

Assessing patient satisfaction, trust, commitment, loyalty and doctors' reputation towards doctor services

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ABSTRACT

Objective: There is growing realization that it is important for health care organizations to provide a quality service in order to keep patients from shifting to other doctors. This study aims to examine the relationship between patient satisfaction, patient trust, patient commitment, patient loyalty and doctors' reputation with doctor services.

Methodology: 200 sets of questionnaires were distributed to regular public patients of the government hospital and clinics, as well as private clinics in The Federal Territory of Labuan, Malaysia. Data were then analyzed using the Structural Equation Modelling (SEM) procedure.

Results: Patient commitment directly and positively affects patient loyalty to a doctor ($\beta_1 = 0.833$, $p < 0.05$). Patient trust directly and positively affects patient commitment to a doctor ($\beta_2 = 0.800$, $p < 0.05$). Patient satisfaction ($\beta_3 = 0.409$, $p < 0.05$) and a doctor's reputation ($\beta_4 = 0.422$, $p < 0.05$) directly and positively affects patient trust in a doctor. Doctor reputation directly and positively affects patient satisfaction with the doctor ($\beta_5 = 0.891$, $p < 0.05$).

Conclusion: The findings verified the research hypotheses, and confirmed that there are relationships between patient commitment and patient loyalty and also patient trust and patient commitment to a doctor. Furthermore, patient satisfaction affected patient trust in a doctor whereas patient satisfaction and trust are affected by a doctor's reputation. This study helps doctors and health service providers to formulate strategies and tactics that will effectively develop the loyalty of patients.

KEY WORDS: Doctors, Patient satisfaction.

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INTRODUCTION

There is growing realization that it is important for health care organizations to provide a quality service in order to keep patients from shifting

to other doctors. Building trust among customers has a positive influence on customer commitment.¹ Commitment is positively related to loyalty and it is proved empirically by many researchers.^{2,3} Patient loyalty is the outcome of an explanation chain in which patient commitment, trust, and satisfaction with their medical service are necessary, though not individually sufficient, causes of loyalty.⁴ In addition, the role of doctor reputation in both patient satisfaction and trust is important.⁵

According to George and Henthorne⁶, patients will have a low perception-expectation gap with medical services when there are remote consultations before the medical visit. If patient loyalty is highly valued, medical service providers can develop sufficient client bases and reduce costs for acquiring new users. This is essential if a medical

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service is to succeed as the cost of acquiring new patients exceeds the cost of maintaining current clientele.⁷ Additionally, there is potential for generating greater income, primarily because loyal patients are more profitable and can be counted on to follow doctors' instructions more strictly.⁸ Structural relationships among the constructs have been examined by earlier studies.^{5,9,10} However, this research moves toward a broader view of the relationships between patient satisfaction, patient trust, patient commitment, patient loyalty and doctor reputation, and doctor services in health care research and practice within the Malaysia context.

The current study tests a more comprehensive model of the simultaneous effects of several key antecedents by examining the integrative system of the relationships. Furthermore, the study incorporates marketing perspectives as inputs into the model, thus strengthening and generalizing its findings as well as broadening the theoretical base of health care research.

METHODOLOGY

Two hundred questionnaires were distributed to regular public patients of the government hospitals and clinics, as well as private clinic patients in The Federal Territory of Labuan, Malaysia using a simple random sampling method. The breakdown of hospitals and clinics which participated in the study was five government hospitals and clinics and five private clinics. Of the 250 questionnaires, 50 questionnaires were eliminated due to missing data, resulting in a final sample of 200 patients results which were valid for analysis (valid return rate is 80 percent).

They were chosen because they possessed the information required for the research project. All respondents are outpatients of government hospitals and clinics, or private clinics, qualifying them as having sufficient experience and knowledge to evaluate the service provided by their doctor. They were required to complete three sections of a questionnaire: demographic profile, experience in seeking medical services, and loyalty towards doctors. Respondents answered by agreeing or disagreeing with the statement using a Likert scale from 1 = strongly disagree to 7 = strongly agree.

The data collected from the questionnaires were analyzed using the Structural Equation Modelling (SEM) using AMOS 5.0 software for measuring parametric values (i.e. path coefficients) for each of the research hypotheses to determine their respective significance and also to evaluate how well a

proposed conceptual model containing observed multiple indicators and hypothetical constructs explains or fits the collected data.¹¹

RESULTS

Table-I illustrates that the majority of the respondents or 75.5%, are between 18-24 years old, 40% of them are full-time employees. Furthermore, 46.5% of the respondents are Malays and 13.5% have monthly household income of RM2000-RM5000. More than 85% of the respondents were single.

In terms of patients' experience in seeking medical services, 51% of them having insurance coverage and 48.5% preferring to seek medical services from government hospitals. On the other hand, only 10% of the respondents visit government clinics while

Table-I: Socio-demographic Profile of Respondents.

Variable		Frequency	Percent
Gender	Male	49	24.5
	Female	151	75.5
Age	18-24	151	75.5
	25-31	31	15.5
	32-38	11	5.5
	39-45	4	2.0
	46-52	3	1.5
	52 and above	0	0
Race	Malay	93	46.5
	Chinese	38	19.0
	Indian	20	10.0
	Other	49	24.5
Employment Status	Full-time Employee	80	40.0
	Part-timers	17	8.5
	Students	95	47.5
	Housekeepers	5	2.5
	Retirees	1	0.5
	Unemployed	2	1.0
Monthly Household Income (RM)	Below 1000	123	61.5
	1001-2000	41	20.5
	2001-3000	17	8.5
	3001-4000	8	4.0
	4001-5000	3	1.5
Marital Status	5001 and above	8	4.0
	Single	173	86.5
	Married	27	13.5
Insurance availability	Yes	102	51
	No	98	49
Medical service provider most commonly chosen	Government Hospital	97	48.5
	Government Clinic	20	10
	Private Hospital	21	10.5
	Private Clinic	62	31
Frequency of use of hospital or clinic (per year)	Less than 2 times	123	61.5
	3-5 times	58	29
	More than 5 times	19	9.5

31% of the respondents prefer to go to private clinics. 61.5% of the respondents seek medical check-ups at hospitals or clinics less than two times a year and only 9.5% go more than five times per year.

Structural Model: Goodness-of-fit indications for the model includes Chi-square/df = 1.185, GFI = 0.921, AGFI = 0.856, NFI = 0.911, CFI = 0.985, RMSEA = 0.03 (see Table-II). To summarise, these indicators are consistent in indicating an acceptable fit of the hypothesised model to the data based on the benchmark by Byrne¹² and Fornell and Larcker.¹³ The square multiple correlation for the structural equations index indicates that 67% of the variation in the dependent variable is explained by the variation in the independent variables.

Fig-1 depicts the structural model. All hypothesized paths were significant at $p < 0.05$. Findings show that patient commitment directly and positively affects patient loyalty to a doctor ($\beta_1 = 0.833, p < 0.05$). Therefore, Hypothesis one was verified and accepted. Hypothesis two receives support as $p < 0.05$ ($\beta_2 = 0.800$). That is a patient's trust in the doctor's recommendations flourishes and is favorable due to the fact that the medical doctor is perceived as committed, sincere, honest and transparent when offering his services to the patient.

Similarly, Hypothesis three is also supported ($\beta_3 = 0.409, p < 0.05$). Positive experiences with the current medical doctor's services have been satisfactory and patients feel they have made a correct decision when choosing their doctor. This has led the patient to continuously choose the same doctor for successive visits. Results in Fig.1 confirm that doctor reputation affects patient trust in the doctor directly and positively in support of Hypothesis four at $p < 0.05$ ($\beta_4 = 0.422$). Patients stated that the medical doctor always fulfills his commitments while delivering medical services. They also believe that their doctor's reputation is better than the reputation of other doctors.

Further investigation of the findings reveal that Hypothesis five is also supported at 0.5 level of significance where $p < 0.05$ ($\beta_5 = 0.891$). It is confirmed

that doctor reputation directly and positively affects patient satisfaction with the doctor. Among all the significant variables, doctor reputation is the most important among the respondents followed by patient commitment and patient trust.

DISCUSSION

The current study confirmed that there are relationships between patient commitment and patient loyalty and also patient trust and patient commitment towards a doctor. Furthermore, patient satisfaction affected patient trust in a doctor whereas patient satisfaction and trust are affected by a doctor's reputation. A doctor's good reputation increases patient satisfaction with and trust in the doctor. The results support the literature of prior researchers such as Berry et al¹⁴; Kim et al¹⁵; Leisen and Hyman¹⁶; Mechanic and Meyer¹⁷ and Torres et al.⁵ Patients become loyal to their doctors through a long but identifiable process in which patient commitment to, trust in, and satisfaction with, a doctor are key conditions.

Loyalty develops as patients visit a particular medical doctor more often than other medical doctors and become committed to the doctor. The doctor is trusted as patients believe he would not intentionally attempt anything that would jeopardize them. This is due to the doctor being experienced enough to take care of his patients and he comes to know his patients well enough to offer services customized for their needs. The finding is in line with past studies by Berry et al.¹⁴ and Torres et al.⁵ In fact, numerous studies confirm the positive effect that trust has on another party commitment to a relationship.¹⁸⁻²⁰ Satisfaction with a doctor also strongly influences patient trust in the medical doctor's services. This finding corresponds to Leisen and Hyman's¹⁶ and Torres et al⁵ suggestion. Certainly, prior researchers also have noted that customer satisfaction has been found to affect trust.^{21,22}

Table-II: Goodness-of-fit Indices for Structural Model.

Fit Indices	Recommended value	Value in this study
χ^2/df	<3	1.185
RMSEA	<0.08	0.03
GFI	>0.90	0.921
AGFI	>0.80	0.856
CFI	>0.90	0.985
NFI	>0.90	0.911
IFI	>0.90	0.985

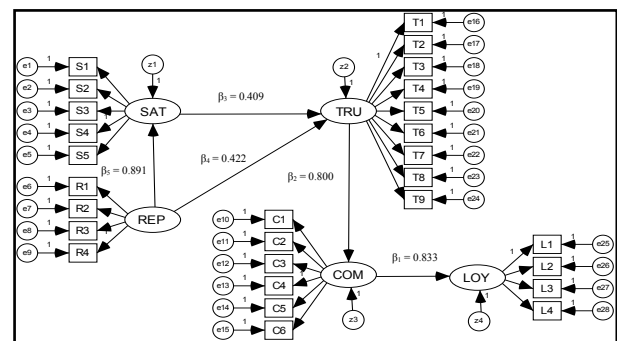


Fig-1: Structural Model.

This study also reveals that the reputation of the doctor influences patient trust in the doctor. These findings align with prior studies by Mechanic and Meyer¹⁷ and Torres et al.⁵ Patients stated that the doctor has a good reputation as he is consistent in what he offers and delivers to his patients. Comparable findings were also found in Mechanic and Meyer's¹⁷ and Torres et al.'s⁵ studies. A doctor's good reputation increases patient satisfaction and trust in the doctor. Trusting patients are the basis for creating committed customers as they should become loyal customers in the long term.

CONCLUSION

Patient trust is a determinant of patient commitment suggesting that a necessary condition for a patient to become committed to a doctor is to trust that doctor. Satisfaction is the starting point for the process of generating patient loyalty. Furthermore, satisfaction with medical services is significantly affected by doctor reputation, which also has a direct impact on patient trust. This study helps doctors and health service providers to formulate strategies and tactics to effectively develop the loyalty of patients. It can help to secure loyal customers (patients) while also helping to generate and maintain long-term customers. It is recommended that further research examining the relationship between patient satisfaction, patient trust, patient commitment and patient loyalty towards a doctor should be conducted on a larger population since this study was conducted based on the findings taken only from outpatients of the government hospitals and clinics, and private clinics in The Federal Territory of Labuan, Malaysia, with a relatively small sample size and predominantly young respondents. Despite the effort put into collecting the samples for this study, the findings may not be representative of the general population of patients. A larger geographic area being used for the research, including a larger sample size, would provide results that are more representative of the nation.

REFERENCES

- Cater T, Cater B. Product and relationship quality influence on customer commitment and loyalty in B2B manufacturing relationships. *Ind Market Manag.* 2010;39(8):1321-1333.
- Dimitriades Z. Customer satisfaction, loyalty and commitment in service organizations some evidence from Greece. *Manag Res News.* 2006;29(12):782-800.
- Wang WH. The interrelationship of retailer's relationship efforts and consumers' attitude and behavior. *Measuring Business Excellence.* 2008;12(1):13-28.
- Vasquez-Parraga A, Alonso S. Antecedents of customer loyalty for strategic intent. In: Workman J, Perrault W, editors. *Marketing theory and applications.* Chicago: American Marketing Association 2000: 82-83.
- Torres E, Vasquez-Parraga AZ, Barra C. The path of patient loyalty and the role of doctor reputation. *Health Mark Q.* 2009;26:183-197.
- George BP, Henthorne TL. The incorporation of telemedicine with medical tourism: A study of consequences. *J Hospit Market Manag.* 2009;18(5):512-522.
- Barlow J, Moller C. *A complaint is a gift.* San Francisco: Berrett-Koehler Publishers; 1996.
- Montaglione CJ. The physician-patient relationship: Cornerstone of patient trust, satisfaction and loyalty. *Manag Care Q.* 1999;7:5-21.
- Platonova EA, Kennedy KN, Shewchuk RM. Understanding patient satisfaction, trust, and loyalty to primary care physicians. *Med Care Res Rev.* 2008;65(6):696-712.
- Thom DH, Ribis KM, Steward AL, Luke DA. Further validation and reliability testing of the trust in physician scale: The stanford trust study physicians. *Med Care.* 1999;37(5):510-517.
- Yoon Y, Uysal M. An examination of the effects of motivation and satisfaction on destination loyalty: A structural model. *Tourism Manag.* 2005;26(1):45-56.
- Byrne BM. *Structural Equation Modeling with AMOS.* New Jersey: Lawrence Erlbaum Associates; 2001.
- Fornell C, Larcker, DF. Evaluating structural equation models with unobservable variables and measurement error. *J Mark Res.* 1981;18(1):39-50.
- Berry LL, Parish JT, Janakiraman R, Ogburn-Russell L, Couchman GR, Rayburn WL. Patients' commitment to their primary physician and why it matters. *Ann Fam Med.* 2008;6:6-13.
- Kim KH, Kim KS, Kim DY, Kim JH, Kang SH. Brand equity in hospital marketing. *J Bus Res.* 2008;61:75-82.
- Leisen B, Hyman MR. Antecedents and consequences of trust in a service provider: The case of primary care physicians. *J Bus Res.* 2004;57:990-999.
- Mechanic D, Meyer S. Concepts of trust among patients with serious illness. *Soc Sci Med.* 2000;51:657-668.
- Caceres RC, Paparoidamis NG. Service quality, relationship satisfaction, trust, commitment and business-to-business loyalty. *Eur J Market.* 2007;41(7/8):836-867.
- Razzaque MA, Boon TG. Effects of dependence and trust on channel satisfaction, commitment and cooperation. *J Bus Bus Market.* 2003;10(4):23-48.
- Tellefsen T, Thomas GP. The antecedents and consequences of organizational and personal commitment in business service relationships. *Ind Market Manag.* 2005;34(1):23-37.
- Flavian C, Guinaliu M, Gurrea R. The role played by perceived usability, satisfaction and consumer trust on website loyalty. *Inform Manag.* 2006;43:1-14.
- Roman S. The impact of ethical sales on behavior on customer satisfaction, trust and loyalty to the company: An empirical study in the financial services industry. *J Market Manag.* 2003;19:915-939.