





ENHANCING PATIENT SATISFACTION - RELATIONSHIP MARKETING STRATEGIES OF TWO SPECIALIST HOSPITALS IN ACCRA, GHANA



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ABSTRACT

Article History

Received: 28 May 2019
Revised: 6 June 2019
Accepted: 8 July 2019
Published: 19 September 2019

Keywords

Patient satisfaction
Private specialist hospitals
Public specialist hospitals
Quality healthcare
Relationship marketing strategies.

Paying attention to the perspectives of clients, improving the competencies and skills of providers, working environment and motivating staff among others could help improve quality of care. The study examined how relationship marketing strategies enhance patient satisfaction with healthcare services. Data was gathered using a multi-stage sampling technique to recruit 200 participants to respond to a structured questionnaire at two specialist hospitals. Data was analyzed using the Statistical Package for Social Sciences / STATA software. Frequencies were run to compare the patients' demographic variables and the relationship marketing orientation indicators. The Mann-Whitney test showed a statistically significant difference in eight relationship marketing strategies between patients of the two hospitals. The study recommends that healthcare managers integrate relationship marketing strategies into their strategic management framework so that health providers could apply them to improve upon their relationship with patients, service performance, enhance patient satisfaction and quality of care.

Contribution/ Originality: This study is one of very few studies which have investigated how relationship marketing strategies enhance patient satisfaction with healthcare services in the context of Ghana since the phenomenon emerged more than two decades ago.

1. INTRODUCTION

There is the assumption that healthcare (HC) providers are not customer-friendly, giving rise to self-medication and other unethical means of HC service consumption (Asenso-Okyere, 1995; Gyasi *et al.*, 2011). The HC providers are perceived to be rude, uncaring, disrespectful and exhibit unfriendly attitude (Bannerman *et al.*, 2002; Turkson, 2009). The lack of these attributes is among the reasons why there is perceived poor delivery of healthcare services in hospitals and clinics in Ghana. Accordingly, some analysts anticipate that paying attention to the perspectives of clients, improving the competencies and skills of providers, working environment and motivating staff could help improve quality of care (Bannerman *et al.*, 2002; Turkson, 2009). These problems could partly be attributed to poor relationships (Berry, 1983). Relationship marketing (RM) strategy, on the part of HC providers, can resolve some of the above problems (Sorice, 2002). The primary goal of RM is to build and maintain a base of committed customers who are profitable for the organization. It seeks to attract, develop and retain

customer relationships (Berry and Parasuraman, 1991). RM strategy has become important in the delivery of health services due to the introduction of cost sharing and risk sharing policies (Stock and Anyinam, 1992; Asenso-Okyere, 1995; Badasu, 2004). There is the need to develop a suitable and more humane approach to HC service delivery (Khurana *et al.*, 1993; Alrubaiee and Alkaa'ida, 2011). Consequently, RM is assuming widespread dimension and recognition in both for-profit and not-for-profit business organizations in recent times (Velnampy and Sivesan, 2012).

Nevertheless, we could not identify any study that has yet investigated the contribution of relationship marketing strategy towards enhancing patient satisfaction as well as improving quality of healthcare services delivery in public and private sector hospitals in Ghana (Derbile and van der Geest, 2012). Therefore, there was the need for a study to investigate the existing relationship marketing orientation of providers, patients of public and private sector specialist hospitals and its influence on patient satisfaction. It was also important to provide more understanding of how relationship marketing orientation could enhance patient satisfaction with healthcare services delivery. From the perspectives of patients, this study examined how relationship marketing strategy enhances patient satisfaction with healthcare services in two public and private sector specialist hospitals. This study suggests that healthcare managers need to integrate relationship marketing strategy into their strategic framework so that health providers can use it to improve upon their relationship with patients in healthcare service performance so as to enhance patient satisfaction and quality of care (Achrol, 1991; Morgan and Hunt, 1994).

2. LITERATURE REVIEW

Rohrer (1996;2000) asserted that the healthcare marketplace continues to become more business-like and argued that a marketing approach, appropriately used, could enhance the ability of hospitals to more effectively serve segments of their communities that are frequently overlooked (see (Rohrer *et al.*, 1999; Palmatier, 2008)). Kotler (2000) argued that marketing deals with identifying and meeting human and social needs, profitably. He observed that marketing people are involved in marketing ten types of entities: goods, services, experiences, events, persons, places, properties, organizations, information and ideas. 'Service' has been defined as the application of specialized competences (skills and knowledge) through deeds, processes and performances for the benefit of another entity or the entity itself (self-service) (Gronroos, 2000b).

On the other hand, 'services marketing' has been defined differently by including the fact that it is the marketing of activities and processes, rather than objects (Solomon *et al.*, 1985) and as a process or performance, rather than a thing (Lovelock, 1991). In addition to the traditional four 'Ps' of marketing - product, price, place and promotion (distribution) - (Rust *et al.*, 1996a) identified another three 'Ps' of the services marketing mix which include people, physical evidence and process. Relationship marketing, which is the focus of this study, takes a cue from services marketing (Rust *et al.*, 1996a; Rohrer *et al.*, 1999; Rohrer, 2000). Undeniably, the notion of RM subsists on long term relationships (MacNeil, 1981). Thus, the firm/hospital will have to focus on the attraction, retention and enhancement of customer relationships (Berry, 1983). In doing this, Khurana *et al.* (1993) proposed eighteen novel ways to get more patients.

2.1. Relationship Marketing Indicators / Enablers

For the purposes of this study, we used the RM orientation indicators discussed below (which form the basis of attracting, retaining and enhancing customer relationships) to examine patients' satisfaction with healthcare services in two health institutions similar to earlier studies (Langabeer, 1998).

Reception: Khurana *et al.* (1993) observed that a patient would take their business away from a hospital if they could get better value for their money, better service and a better ego message elsewhere. Debbie and Darcy (1999) contend that the goal of RM is to increase customer profitability and market share, thereby, seeking new approaches to improving response rates and increasing customer loyalty. Thus, RM orientation could enhance

patients' satisfaction with the reception they receive from health personnel as it provides the lasting solution and a means of winning the confidence of the public in the health sector (Khurana *et al.*, 1993; Baidoo, 2009).

Attitude of staff: The basic premise of internal marketing is that satisfied employees (or well-served internal customers) will lead to satisfied customers (or well-served external customers) (George, 1990; Brown *et al.*, 1994). Khurana *et al.* (1993) also argued that technicians and assistants in the hospital are people and if they are not satisfied, they could never satisfy their patients: this is a simple but often ignored fact. The reality is that employees with average intelligence and initiative will turn out to be good technicians when treated with respect and dignity as individuals and given training and motivation. Patients take into account the attitude of staff in assessing satisfaction with the quality of healthcare accessed. Relationship marketing skills will enable staff to appreciate the urgent need to be customer-friendly (George, 1990; Ngo-Metzger *et al.*, 2006). As a consequence, establishing cordial relationship between staff and patients can contribute to firming up patients' decision to use healthcare services regularly (Brown *et al.*, 1994).

Time spent with the doctor: Heide and John (1990) found that close relationships emerge in response to the need for protecting relationship-specific assets. Researchers have suggested that health providers spend some time every day thinking from the patient's point of view (Khurana *et al.*, 1993). Khurana *et al.* (1993) argued that this might be difficult but it would mean more sales of hospital services by way of listening to the patients, asking them questions, doing something extra for each patient and admitting mistakes to the patients gracefully. In the healthcare environment, patients consider time spent with the doctor/health personnel as very crucial. Against this background, Jackson (1985) referred to relationship marketing as marketing oriented towards strong, lasting relationships with individual accounts. Using effective conversation as a relationship marketing tool, Khurana and friends revealed that the secret success in conversations with very difficult patients is the ability to disagree without being disagreeable. They suggest that whenever a 'No' is said to a patient, it should be said in such a way that they understand it to be only a 'No' at that time and not as 'Never'. Once the patient knows why a 'No' has been said, they will understand and become reasonable (Khurana *et al.*, 1993). In the healthcare environment, patients consider time spent with the doctor/health personnel as very crucial due to consumerism (Heide and John, 1990; Fang *et al.*, 2008).

Waiting time at other departments: Some analysts argued that when deciding to buy hospital services, the patient considers not only what it costs them in terms of time, therefore, patient convenience should be an important factor to be always kept in mind (Khurana *et al.*, 1993). Hepworth (1999) intimated that even though traditional customer satisfaction measurement claims to provide an understanding of what makes customers happy, a focus on customer dissatisfaction produces the greatest bottom-line improvement. Arguably, too much time is wasted at the hospitals without consideration of the man-hours needed for economic productivity (Khurana *et al.*, 1993; Turkson, 2009; Jennings *et al.*, 2015). Supporting this view, Vavra (1999) argued that virtually every relationship marketer wants to increase the lifetime value of their customers but few have ever set such as their goal; keeping customers for life. Indeed, keeping customers longer for life is an attainable goal. The customer is said to be an important resource of the service firm since a basic characteristic of services is the participation of the customer in the production process (Gouthier and Schmid, 2003).

Competence and expertise of staff: Haydock (1999) observed that channels of customer interaction have increased dramatically in the last decade. There is a huge opportunity to increase our knowledge of our customers; their wants, demographics and shopping habits. Rogers and Pepper (1999) also demonstrated that revenue comes from transactions; transactions come from interactions; interactions are part of a relationship; and it is relationships that create long-term rewards. They argue that relationship marketing is the new secret weapon of competitiveness. Conspicuously, patients derive maximum satisfaction from healthcare service received when health personnel demonstrate high levels of competence and expertise in their position. Thus, in the hospital, a selling atmosphere

should be created wherein every employee gets an opportunity to market the services (Khurana *et al.*, 1993; Ward *et al.*, 2008).

Service provision: Khurana *et al.* (1993) noted that patients do not like to come to a big hospital where they get lost. Instead, they love coming to a great hospital where they would be given the best possible attention. A big hospital does not necessarily make more profits than a great one. For this reason, other analysts recommended that patients be given unique service advantage and once they get it, they would become loyal clients and bring in more patients. It simply means some extra and individual care to show that the business of patients matters a lot to the hospital (Khurana *et al.*, 1993). Arguably, patients' satisfaction with service provision is important to the sustainability of service organizations. Relationship marketing strategy provides the basis for a business entity to realise that it is in a competitive environment. Hence, any attempt to underestimate the supremacy of the customer (patient) will lead to other competitors having competitive urge and advantage (Rogers and Pepper, 1999; Palmatier, 2008).

Performance of service: Relationship marketing strategy seems to provide the lasting solution and a means of winning the confidence of the partners and customers through the provision of satisfactory health service (Khurana *et al.*, 1993). Indeed, other analysts argued that the underlying assumption was that customer perceptions of service encounters were important elements of customer satisfaction, perceptions of quality and long-term loyalty (Bitner, 1990). This is the reason why service encounter research focuses on the interactions between customers and employees in service firms (Czepiel *et al.*, 1985; Brown *et al.*, 1994). Therefore, application of relationship marketing strategy to healthcare service delivery will ensure the appreciation of the exchange relationships that must exist between providers and customers of healthcare services (Berry, 1983; Enyeart and Weaver, 2005).

2.2. Need for Indicators / Enablers

We observed that even though relationship marketing is considered a paradigm change in both academic and practitioner literature, it was yet to evolve into becoming a discipline in the health training institutions in Ghana, similar to earlier assertions (Thorelli, 1986; Sheth and Parvatlyar, 1995a). This justifies the reason why relationship marketing must be considered as a strategic policy framework and included in the training curricula to be taught by health training institutions (Zeithaml and Bitner, 1996). This will arouse the interest of student health professionals to accept RM as an integral part of the delivery of quality healthcare service upon graduation. As there were no specific indicators to measure the influence of relationship marketing within the Ghanaian context, we used the above discussed indicators/enablers to assess how relationship marketing strategy enhances patient satisfaction with healthcare services in the hospitals. A similar strategy was applied in earlier studies (Luftman *et al.*, 1999; Alrubaiee and Alkaa'ida, 2011). For instance, Durkin and Howcroft (2003) explored the perceptions of senior bankers in UK, Sweden and USA with regards to the use of the internet as a relationship marketing tool. They reported that there was a 'unanimous agreement that the internet had a key role to play in relationship management but there was far less agreement about the rates of customer adoption and the extent to which this could or should be influenced by bank strategies' (p.61).

Ford (1980) examined buyer-seller nature in industrial markets by considering development as a process through time; and analyzed the process of establishment and development of relationship over time by considering stages in revolution. These were the pre-relationship stage (the early stage), development stage, long-term stage and final stage. This researcher emphasized that it was important for companies 'to examine existing relationships according to the potential and stage of development' (p.339). Yeh *et al.* (2006) analyzed the crucial role that enablers play in carrying out knowledge management within the enterprise. They reported that among the enablers were on the part of strategy and leadership of which obtaining top managements' support is most important. Among organization culture enablers, formation of an atmosphere and culture of sharing is most important but this needs to be supplemented with informational technology. Among people enablers, other than training courses and

channels that provide learning, employee incentive program is one of the executing key factors (p.793). These strategies helped us to develop relationship marketing strategies specific to the Ghanaian situation for the analysis.

2.3. Conceptual Analysis

Some studies assessed quality of health provision and identified poor quality care as a factor that may result in low uptake of healthcare where this is available as well as non-adherence to treatment when care is received (Raven *et al.*, 2011). Invariably, lack of appropriately trained staff, incorrect treatment, poor staff attitude, delay in referral, poor cooperation and interpersonal relationships between health providers as well as inadequate supplies and equipment are evident in many healthcare settings, affecting the outcome of the care provided (Wall *et al.*, 2009). Donabedian (1988) discusses three phases of quality of care measures in healthcare institutions: structure, process and outcome. The structure indicates characteristics of the resources in the health delivery system. For example, number of qualified staff and policy guidelines and management systems, including relationship marketing strategies. These may be easy to measure but are not always informative unless they are related to process and outcome. The process involves an examination of the process of care in terms of what is actually done to and for the patient. Process measures include things such as waiting time, examining patient properly and appropriateness of treatment among others. The outcome measures include patient satisfaction, coverage and attendance levels. Application of relationship marketing strategy would enhance attempts aimed at achieving quality healthcare in health facilities (Donabedian, 1988).

Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself (Torcson, 2005). Torcson (2005) argues that whatever its strengths and limitations may be, patient satisfaction is an indicator that should be indispensable in the assessment of the quality of care in hospitals. Patient satisfaction is defined as the result of a cognitive and affective assessment where certain comparison standard is compared to the actual perceived performance (Kotler, 1992;2003). When the expectation of the patients is more than they perceived, they become dissatisfied. Alternatively, if the expectation exceeds the perceived, they tend to be satisfied. Otherwise, if the perceived is equal, they keep quiet as if nothing had happened (Kotler, 1992;2003). Previous studies focused on the 'needs' and 'wants' of patients. However, in recent times, the concept of quality with its focus on customer satisfaction has been investigated (Gruen, 1997; Gruen *et al.*, 2000).

Practitioners regard customer satisfaction as the focal point for designing successful marketing strategies. Public policy officials/ consumer agencies recognize satisfaction levels as barometers of consumer welfare (Dixon, 1989). Despite its importance, previous research in marketing focused mainly on satisfaction processes, paying little attention to its structure (Oliver and DeSarbo, 1988). Oliver and DeSarbo (1988) postulated that consumer researchers had advanced and tested the processes underlying satisfaction, placing less emphasis on its context. Keiningham and Vavras (2001) observed that satisfaction levels could influence customers' loyalty only when there were more extreme levels of satisfaction. Patients could dismiss future communications either because they doubt the competence of the hospital or the hospital does not care about their patients. However, delighted patients could consider the facility as a better place even if things did go wrong. They believe that the providers could easily fix the problem.

3. METHODS

Empirical data were gathered using quantitative methods between June and September, 2015.

3.1. Study Location

The health sector in Ghana has been decentralized to the district level. Although there are many public and private health sector facilities in the Greater Accra region (in general) and Accra Metropolis (in particular), two specialist hospitals were selected for the study. Thus, among other criteria, public and private health sector

provider, geographic location and health service coverage were used to select two hospitals in Accra for the study. There was a purposive selection of a Public Specialist Referral Hospital (PSRH) and a Private Sector Specialist Hospital (PSSH), all in the Greater Accra region. Both facilities attend to specialist healthcare cases for both local and foreign clients. Additionally, both facilities are strategically located in the heart of the city of Accra, making them readily accessible to clients. These allowed for comparative purposes in relation to relationship marketing practices as well as allowing for lessons to be learnt across the two institutions.

The Private Sector Specialist Hospital (PSSH) was selected as one of its beliefs is to ensure efficiency in service provision and to care for the patients better. It is one of the leading private hospitals in the Accra metropolis. In terms of service provision, it provides excellent medical and surgical facilities. In terms of coverage, the hospital has a client base which includes individuals, corporate bodies and international agencies. The Public Specialist Referral Hospital (PSRH) represents the public sector hospitals under the Ghana Health Service (GHS). The hospital was selected because it attends to clients from a wide area within the Accra metropolis. The hospital has as one of its objectives to improve the quality of medical care of all patients. Furthermore, the hospital was selected since its catchment area is beset with a number of communicable and non-communicable diseases; notable among them are enteric fever, viral hepatitis, cholera, heart diseases and gynecological disorders.

3.2. Study Population / Sample Size Determination

The study population composed of patients attending these two hospitals at the time of the study. A multi-stage sampling technique was used to select the research participants. Battaglia (2008c) defines a multi-stage sample as one in which sampling is done sequentially across two or more hierarchical levels. This allowed the researchers to vary the strategies as and when necessary to ensure methodological triangulation Bowling (2002). Proportions method was applied to determine the sample size of the patients. Based on a ratio of 5:3, an estimated number of 200 patients were recruited for the study. The method involved 125 patients for the Public Specialist Referral Hospital (PSRH) and 75 patients for Private Sector Specialist Hospital (PSSRH). The proportions method was applied mainly due to disproportionate patient numbers and departments of the two institutions. A similar method has been used by earlier researchers (Tukey, 1977).

Using both quota and convenience sampling strategies, the 200 patients were selected from both the outpatient (OPD) and inpatient (admissions) departments of the two hospitals. These were based on the availability and willingness of the patients to participate in the study. Outpatient (OPD) participants were approached using one of the following strategies: when they were waiting at the OPD to go through the processes and hospital exit interviews when they had been attended to by the health personnel and were leaving the facilities. Participants who were inpatients (patients on admission) were approached on their bedside after the medical teams had finished conducting their respective ward rounds in the morning or after lunch in the afternoon to seek their willingness and permission to participate in the study.

Since participation was voluntary, any inpatient unwilling to participate very feeble, under observation or critically ill in an intensive care unit was not coerced into participating in the study. The inclusion criteria included selected patients of these hospitals both males and females who were 18 years and above and selected patients who were available during the period of the study. The exclusion criteria included patients under the age of 18, the age of consent; patients, who, in the judgment of the research team/medical professionals, represented too great a risk for harm to themselves or researchers; and patients who were not competent (impaired or intellectually immature) to take part in the study. Convenience sampling is criticized on the basis that it may result in poor quality data and lacks intellectual credibility due to researcher bias (Stewart, 1984; Cecil and Killeen, 1997; Mead and Bower, 2002; Mead *et al.*, 2002). Nevertheless, since a more thoughtful approach was given to the selection of the sample, the choice of this strategy in selecting patient participants for the study justified its application (Marshall, 1996).

3.3. Data Collection Methods

The quantitative data attempted to examine the patients' perception of health services of the Public Specialist Referral Hospital (PSRH) and the Private Sector Specialist Hospital (PSSH) in Accra. This allowed us to find answers to the following questions to address the research objective:

1. What is patient's knowledge of existing relationship marketing strategies used in public and private hospitals?
2. Which factors promote relationship marketing establishment process?
3. How do relationship marketing strategies enhance patients' satisfaction?
4. How could relationship marketing orientation between the hospitals (health providers) and their patients be improved?

A structured questionnaire format with close-ended questions was designed and administered to the patients. This enabled us to examine their perception of satisfaction with the health services delivered/accessed using Likert scale question format among others. The questionnaire was divided into two sections. Section A included socio-demographic characteristics (sex, age, status in the hospital, duration in clientele, educational background and occupation). In Section B, relationship marketing orientation was assessed using the following key indicators: reception of staff; time spent with the doctor; waiting time at other departments; service provision; staff attitude; rating of competence and expertise of staff; and assessment of overall performance of service of institution. The following answers were provided for the Likert scale questions: highly satisfied = 1, very satisfied = 2, satisfied = 3, dissatisfied = 4 and very dissatisfied = 5.

3.4. Data Analysis

Coding of the questionnaires was done after editing. Facility codes were used to identify respondents of each organization. Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) / STATA software. Frequencies were run to compare the patients on a number of demographic variables. This was also run for the relationship marketing orientation indicators. Mann Whitney test was conducted to test quantitative data involving variables with categorical values related to the independent samples from the two hospitals. Data were presented using descriptive statistics.

3.5. Ethics, Access and Quality Assurance

The application of methodological triangulation was to ensure the validity and reliability as well as the robustness of the study results (Denzin, 1970;1998). As part of ensuring quality control, validity and reliability, a pre-test of the questionnaire was carried out at a hospital with similar characteristics. This enabled us to know the reaction of the respondents in order to verify acceptability and their collaboration with the study. Ethical clearance was granted by the Ethics Committee for Humanities (ECH) of the University of Ghana and the Local Ethics Review Committee of Ghana Health Service/Ministry of Health. Participants' consent was sought using an approved participant consent form. Confidentiality and anonymity of participants was guaranteed.

4. RESULTS

4.1. Socio-Demographic Characteristics of Respondents

Practically, 160 patients responded to the survey questionnaire giving a response rate of 80% (160/200). Out of this, 122 (76%) were from PSRH while only 38 (24%) responded from PSSH. Majority (28.9%) of patients were within age range 21-30 years, followed by 25.6% for those aged between 31-40 years and then 18% for respondents aged between 41-50 years. The trend is the same for the individual hospitals except that in PSRH, none of the respondents was aged above 60 years. The number of males and females who responded to the questionnaire at PSSH was equal but majority (55%) of the respondents (from PSRH) were females with 45% males. Almost all the

patients from PSSH appeared to have belonged to the elite class as over 80% had attained tertiary education. However, patients from PSRH were spread across the various levels in terms of educational attainment. While there were more respondents (21%) with tertiary education, there were 16% with middle school leaving certificate and 15.6% with junior high school qualification. There were also 8.3% respondents each with basic education and senior high school education. However, 11% was counted with no formal education. Generally, more respondents (79%) had been with the hospitals for a period ranging from 1-10 years followed by 23 (14%) ranging from 11-20 years. However, in terms of the individual hospitals, there were 101 (83%) respondents from PSRH who had been patients of the hospital for up to ten years as compared to 68% of their counterparts in PSSH. In combination, majority (22.5%) of the patients in both hospitals were civil and public servants [Table 1](#).

Table-1. Demographic characteristics of respondents.

Variable	Category	Patients		Total frequency	%
		Ridge Hosp. (%)	NMC (%)		
Age (in years)	18-20	8 (6.2)	2 (5.2)	10	6.2
	21-30	29 (24)	17 (44.7)	46	28.8
	31-40	30 (25)	11 (28.9)	41	25.6
	41-50	23 (19)	6 (15.7)	29	18.1
	51-60	16 (13)	2 (5.2)	18	11.2
	61-70	15 (12)	0 (0.0)	15	9.4
	70+	1 (0.8)	0 (0.0)	1	.6
Total		122 (100)	38 (100)	160	160
Length of time being a client (in years)	1-10	101 (82.8)	26 (68.4)	127	79.4
	11-20	18 (14.8)	5 (13.1)	23	14.4
	21-30	2 (1.6)	2 (5.2)	4	2.5
	31-40	0 (0.0)	1 (2.6)	1	.6
	41-50	1 (0.8)	0 (0.0)	1	.6
	Missing		4 (10.5)	4	2.5
Total		122	38 (100)	160	100
Sex	Male	56 (45.9)	19 (50)	75	46.9
	Female	66 (55.1)	19 (50)	85	53.1
Total		122	38	160	100
Educational background	NFE	14 (11)	0 (0.0)	14	8.8
	Basic	10 (8.3)	0 (0.0)	10	6.2
	JHS	19 (15.6)	2 (5.2)	21	13.1
	Middle Sch.	20 (16.4)	0 (0.0)	20	12.5
	Sec Sch. (old)	11 (9)	1 (2.6)	12	7.5
	SHS	10 (8.3)	1 (2.6)	11	6.9
	Collage	9 (7.4)	2 (5.2)	11	6.9
	Voc./Tech	4 (3.4)	0 (0.0)	4	2.5
Tertiary	25 (20.6)	32 (84.2)	57	35.6	
Total		122 (100)	38 (100)	160	
Occupation (of patients)	Student	11 (9)	2 (5.2)	13	8.1
	Farmer/fisher	3 (2.5)	0 (0.0)	3	1.9
	Teacher/lecturer	4 (3.3)	2 (5.2)	6	3.8
	Public servant	5 (4)	2 (5.2)	7	4.4
	Civil servant	23 (19)	6 (15.7)	29	18.1
	Trader/artisan	15 (12)	1 (2.6)	16	10.0
	Diplomat	1 (0.8)	0 (0.0)	1	.6
	Unemployed	13 (10.6)	1 (2.6)	14	8.8
	Businessman	4 (3.3)	0 (0.0)	4	2.5
	Businesswoman	1 (0.8)	2 (5.2)	3	1.9
	Self employed	23 (19)	5 (13.1)	28	17.5
	Private business	7 (5.7)	2 (5.2)	9	5.6
	Private org	2 (1.6)	12 (31.5)	14	8.8
	Other	10 (8.2)	2 (2.5)	11	6.8
Total		122 (100)	38 (100)	160	100

Source: Field data (2015).

4.2. Patients' Knowledge of Existing Relationship Marketing Strategies

To explore patients' knowledge of existing relationship marketing strategies used in public and private hospitals, a question was posed for them to choose a statement that confirmed their understanding of the concept. Majority, 81 (50.3%) of the patients indicated that the concept of relationship marketing refers to establishing, maintaining and enhancing relationships leading to the attainment of the mission of the health services/institution. Another 30 (18.6%) of the patients showed that it means "establishing long-term relationships with clients/patients". Slightly more than 4% noted that it means "building and maintaining cooperative solutions to problems" and "employees doing their best at the hospital" Figure 1.



Figure-1. Patients' knowledge of the concept of relationship marketing.

Source: Field data (2015).

4.3. Factors that Promote Relationship Marketing Establishment Process

In trying to identify factors that promote relationship marketing process, patients were asked to indicate as many factors they thought could affect the process. A hundred and twenty six (126) patients indicated that the most important factor was attitude of health personnel. This was followed by availability of specialized services (92), and then availability of sophisticated equipment (81). The cost of services was least considered to have an effect on the process with only 12 responses Figure 2.

4.4. Relationship Marketing Strategies and Patient Satisfaction

We explored how relationship marketing strategies enhance patients' satisfaction. Patients were asked about the extent to which they were satisfied with existing strategies of relationship marketing in the hospitals using the indicators/enablers. The Mann-Whitney test showed that statistically, there was significant difference with regard to opinions on eight (8) relationship marketing strategies between patient respondents of PSRH and PSSH.

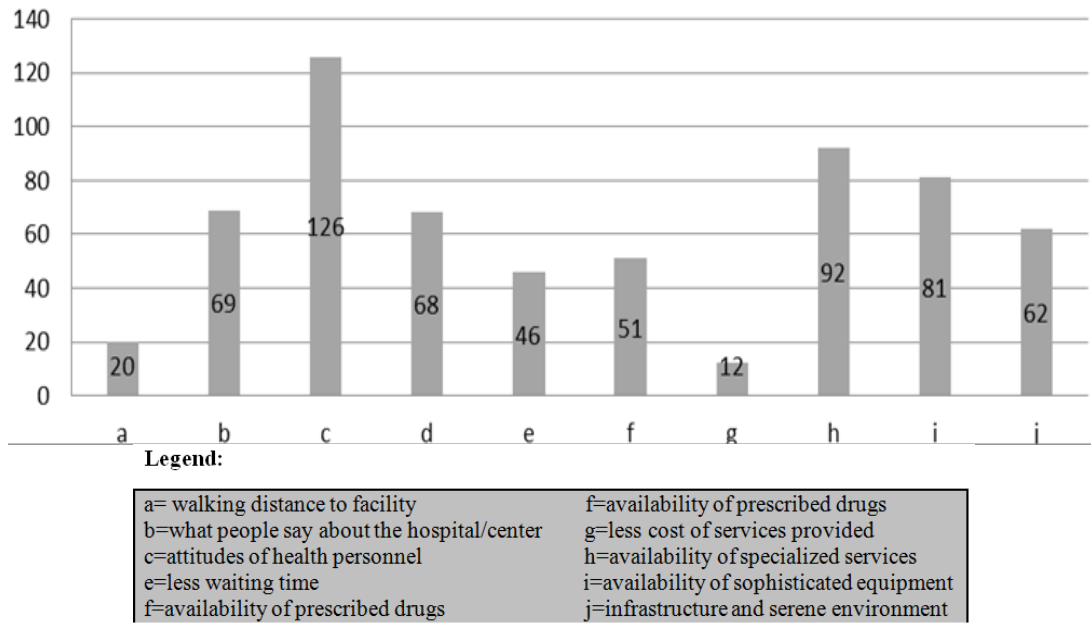


Figure-2. Factors that promote relationship marketing establishment process.

Source: Field data (2015).

Table-2. Relationship marketing strategies and patients satisfaction.

Strategy	Hospital	N	Mean Rank	Sum of Ranks	U	p
Rating relationship marketing orientation of staff	Ridge Hospital	122	87.46	10670.50		
	NMC	38	58.14	2209.50		
	Total	160			1468.500	.000
Satisfaction with reception given by the staff of the hospital	Ridge Hospital	122	86.84	10595.00		
	NMC	38	60.13	2285.00		
	Total	160			1544.000	.001
Satisfaction with time spent with the doctor	Ridge Hospital	122	79.48	9697.00		
	NMC	38	83.76	3183.00		
	Total	160			1294.000	.598
Satisfaction with time spent at other departments	Ridge Hospital	122	87.26	10645.50		
	NMC	38	58.80	2234.50		
	Total	160			1493.500	.000
Satisfaction with health care provision at the hospital	Ridge Hospital	122	88.71	10823.00		
	NMC	38	54.13	2057.00		
	Total	160			1316.000	.000
Satisfaction with staff's attitudes	Ridge Hospital	122	89.25	10888.50		
	NMC	38	52.41	1991.50		
	Total	160			1250.500	.000
Trust of competency and expertise of personnel	Ridge Hospital	121	74.63	9030.50		
	NMC	37	95.42	3530.50		
	Total	158			1649.500	.005
Overall assessment of service performance	Ridge Hospital	121	81.41	9850.50		
	NMC	37	73.26	2710.50		
	Total	158			2007.500	.307
Satisfaction with performance of service / Building customer database using Management Information System will enhance relationship marketing orientation	Ridge Hospital	121	71.72	8678.00		
	NMC	37	104.95	3883.00		
	Total	158			1297.000	.000

In rating relationship marketing orientation of staff, a Mann-Whitney test indicated that the staff of PSRH were highly rated than PSSH ($U = 1465.5, p = .000$). Patients of PSRH were significantly more satisfied with reception given by the staff of the hospital than patients of PSSH ($U = 5044, p = .001$). It was also realized that patients of PSRH were generally more satisfied significantly than patients of PSSH ($U=1316, p=.000$) with the attitude of staff ($U=1250.5, p=.000$). In terms of patients' satisfaction with time spent with the doctor, no significant difference was found between patients of PSSH and those of PSRH ($U=5044, p=.598$). The results further indicated that patients of PSRH were more satisfied significantly than those of PSSH in terms of time spent at other departments ($U=1493.5, p=.000$). In another instance, however, patients of PSSH significantly trusted the competence and expertise of hospital personnel than patients of PSRH ($U=1649.5, p=.005$).

Despite the significant differences in most of the relationship marketing strategies among patients, the results indicated that there was no significant difference between the patients of PSSH and PSRH on the overall assessment of service performance ($U=2007.5, p=.307$). Additionally, patients of PSSH were significantly satisfied with performance of service and thought that building of customer database using Management Information System would enhance relationship marketing orientation than patients of PSRH ($U=1299.5, p=.000$) [Table 2](#).

4.5. Improving Relationship Marketing Between Hospital and Patients

Patients were asked how we could improve relationship marketing between the hospitals (health providers) and them. The results show that 61 respondents indicated that relationship marketing could be improved by improving waiting time. Fifty (50) of them thought that it could be done by making medicines readily available and 38 thought that it could be done by improving reception. Eight (8) respondents thought that it could be done by improving waiting time and making medicines readily available while another eight (8) thought that it could be done by improving waiting time and reception and making medicines readily available. Five (5) patients mentioned some other factors through which relationship marketing could be improved. These included: reducing service cost, enforcing discipline at the work place among workers and customers, good attitudes of health workers towards patients, improving toilet facilities, improving customer service and improving the process of booking appointment to see doctors/staff [Figure 3](#).

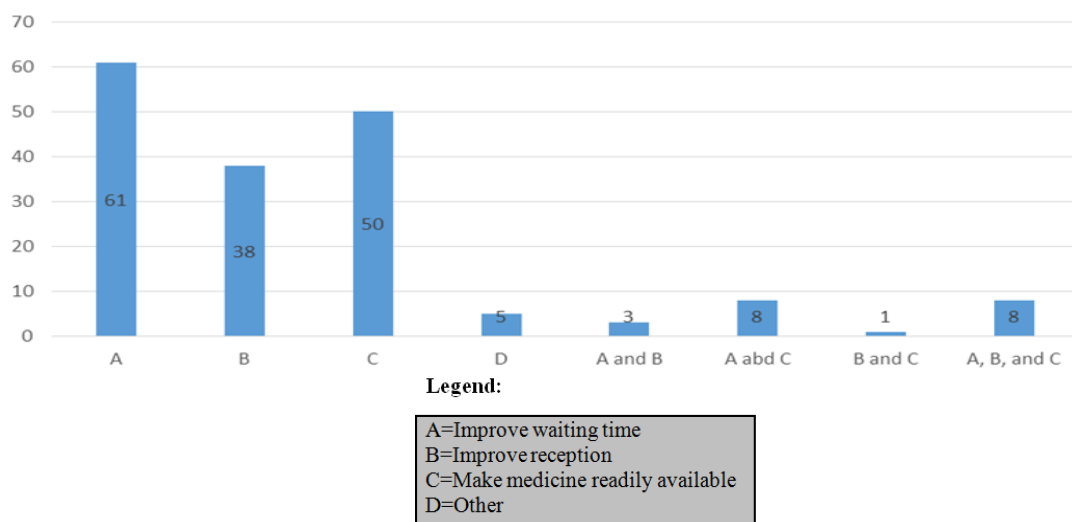


Figure-3. Improving relationship marketing between hospital and patients.

5. DISCUSSION

We argue that quality of healthcare or patients' satisfaction will be improved when health institutions adopt and apply relationship marketing strategy. For this purpose, many organizations are now seeking methods for building closer relationships with consumers through managing brand equity (Keller, 1993; Cannon and Sheth,

1994) and database marketing (Copolusky and Wolf, 1990; Shaw and Stone, 1990). Hence, firms are discovering that directing more marketing resources towards consumer retention (as opposed to acquisition) may prove more efficient (Liswood, 1990; Cannon and Sheth, 1994). We argue that using indicators/enablers to measure how relationship marketing strategies enhance patient satisfaction and quality of healthcare is relevant within the Ghanaian context. The findings support the view that it is important to explore the potential of the resource-based view for analyzing customer roles and relationships within service firms and managerial implications for customer relationship management (Gouthier and Schmid, 2003).

5.1. Patients' Knowledge and Factors that Promote Relationship Marketing

The study found that majority (50.3%) of the patients thought that the concept of relationship marketing refers to establishing, maintaining and enhancing relationships leading to the attainment of the mission of the health services/institution. When suggesting the factors that promote/hinder relationship marketing, the patients mentioned attitudes of health personnel, availability of specialized services and availability of sophisticated equipment among others. Addressing these issues will transform the focus of healthcare institutions in the country. These are encapsulated in the explanation that relationship marketing, at least, at the practice level is recognized as a major paradigm shift in marketing, with its focus on customer needs and wants and, more recently, the quality concept, with its focus on customer satisfaction comparable to what the marketing concept was in the 1960s (Cannon and Sheth, 1994). The findings support the revelation that customer satisfaction does play a mediating role in the effect of service quality on service loyalty as earlier documented (Caruana, 2002).

5.2. Improving Relationship Marketing between Hospital and Patients

The literature observes that lack of appropriately trained staff, incorrect treatment, poor staff attitude, delay in referral, poor cooperation and interpersonal relationships between health providers as well as inadequate supplies and equipment are evident in many resource-poor settings which affects the outcome of the care provided (Wall *et al.*, 2009). Our study found that patients of PSSH significantly had trust in the competence and expertise of hospital personnel than patients of PSRH. This means that the private healthcare institution has been able to address the needs and wants of its patients. This conforms to the observation that performance of nurses and physicians, level of information perceived and outcome of health status independently predicted patient satisfaction (Skarstein *et al.*, 2002). On a comparative basis, this supports the finding that patients of 'private hospitals were more satisfied and feel more trust in healthcare service provider than public hospitals' (Alrubaiee and Alkaa'ida, 2011).

This also supports the argument that understanding individual customer's needs become easier when long-term relationships exists and are leveraged for longitudinal information about the customer's general and particular health conditions (Gould, 1988; Naidu *et al.*, 1998). However, this contradicts the finding that there was an overall service quality gap between patients' expectations and perceptions (Puay and Tang, 2000). Partnership between the health institutions and patients in developing suitable healthcare services will enhance patients' satisfaction. Therefore, it is necessary to accept the suggestion that hospitals should also see the opportunity to enhance their effectiveness as partnering with other healthcare providers provides the capability to fully meet the needs of individual customers (Naidu *et al.*, 1998). This requires improvements across all the six dimensions of quality of healthcare namely, tangibility, reliability, responsiveness, assurance, empathy, accessibility and affordability (Puay and Tang, 2000).

Some analysts argued that, to survive, hospitals have to be more productive in meeting the healthcare needs of the people (Naidu *et al.*, 1998). The study found that the Mann-Whitney test showed a statistically significant difference in satisfaction with staff reception. Patients of PSRH were significantly more satisfied with reception given by staff of the hospital than patients of PSSH. Similarly, Skarstein *et al.* (2002) found that reception at the hospital, among other factors, independently predicted patient satisfaction. There is the need for the private

healthcare institution to partner with other hospitals, physician groups and similar healthcare providers so that they could share their resources and capabilities in this area, thereby, increasing efficiency in the system (Trombetta, 1989; Naidu *et al.*, 1998). A similar observation has been documented regarding the need for services marketing, particularly relationship marketing orientation for healthcare providers (Zeithaml *et al.*, 2010).

Torcson (2005) argued that whatever its strengths and limitations may be, patient satisfaction is an indicator that should be indispensable in the assessment of the quality of care in hospitals. Our analysis showed a Mann-Whitney test which indicated that the staff of PSRH were highly rated than PSSH. This could be explained by the differences in the educational backgrounds of respondents. Perhaps, the expectations of patients of PSSH could not be met as explained in the literature (Kotler, 1992;2003). This relates to the report that in a regional Swedish hospital, the significant predictors of quality ratings were information concerning one's illness and perceptions of the staff's work environment (Arnetz and Arnetz, 1996). Our study found that patients of PSRH were more satisfied significantly than those of PSSH in terms of time spent in other departments. Similarly, Gross *et al.* (1998) found that patient satisfaction with the time spent with their physician was high and strongly linked to longer visits. Thus, it is important to consider the suggestion that physicians could enhance patient satisfaction with the amount of time spent during an office visit by spending a small proportion of time chatting about non-medical topics and by allowing sufficient time for exchange with the patient if feedback was necessary.

Conspicuously, customer-based determinants and perceptions of service quality play an important role when choosing a hospital (Puay and Tang, 2000). Our study found that patients of PSRH were generally more satisfied significantly than those of PSSH with the attitude of staff. It was against this background that (Puay and Tang, 2000) argued that in today's highly competitive healthcare environment, hospitals increasingly should realize the need to focus on service quality as a means to improving their competitive position. Schneider and Bowen (2010) also emphasized that people customers, employees and managers still are a prominent key to success in service and that this should be fully recognized in the increasingly technical sophistication of service science. The healthcare institutions would be able to improve on the attitude of their staff by adopting the three linked exchange-enablers which are relationships to give structural support for the creation and application of knowledge resources (relating); communicative interaction to develop these relationships (communicating); and the knowledge needed to improve the customer's service experience (knowing) as suggested earlier (Vargo and Lusch, 2004; Ballantyne and Varey, 2006).

Naidu *et al.* (1998) argued that faced with mounting pressures to contain costs and mandates to adopt continuous quality improvement processes, the health care industry is actively engaged in relationship marketing and relational partnering activities. Perhaps, this shows why patients of PSSH were significantly satisfied with performance of service and thought that building of customer database using Management Information System would enhance relationship marketing orientation than patients of PSRH. Importantly, relationship marketing has the potential to improve marketing productivity within health service institutions as evidenced in earlier studies (Sheth and Parvatlyar, 1995a; Naidu *et al.*, 1998).

6. CONCLUSION

This research examined how relationship marketing orientation/strategy enhances patient satisfaction with healthcare services. This was achieved by conducting a quantitative research with patients of two public and private sector specialist health facilities in Accra. The study concludes that despite the slight variations, relationship marketing orientation/strategy enhances patient's satisfaction with healthcare services. This is based on the Mann-Whitney test which showed a statistically significant difference in eight relationship marketing strategies between patients of PSRH and PSSH. There was patients' satisfaction with staff reception, time, service provision, staff attitudes, competence and expertise of staff, overall assessment of service performance and building customer database. Suggesting the factors that promote relationship marketing, the patients mentioned attitudes of

health personnel, availability of specialized services and availability of sophisticated equipment among other things as necessary indicators/enablers. Thus, we argue that the staff of healthcare institutions need further orientation in relationship marketing. The premise is that promoting service excellence and innovation requires an understanding of the co-creation of value by and for people (Schneider and Bowen, 2010). Indeed, Schneider and Bowen (2010) explained that 'such co-creation is most likely to effectively occur when an appropriate psycho-social context is created for people as they produce, deliver and experience a service process; and such a context is the result of understanding the complexities of the people who are a central component of the service delivery system' (p.31).

6.1. Implications for Policy and Practice

The study has implications for policy, practice and management of healthcare institutions. We suggest the need for the health sector to endeavor to institute and encourage relationship marketing strategy so as to enhance patient satisfaction and quality of care in healthcare institutions in the country (Eiriz and Wilson, 2006). The study concludes that relationship marketing could be improved by improving waiting time, making medicines readily available and improving reception.

This is consistent with the reason why relationship marketing has been gaining momentum. Business entities have realized that short-term sales/transaction orientation has several pitfalls for building customer loyalty and continued patronage. Adopting relationship marketing strategy is needed to resolve the perennial relationships problems between healthcare providers and patients in the health sector of Ghana as documented (Bannerman *et al.*, 2002; Turkson, 2009) and other countries with similar challenges.

This will be beneficial because much of what is being done in relationship marketing and customer relationship management has a bearing on both business-to-business and business-to-consumer marketing and on manufacturing as well as services (Gummesson, 2004).

6.2. Implications for Methodology

Application of quantitative research method enabled us to quantify patients' satisfaction with eight adopted relationship marketing indicators/enablers. Thus, these initial attempts are encouraging and provide a basis for identifying consumers' concerns in order to help them become more effectively involved in their own care (Kincey *et al.*, 1975). This has also improved the validity and reliability of the results. Kincey *et al.* (1975) suggest that consumer involvement might help improve research validity. Indeed, the involvement of consumers in health research has been emphasized (Boote *et al.*, 2002).

6.3. Limitations and Future Research

There were few challenges in the overall success of the entire study. Although we anticipated surveying 200 participants, we ended up with 160 answering the questionnaires, giving overall return rate of 80% (160/200). Out of the estimated 75 patients of PSSH, according to our sample size calculation, we were only able to count 38 patients who returned their questionnaires, giving a return rate of 51% (38/75).

There are still some areas that this study could not cover which future researchers should seek to address. The current study focused on only two specialist hospitals in the Greater Accra region. Moreover, there were only 122 and 38 patients for PSRH and PSSH respectively. Consequently, the number of respondents should be increased to cover more public and private healthcare institutions and patients of both public and private hospitals in other regions of the country. Future studies should examine the understanding of how relationship marketing orientation could enhance patient satisfaction with healthcare services delivery from the perspectives of healthcare providers in hospitals.

Funding: This research was funded by the Office of Research, Innovation and Development (ORID), University of Ghana, with Project Reference Number: URF/8/Sf-018/2014/2015. We appreciate this financial support.
Competing Interests: The authors declare that they have no competing interests.
Acknowledgement: The initial conception was developed by the first and corresponding author. Both authors were involved in data collection and analysis, development and confirmation of the manuscript.

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