about patients is positively related to dependence.

The Effect of Patient Familiarity on Relationship Quality

Familiarity can also be indicated by customer experience, frequency of service usage, and customer knowledge (Doney & Cannon, 1997; Teo & Yu, 2005). Customer familiarity, experience, knowledge as a result of frequent service usage, can help reduce transaction costs of service purchase (Teo & Yu, 2005; Chiou & Droge, 2006). There exist several empirical studies that support a positive relationship between patient familiarity with the hospital and relationship quality (Hoffmann & Birnbrich, 2012; Cheng, Chiu, Hu, & Chang, 2011; Naoui & Zaiem, 2010).

Based on the TCA theory, this paper utilizes the transaction frequency to identify patient familiarity in the model. This framework is related to the customer's accumulated experiences about the product or service (Chiou & Droge, 2006; Alba & Hutchinson, 1987). TCA theorizes that transaction frequency is closely associated with transaction costs, so a patient would want to minimize such costs by using the services provided by the hospital of his or her familiarity.

Familiarity can help patients reduce information search cost (Arora & Stoner, 1996) and risk of buying the service (Herrera & Blanco, 2011). Patients can save their time when visiting their familiar hospitals (Biswas, 1992). Familiarity discourages customers from switching (Morgan & Hunt, 1994). A customer remains in the relationship with the current service provider in the form of inertia in order to reduce the cost of information search (Chiou & Droge, 2006). High frequency of business contacts may lead to buyer trust. Frequent interactions enable service providers and customers to establish a better relationship and to better understand each other's needs (Doney & Cannon, 1997). Frequent online shoppers have a sense of low transaction costs than those less frequent ones probably because of familiarity (Teo & Yu, 2005).

Therefore, it can be concluded that the more frequently a patient uses one hospital's services, the more familiar he or she becomes with the hospital, and the lower the

transaction costs. The patient who is familiar with the hospital is more likely to exhibit a higher level of relationship quality through trust, inertia, and dependence. Doing so, he or she can reduce transaction costs. For example, one of the interviewees I examined expressed that he felt he had a relationship with the hospital of his choice because he was familiar with the hospital. Likewise, another interviewee, who demonstrated a very strong feeling of familiarity with the hospital, stressed that she would use this hospital until she died. Thus, such observations are hypothesized as follows:

H5a: Patient familiarity is positively related to trust.

H5b: Patient familiarity is positively related to inertia.

H5c: Patient familiarity is positively related to dependence.

The Effects of Patient Switching Risks on Relationship Quality

Switching risks and relationship quality have been found to be positively correlated with each other because switching risks, such as financial risks, make customers to have both affective and calculative commitments in the relationship, the “want to” and the “have to” type of relationship, (de Ruyter et al., 2001). Lee and Cunningham (2001) argued that customers intended to re-patronize their current service providers because they perceived risks in selecting new service providers. However, their claim was not empirically supported in their study because they tested their hypotheses with banks and travel agencies in which such risks were not very high, if not negligible. On the other hand, in this paper, we can assume that such risks associated with selecting a new hospital is likely high, as two interviewees emphasized. Manolova, Gyoshev, and Manew (2007) found that uncertainty reduction had a positive impact on interpersonal trust between the two parties. Customers, who have had a relationship with the service providers, have gained experiences from the relationship, which help them become more confident with the service providers (Macintosh, 2002). These consumers are more likely to perceive that their current relationships provide low specific risks, indicating that they trust the service providers (Macintosh, 2002).

The switching risk in this study includes a financial component and a non-financial one facing a patient if he or she opts to change from one hospital to another (de Ruyter et al., 2001; Lee & Cunningham, 2001). The switching risk is derived from the concept of uncertainty in the TCA Theory. Based on Joshi and Stump’s (1999) definition, uncertainty is defined as the inability to predict the service provider’s behavior or to predict changes in the external environment (uncertainty about the number of patients, uncertainty about technological development, medical equipment technology and process improvements). Uncertainty leads to patient concerns about switching risks. Patients tend to be loyal to their doctors (and thereby their hospitals) who treat them professionally to solve their health problems, thereby lessening their anxiety. Accordingly, the patients perceive that the risks would be high if they switch (Barry, Dion, & Johnson, 2008; Ramsaran-Fowdar, 2013).

As patients are concerned with risks of switching to new hospitals, they would maintain the relationship with their current hospitals in order to lower the transaction costs in terms of risks incurred from finding a new service provider and from using a new service.³ From the in-depth interviews, switching risks constitute one of the main reasons for not changing hospitals. Thus, this can be hypothesized as:

³ Such costs also include, for example, psychological costs (mental effort, perceived risk, or fear), sensory costs (facing the crowded, unappealing environments), post-service costs, and adapting costs.

- H6a: Patient switching risk is positively related to trust.*
H6b: Patient switching risk is positively related to inertia.
H6c: Patient switching risk is positively related to dependence.

The Effect of Alternative Scarcity on Relationship Quality

Previous empirical studies show that alternative scarcity is positively related to relationship quality (trust, continuance commitment and dependence, the “have to” type of relationships) (Fullerton, 2005). Substitutability of a service provider is positively related to service loyalty (Lee & Cunningham, 2001). Availability of alternatives (in this study, other capable doctors) is negatively related to continuance commitment (“need to” commit) in the current relationship (Barksdale, Johnson, & Suh, 1997). When good alternative service providers are limited, the customer’s benefits of switching away from the current relationship will be perceived to be low (Jones, Mothersbaugh, & Beatty, 2000). As a result, it is expected that the customer would not want to be bothered to change (inertia) to develop a long-term relationship with a new service provider owing to the scarcity of alternative service providers. In addition, scarcity of feasible alternatives may help the customer to develop trust when that service provider is one of the best choices, as mentioned in the in-depth interviews.

According to the TCA Theory, alternative scarcity is derived from the notion of a small number of firms. When there are very few service providers in the market, the customers tend to stay with the current service providers rather than switching to others (Williamson, 1985). Hence, the customers are more likely to maintain the relationship with their current providers and trust them, as empirically discovered (Chu & Wang, 2012). If there are numerous alternative hospitals for patients to select, they can move from one hospital to another with very low transaction costs, provided that their medical histories (a form of asset specificity) have not been too lengthy (Greenberg, Greenberg, & Antonucci, 2008). The patients would probably not want to change from their current hospitals if alternatives are not readily available in the area or with the specialization these patients seek (Fullerton, 2005; Chu & Wang, 2012). Therefore, it is hypothesized that:

- H7a: Alternative scarcity is positively related to trust.*
H7b: Alternative scarcity is positively related to inertia.
H7c: Alternative scarcity is positively related to dependence.

The Effect of Relationship Quality on Constructive Feedback

As this study applies the Exit-Voice Theory to capture the consequences of relationship quality, the first impact of relationship quality that I expect patients to respond when they experience dissatisfaction caused by service problems is an intention to offer constructive feedback. Constructive feedback is abstracted from the concept of voice under the Exit-Voice Theory. I choose to discuss such a perspective because it is important in helping hospitals improve their performance.

This study defines constructive feedback to be in line with voice or the constructive complaint concept used in Hirschman (1970) by adapting the definitions from Söderlund (1998), Hibbard, Kumar, and Stern (2001), and Lacey (2009). Hence, constructive feedback is defined as the patient intention to provide constructive discussion or suggestion to the hospital staff about existing or potential service problems in a positive and timely manner in order for the hospital to improve the situation or lessen the negative impact on the patient.

Previous studies show that relationship quality positively influences constructive feedback. Various empirical studies on service problems find that relationship quality encourages constructive feedback in the dissatisfactory situations. For example, Hibbard et al. (2001) found that before damaging actions towards the buyer-seller relationship increase, the buyers likely discussed constructively with their sellers. The relative dependence appeared to be inversely related to constructive discussions. Hur, Ahn, and Kim (2011) found that trust led to brand community commitment, which in turn resulted in constructive complaints. A consumer's commitment towards brand community (the "want to" type of relationship) increased the chance that the consumer would complain constructively toward the brand. De Matos, Vieira, and Veiga (2012) found that the higher the customers were satisfied after experiencing service problems and such problems had been identified, the lower the intentions to complain.

From the Exit-Voice theoretical perspectives, investment in relationship (the "have to" type of relationship) tends to motivate voice. As found in Ping (1997), the cost of exit positively influences voice. In his study, the cost of exit is found to be a second-order "have-to" construct consisting of three components: alternative attractiveness, investment, and switching costs. As the cost of exit increases, the partners in the relationship are more likely to voice out problems since reaction through voice is less costly than a decision and then action to exit from the relationship.

Findings from the qualitative in-depth interviews corroborate that relationship quality positively affects constructive feedback in both satisfactory and dissatisfactory situations. Therefore, it is hypothesized that:

H8a: Trust positively affects constructive feedback.

H8b: Inertia positively affects constructive feedback.

H8c: Dependence positively affects constructive feedback.

The Effect of Relationship Quality on Revisit Intention

The second consequence of relationship quality hypothesized in this study is an intention to revisit the same hospital. Revisit intention is defined as an intention to revisit the same hospital again next time or in the future by not complaining and not taking the potential problem seriously, while patiently and faithfully (Ping, 1999) waiting for the situation to improve. Based on Blodgett, Hill, and Tax (1997), Hibbard et al. (2001), and De Matos, Rossi, Veiga, & Vieira (2009), revisit intention presents giving a second chance by using the same hospital again, and forgiving the hospital and considering to revisit the hospital in the future.

In principle, the relationship quality affects the revisit intention. Hibbard et al. (2001) mentioned that dealers having good relationship quality might not be very much concerned with a single destructive act and would tend to believe that the situation would improve. This effect is also found in the exploratory in-depth interviews I carried out. Choi and La (2013) argued that trust was derived from accumulated satisfaction of the customers from the use of services that continuously provided high quality for them. This trust can help make customers to be loyal when facing service failure. When service problems arise, customers may think about ending the relationship. Prior trust can help restore trust again, and customers are likely to rethink and try to keep that relationship. Previous studies find that trust increases the chance that customers will continue to visit in the future after service failure and successful recovery. De Matos, Henrique, and De Rosa (2013) demonstrated that relational consumers were more likely to repurchase and had more tolerance when facing service failures. Priluck (2003) showed

that there was a belief that relational marketing was useful in overcoming service problems when consumers experienced difficulty to evaluate the service performance (Crosby & Stephens, 1987). Relational consumers who feel committed to and trust their service providers may tend to forgive a poor service experience (Priluck, 2003). In many cases, consumers tend to overlook service problems and stay in a relationship to receive other benefits or maintain such service providers (Priluck, 2003; Yanamandram & White, 2006).

Various prior studies (De Wulf, Odekerken-Schroder, & Iacobucci, 2001; Ahearne, Jelinek, & Jones, 2007; Moliner, 2009; Cheng et al., 2011) provide empirical evidence of a positive effect of relationship quality (trust, inertia, and dependence) on revisit intention.

Treating dependence and trust as the two relationship quality dimensions, Ganesan (1994) found that trust in the form of credibility and dependence were important in creating a long-term relationship between retail buyers and their suppliers. As for trust and calculative commitment, the “have to” type of relationship similar to dependence, Vesel & Zabkar (2010) found, in the retailing context, that the higher the level of perceived relationship quality as indicated by trust, satisfaction, affective commitment, and calculative commitment, the greater the level of customer loyalty.

Previous studies on service problems find that relationship quality helps encourage revisit intention when the patients experience dissatisfactory situations. The relationship between relationship quality and revisit intention in the service failure situations has been empirically investigated in literature (Ranaweera & Prabhu, 2003; Martenson, 2008; Hur et al., 2011; Choi & La, 2013). The in-depth interviews unveil that relationship quality positively affects revisit intention in both the satisfactory and dissatisfactory situations. Thus, I hypothesize the following:

H9a: Trust positively affects revisit intention.

H9b: Inertia positively affects revisit intention.

H9c: Dependence positively affects revisit intention.

The Effect of Relationship Quality on Switching Intention

The third consequence of relationship quality that this study explores for the patients to respond is the intention to switch from the current hospital.

Switching intention is defined consistently with the exit notion of Hirschman (1970). Conceptualized from Bansal, Irving, and Taylor (2004) and Fullerton (2005), switching intention is defined as the patient intention to switch from the current hospital to a new hospital in the near future. In this case, the patient does not forgive, taking the problem seriously. According to Hibbard et al. (2001), the patient actively starts to look for a new hospital.

Several scholars argue that relationship quality could negatively affect switching intention. N'Goala (2007) proposed that trust could help prevent one from switching in a service failure situation because such a consumer might later believe that, in a complex service, the provider would have the capability and readiness to improve the situation for the benefits of him or her (Ganesan, 1994; Morgan & Hunt, 1994). Ranaweera and Prabhu (2003) recommended that firms, to retain discontent customers, should not only satisfy them but also build switching barriers for them. Both satisfied and dissatisfied customers tend to remain in the current relationship when their switching barrier is high. Once trust and inertia have been established in a relationship, customers are less

likely to end the relationship due to high termination costs (Ranaweera & Prabhu, 2003).

Previous studies find that relationship quality may discourage switching intention. Proxies of switching intention have been identified in several previous studies. These proxies include leaving, propensity to leave, switching behavior, and insensitivity to competitive offerings, and customer switching resistance (CSR). Several studies (Shamdasani & Balakrishnan, 2000; Ulaga & Eggert, 2006; Scheer, Miao, & Garrett, 2010) provide empirical evidence, supporting that relationship quality is negatively associated with switching intention.

Previous empirical studies on service problems find that relationship quality discourages switching intention in the dissatisfactory situations. Several studies (Hibbard et al., 2001; N'Goala, 2007; Sung & Choi, 2010) illustrate the relationship between relationship quality (trust, inertia, dependence) and switching intention, given potential dissatisfaction caused by service failure in the future during the relationship. The in-depth interviews identify that relationship quality discourages switching intention in both satisfactory and dissatisfactory situations. Therefore, the hypotheses are as follows.

H10a: Trust negatively affects switching intention.

H10b: Inertia negatively affects switching intention.

H10c: Dependence negatively affects switching intention.

RESEARCH METHODOLOGY

This study applied descriptive research using the cross-sectional design. Not only was a qualitative approach (in-depth interviews) carried out, but also I conducted a quantitative investigation (questionnaire survey). The target population of this study was Thai outpatients aged 18 years or older. This study focused on the outpatients of private general hospitals in Bangkok. The samples were the outpatients on the day of the data collection at the selected hospitals. These patients also had to have visited a doctor at the hospital at least once (not a new patient) during the past three years.

I adopted the purposive sampling technique to select hospitals and to select the questionnaire respondents at each hospital as well. The chosen hospitals were purposely selected for their three criteria. First, I focused on the private hospitals with more than 100 beds because this group of hospitals generated the highest added value of 37,013.9 million Baht (National Statistical Office of Thailand, 2012). Second, the locations of these hospitals should be widely dispersed from each other. Third, the hospitals had not joined the government's social security fund scheme. The quota sampling technique was employed in order to allocate the samples among the chosen four hospitals equally. In total, 604 questionnaires were distributed to the outpatients of the four hospitals. Of those distributed, 501 questionnaires were returned, and 478 questionnaires were fit to use.

As this study uses the Structural Equation Modeling (SEM) statistical techniques to test the hypotheses, the sample size of 478 outpatients is sufficiently large as suggested by Ho (2006), Hair, Black, Babin, and Anderson (2010), and other previous similar studies (Hennig-Thurau et al., 2002; Chen et al., 2008; Beatson and Lings, 2008; Vesel & Zabkar, 2010; Ng, David, & Dagger, 2011) in which the sample size ranges from 219 to 728.

I collected and compiled data, using a self-administered questionnaire at the four private hospitals. The four hospitals are located relatively dispersed from each other

with the bed capacity ranging approximately 100-500 beds. Due to the requests of some hospitals, the names of the hospitals are anonymous. The fieldwork operators collected the questionnaires mostly nearby the cashier area of each hospital or in front of the pharmacy rooms of the outpatient divisions with a small incentive or reward provided.

The questionnaire was in Thai and was divided into three main sections, including (1) questions relevant to the respondent's general information about experiences of using medical services at the hospital, (2) relationship quality and its antecedents as well as consequences, and (3) personal information of the respondent. In section 2, the items were measured by a 5-point Likert scale. The scale indicates the level of agreement ranging from 1, "strongly disagree" to 5, "strongly agree". These measures were mainly adapted from reliable and valid measures of previous empirical work. More specifically, the measures of effective communication were adapted from Anderson and Weitz (1992) and Sharma and Patterson (1999), doctor expertise from Andaleeb and Anwar (1996), alternative scarcity from Fullerton (2005) and Chu and Wang (2012), patient familiarity from Garbarino and Johnson (1999), perceived hospital image from Chen (2010), knowledge about patients from Shamdasani and Balakrishnan (2000), Lee and Cunningham (2001), and Berry et al. (2008), and patient switching risks from de Ruyter et al. (2001), Capraro, Broniarczyk, and Srivastava (2003), and Shim and Lee (2011). For relationship quality dimensions, the measures of trust were adapted from Doney and Cannon (1997) and Moliner (2009), inertia from Yanamandram and White (2010), and dependence from Ganesan (1994). On the consequences of relationship quality, the measures of constructive feedback were adapted from Söderlund (1998), Hibbard et al. (2001), and Lacey (2009), revisit intention from Blodgett et al. (1997), Hibbard et al. (2001), and De Matos et al. (2009), and switching intention from Fullerton (2005).

The employed questionnaire was judged by a healthcare researcher, a healthcare expert, and a marketing scholar and subsequently pretested with 50 respondents (Sornsri, 2013). The pretest's scale reliability results showed that all the 13 scales with 58 items used in the questionnaire were reliable with the Cronbach's alpha ranging from 0.6922 - 0.9490 with some minor revisions made prior to the main survey.

The majority of the respondents were female (63.6%). Almost equally, most of the respondents were aged 26-35 years old (30.33%) and 36-45 years old (29.92%). Most of them were working in private companies (41.21%). Most respondents, about 40.79%, earned their income in the range of 15,001-35,000 Baht per month. The majority of the 478 respondents had been the outpatients at their respective hospitals for 1-5 years (41.84%) and the majority (45.61%) had visited their hospitals 3-6 times (on average) a year. The largest group of the respondents (42.89%) had visited the hospitals due to their minor illnesses. The next two largest groups had visited the hospitals due to the congenital illness (24.06%) and health check-up (20.71%). The majority of the respondents (62.55%) had paid the medical service fees on their own. Most of the respondents (59.21%) had paid approximately 1,500-3,000 Baht for their outpatient medical service fees each time.

RESULTS

The CFA was performed initially to establish the construct validity. The SEM was used to test the hypotheses. Although the SEM results show that the hypothesized model does not fit well by the Chi-square test perhaps due to the fact that the Chi-square test is customarily very sensitive to the sample size (Ho, 2006). The baseline comparison indices (NFI, RFI, IFI, TLI, and CFI), ranging from 0.830 to 0.905, nonetheless, reveal that

the study's hypothesized model fits the data well. Table 1 shows the summary of hypothesis testing results.

TABLE 1
SUMMARY OF THE TESTING OF HYPOTHESES

Hypo-thesis	Structural Path	Hypo-thesized Direction	Standardized Regression Weight (β)	Result
H1a	Doctor expertise → Trust	+	0.266***	Supported
H1b	Doctor expertise → Inertia	+	-0.143	Not supported
H1c	Doctor expertise → Dependence	+	-0.171*	Not supported
H2a	Knowledge about patients → Trust	+	0.335***	Supported
H2b	Knowledge about patients → Inertia	+	0.177*	Supported
H2c	Knowledge about patients → Dependence	+	0.118	Not supported
H3a	Patient familiarity → Trust	+	-0.005	Not supported
H3b	Patient familiarity → Inertia	+	0.233***	Supported
H3c	Patient familiarity → Dependence	+	0.127*	Supported
H4a	Perceived hospital image → Trust	+	0.050	Not supported
H4b	Perceived hospital image → Inertia	+	0.204**	Supported
H4c	Perceived hospital image → Dependence	+	0.170**	Supported
H5a	Effective communication → Trust	+	0.260***	Supported
H5b	Effective communication → Inertia	+	0.123	Not supported
H5c	Effective communication → Dependence	+	0.017	Not supported
H6a	Patient switching risks → Trust	+	0.086*	Supported
H6b	Patient switching risks → Inertia	+	0.247***	Supported
H6c	Patient switching risks → Dependence	+	0.376***	Supported
H7a	Alternative scarcity → Trust	+	0.007	Not supported
H7b	Alternative scarcity → Inertia	+	0.037	Not supported
H7c	Alternative scarcity → Dependence	+	0.269***	Supported
H8a	Trust → Constructive feedback	+	0.408***	Supported
H8b	Inertia → Constructive feedback	+	0.185**	Supported
H8c	Dependence → Constructive feedback	+	0.035	Not supported
H9a	Trust → Revisit intention	+	0.403***	Supported
H9b	Inertia → Revisit intention	+	0.249***	Supported
H9c	Dependence → Revisit intention	+	0.143**	Supported
H10a	Trust → Switching intention	-	-0.209***	Supported
H10b	Inertia → Switching intention	-	-0.091	Not supported
H10c	Dependence → Switching intention	-	0.364***	Not supported

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

DISCUSSION

This paper studies relationship quality between hospitals and their outpatients with more comprehensive dimensions (trust, inertia, dependence) by applying the Investment Theory (Rusbult, 1980). A significantly positive relationship of doctor expertise,

knowledge about patients, effective communication, and patient switching risks to trust imply that these factors motivate the patients' trust in the doctors. Previous studies find the importance of factors, such as the expertise (Doney & Cannon, 1997; Chen et al., 2008; Moliner, 2009), the knowledge (Berry et al., 2008), the communication (Ahearne et al., 2007; Chen et al., 2008), and the risks (Parsons, 2002) in creating trust. However, patient familiarity, perceived hospital image, and alternative scarcity are not significantly associated with trust. The insignificant relationship between patient familiarity and trust also concurs with that of Garbarino and Johnson (1999), arguing that the degree of interaction between the customers and the service provider plays an important role in generating the customer familiarity. Furthermore, it is difficult for a medical doctor to interact with his or her patient in order to make him or her feel familiar or comfortable. The patients perceive that the doctors deserve a high professional status in the society (Patterson & Smith, 2001). For the perceived hospital image, there may be several reputable hospitals in Bangkok for the patients to consider trustworthy (Ganesan, 1994). For alternative scarcity, the patients may lack information about the alternative hospitals (Morgan & Hunt, 1994).

A significant positive association between knowledge about patients, patient familiarity, perceived hospital image, and patient switching risks and inertia shows that these factors have a positive impact on inertia. It can be highlighted that patient switching risks appear to play the most important role in inertia. Previous studies also find the importance of other factors, namely the knowledge (Shamdasani & Balakrishnan, 2000), the familiarity (Cheng et al., 2011), the image (Lacey, 2007), and the risks (Lee & Cunningham, 2001) in forming inertia. However, doctor expertise, effective communication, and alternative scarcity do not have a significant impact on inertia. For the insignificant relationship between doctor expertise and inertia, regardless of doctor expertise, the patients continue going to the same hospitals because they can go to visit another doctor. It may be noted that the respondents might have more than one doctor when they were answering the questionnaire. In addition, Verhoef and Langerak (2002) and Cheng et al. (2008) recommended that an insignificant relationship might be caused by the item measurement used in the study. For example, the measurements of inertia in this study imply switching the hospital, not the particular doctor. The results also show that the patients would continue going to the same hospitals no matter whether there exists effective communication between the doctors and their patients. In addition, the patients might not think of changing the hospital although the doctors did not communicate effectively. They think that they may meet different doctors next time of their visit (Parsons, 2002). For the alternative scarcity, the patients may perceive that they still have no choices due to the high scarcity of alternative hospitals in their area (Chu & Wang, 2012), resulting in having no idea about inertia.

For dependence, patient familiarity, perceived hospital image, patient switching risks, and alternative scarcity all have a significant impact on dependence. Previous studies also corroborate the importance of these factors, namely the image (Ganesan, 1994), the risks (de Ruyter, 2001), and the alternative scarcity (Fullerton, 2005; Theron, Terblanche, and Boshoff, 2008) in driving dependence. The hypothesized relationship between doctor expertise and dependence is not supported. For the medical services, the regular patients satisfied with their doctors' expertise are more attached to their relationship with individual doctors, not the hospitals (Hocutt, 1998; Patterson, 2004). Among all the antecedents of relationship quality, patient switching risks are the most significant antecedent of dependence.

As for the third objective of this study, the results show that the three consequences of constructive feedback, revisit intention, and switching intention are significantly yet differently determined by the relationship quality dimensions of trust, inertia, and dependence. Trust plays the most important role in encouraging constructive feedback and revisit intention of the patients. However, trust, inertia, and dependence altogether help motivate revisit intention. These results are also consistent with those of previous studies about the effects of trust on constructive feedback (Hibbard et al., 2001; Hur et al., 2011), revisit intention (Ranaweera & Prabhu, 2003; Choi & La, 2013), and switching intention (Priluck, 2003; N'Goala, 2007).

Significant and positive relationships are found between inertia and constructive feedback as well as revisit intention. These findings are consistent with the previous studies on inertia and revisit intention (Cheng et al., 2011; De Matos et al., 2013).

However, inertia does not have a significant impact on switching intention. Perhaps the patients may not want to feel bothered to change or think of changing hospitals now, but they may ask to change their doctors, as evidenced in the exploratory in-depth interview results. In other words, they may realize that they may not meet the same doctors in their next or future visits (Ganesan, 1994).

Dependence has a significant positive effect on revisit intention, consistent with the previous studies that focus on the impact of dependence on revisit intention (Hibbard et al., 2001; Ranaweera & Prabhu, 2003). Nevertheless, the effects of dependence on constructive feedback are not significant in this study. This insignificance is likely caused by the reasons that Thai people may fear of losing face to give direct feedback (Gera, 2011), which most of the measurements used for this construct imply only providing constructive feedback in a face-to-face fashion. In addition, the patients may feel that they do not want to depend on the hospitals and try to manage their dependence more carefully when answering the questionnaire (Ganesan, 1994).

CONTRIBUTIONS AND IMPLICATIONS

The empirical findings of this study provide several theoretical contributions. First, the findings unveil new knowledge about the comprehensive dimensions of relationship quality developed by applying the Investment Theory (Rusbult, 1980). Second, the TCA Theory works well in helping explain factors that influence relationship quality in this study of the B2C service context, expanding the horizon of knowledge for both marketing and economic scholars. Third, the Exit-Voice Theory is appropriate to use in capturing both positive and negative consequences of relationship quality. Lastly, the model with the proposed theoretical sequences of the TCA Theory - Investment Theory - Exit Voice Theory can be used to empirically explain the phenomenon of relationship quality in the hospital or medical care provider context.

The findings also provide hospitals and their stakeholders with a number of managerial implications. First, the findings suggest that trust, inertia, and dependence are important for hospitals in developing relationship quality with their patients and creating positive consequences and reducing negative effects. Specifically, to inspire a patient's trust in his or her doctor, the results suggest that hospitals should enhance their doctor expertise, knowledge about patients, effective communication, and patient switching risks. However, hospitals should focus their attention mostly on increasing and utilizing the knowledge about patients. To enhance inertia, hospitals should increase their knowledge about patients, patient familiarity, perceived hospital image, and patient switching risks. Especially, hospitals should allocate most of their efforts and resources to ensure high switching risks if their patients are to consider switching. In

order to bring dependence, hospitals should increase patient familiarity, perceived hospital image, patient switching risks, and alternative scarcity. From the TCA perspective, the findings remind that the patients are concerned about costs and risks minimization in creating a relationship quality with their hospitals. Second, customer relationship managers in hospitals need to understand that the constructive feedback can be achieved through the development of trust and inertia. Revisit intention can be reinforced through a stronger trust, inertia, and dependence. Switching intention can be reduced through higher trust. Finally, policymakers can help hospitals improve their quality through relationship building activities by effectively facilitating the hospitals in the HA process.

LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

Similar to other, this present study has some limitations. As this study was conducted in the healthcare service industry, the findings may not be generalized into other industry contexts, particularly manufacturing, retailing, wholesaling, or trading. In addition, this study gathered the data from the outpatients of only four private hospitals due to financial constraints, data collection management, and established policies of the hospitals on the questionnaire survey research on their patients. Future empirical research can be conducted or extended to other contexts or the context of hospitals in other countries or public hospitals in Thailand. Also, covering a greater number of private hospitals in Thailand may be fruitful. Other antecedents can be developed to extend or modify in the future studies. These potential factors may include, as suggested by this study's qualitative research findings or from the insights of healthcare experts, information technology-related factors, service time, relationship length, reasonable price, and empathy. Finally, future work may apply the three theories used in this study to examine relationship quality or relationship marketing constructs in other B2C or B2B contexts.

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