CUSTOMER EXPERIENCE MANAGEMENT AND LOYALTY IN HEALTHCARE SECTOR: A STUDY OF SELECTED PRIVATE HOSPITALS IN LAGOS STATE, NIGERIA

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Matriculation Number: CU021120020

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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.) IN MARKETING

April, 2017

ACCEPTANCE

This is to attest that this Thesis is accepted in partial fulfilment of the requirements for the award of the degree of the Doctor of Philosophy in Marketing in the Department of Business Management, College of Business and Social Sciences, Covenant University, Ota.

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DECLARATION

I, **BORISHADE Taiye Tairat**, (CU021120020), hereby declare that this Ph.D thesis titled "Customer Experience Management and Loyalty in Healthcare Sector: A Study of Selected Private Hospitals in Lagos State, Nigeria" was undertaken by me under the supervision of Dr. R. E. K. Worlu and Dr. O. J. Kehinde.

The work presented in this thesis has not been presented, either wholly or partly, for any degree elsewhere before. All sources of scholarly information used in this thesis were duly acknowledged.

BORISHADE Taiye Tairat …..……

Signature & Date

CERTIFICATION

We certify that the thesis titled "Customer Experience Management and Loyalty in Healthcare Sector: A Study of Selected Private Hospitals in Lagos State, Nigeria" is an original work carried out by BORISHADE Taiye Tairat, with Matriculation Number: CU021120020, of Marketing Programme in the Department of Business Management, College of Business and Social Sciences, Covenant University, Canaan land, Ota, Ogun State, Nigeria. We have examined the work and found it acceptable for the award of a degree of Doctor of Philosophy in Marketing.

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DEDICATION

This project is dedicated to God Almighty, who created me, my strength and my inspirations, whose continuous blessings and infinite mercies upon me have been the major source of my success.

To my lovely husband; Mr Borishade Oluwafemi. I feel blessed to have you in my life and to my lovely children Oreoluwa Borishade and Olaoluwa Borishade for their support and understanding throughout the work.

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"A man can receive nothing, except it be given him from heaven" (John3v27 KJV).

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LIST OF ABBREVIATIONS

CEM	Customer Experience Management
SERVQUAL	Service Quality
RII	Relative Importance Index
CATREG	Categorical Regression

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ABSTRACT

Sequel to the emergence of the service economy, marketing, which was known for only physical goods has now widened its scope to cover all areas of services. As a result of the frantic efforts made by service marketers to ensure that services are not merely delivered, but experienced by the consumers, the world economy has witnessed a metamorphosis from a service economy to an experience economy. The healthcare sector is following suit. It is on this premise that this study examined customer experience management and loyalty in the healthcare sector using private hospitals in Lagos State, Nigeria. The primary objectives of this study were to determine the roles of functional, mechanic and humanic clues as well as how customer experience relates to customer satisfaction. The secondary objective was to assess the moderating impact of buyers' psychological characteristics in the relationship between customer experience management and loyalty. In order to achieve these objectives, five hypotheses were formulated from the research questions raised to guide the study. The study employed survey research design and the data were generated via the combination of structured and unstructured questionnaire. A total of 489 copies of the questionnaire (365 for customers and 124 for healthcare service providers) were retrieved from the selected four private hospitals in Lagos State. Multi-stage sampling techniques were employed in the study. Using the Categorical Regression CATREG analysis, the study found that functional clues have positive influence on repeat purchase actions of customers. Mechanic clues have positive effect on brand insistence, while humanic clues have significant positive effect on switching restraint. Perfect positive relationships exist between customer experience and customer satisfaction and lastly buyers' psychological characteristics moderate the relationship between customer experience and customer loyalty. Based on these findings, the study recommended, among other things, that health care managers must concentrate on understanding their patients' needs, desires, cultural attitudes and then design tailored, reliable products, services that will enable them to satisfy those needs and wants. Healthcare managers must ensure that the environment of the healthcare organization is conducive for the patients always; and finally, healthcare managers should have a good grasp of consumer behaviour, so as to help them know their customers, their perceptions, motivations, learning and beliefs/attitudes and how all these will influence their buying behaviour.

Keywords: Customer, Experience, Customer Experience Management, Satisfaction, Buyers' Psychological Characteristics and Loyalty.

CHAPTER ONE
INTRODUCTION

1.0 Background to the Study

A major concern of human beings today is the suitability of health care service delivery. Consumers are taking an innovative approach to health care services as they have the basic information and are willing to take responsibility concerning their health. The more mindful ones exhibit the capacity to update situational awareness continuously and probe service clues and market trends (Ndubisi, 2014). Thus, health care consumers have extremely greater expectations and as such they require an extraordinary level of care, consistency, sensitivity and compassion. In other words, they require superior health care services nowadays compared to how it was in the past (Lim & Nelson, 2000). Consumers are more judgmental about the worth of healthcare services being delivered (Lim & Nelson, 2000). Due to the paradigm shift in health care services, the providers need to take cognizance of consumers' rising expectations and perceptions and concentrate on improving the quality of health care service delivery. Generally, delivering good quality health care is the moral responsibility or duty of all health care service providers (Zineldin, 2006) and getting sound quality health care is the right of every customer too (Pickering, 1991).

Customers anticipate service firms to be acquainted with their profession and to preserve their essential service promises. Minor clues can serve as an indication that the service is excellent and has a reasonably greater influence on how customers evaluate their whole service experience—and thus help them to decide which services to make use of again. Customers constantly have an experience, whether bad, good or indifferent when they buy product or service from firms (Carbone & Haeckel, 1994). The main point is how well the firm handles the experience. In selecting and consuming services, consumers seek and further process more information than what supervisors and service providers often realize. Customers often act like investigators concerning how they handle and manage "clues" entrenched in the service experience into an array of feelings (Berry, Wall & Carbone, 2006). Consumers think about these clues and their feelings when choosing to buy or not to purchase a product/service and when appraising the product/service before, during and after use (Berry *et al.*, 2006). The more important, variable, complex, and personal the service is, the more detective work customers are likely to do as they sense experience clues. Hospital patients, for example, are expected to be quite detective-like, if they are alert. Few

service experiences are more important, variable, complex, and personal than health care services and consumers are eager for any evidence of the hospital's competence and caring especially in a competitive environment (Berry *et al.,* 2006).

The competitive combat zones of differentiators are shifting compared to how it was a few years ago (Mascarenhas, Kesavan & Bernacchi, 2006). To remain competitive, a lot of organisations have espoused concepts like customer relationship management (CRM) and relationship marketing (Palmer, 2010). The roles of customer relationship management (CRM) in managing customers and improving services to them have been well recorded in business literature (Palmer, 2010). In recent days, lot of organisations, more so those in the healthcare service industry utilize CRM as a means to satisfy their customers better. Nevertheless, empirical studies revealed that applying CRM did not produce the outcomes that marketers have anticipated (Palmer, 2010; Meyer & Schwager, 2007; Schmitt, 2003). Presumably, the remarkable facts of speedy shifts in business environs and customers' demands call for the use of customer experience management (CEM) to accomplish viable competitive advantages in the end (Gentile, Spiller & Noci, 2007). Thus, "customer experience management approach'' is a comparatively new method to enhance customer orientation and eventual customer satisfaction and loyalty (Palmer, 2010). Again, in recent times, concentrating on customers' health through customer experience is increasingly attracting the attention of both practitioners and academics (Palmer, 2010; Voss, Roth & Chase, 2008; Schmitt, 2003). A lot of service organisations (especially health care organisations) are acknowledging the significance of steady customer relationships, and concentrating on the improvement of the whole customer experience (Johnson, 1999). The increasing interest on the customer experience concept prompted an innovative management framework to improve organisations' differentiation abilities called customer experience management (CEM) (Haeckel, Carbone & Berry, 2003).

Customer experience management (CEM) signifies an entirely new concept that is wider and more encompassing when matched with traditional marketing approaches (Haeckel *et al.,* 2003). CEM is a universal approach that ensures efficient management of customer experiences in every main point of contact with a company (Meyer & Schwager, 2007). It allows the company to ascertain and afterwards minimize the disparities between customer anticipations and real customer experiences at the main point of contact (Meyer & Schwager, 2007). The customer experience has been explained as comprising three main

elements: functional clues, mechanic clues and humanic clues (Haeckel *et al.*, 2003). In this study, each of these clues was examined in relation to their impact on higher order relationship outcomes – customer satisfaction and loyalty.

Essentially, customers' satisfaction scores are referred to as solid predictors of their forthcoming desires and intentions (Siu, Zhang & Yau 2013). Westbrook (1987) opines that satisfaction is considered as the focal moderator about post-purchase behaviour, linking pro-choice result convictions with post-choice cognitive structure, customer communications, and repurchase self-destructive considerations and conduct. Previous studies have revealed that mindful service providers in healthcare organisation delight in good relationship benefits as they are attentive and sensitive to the consumer's wants/needs, and also eager to adjust or transform service as a result, and in that way build greater value (Ndubisi, 2012 & 2014). On the other hand, customer loyalty has been defined as an extremely held guarantee to repurchase or repatronize a favorite product or service at the time to come despite the situational impacts and marketing forces to instigate switching behaviour (Oliver, 1999). Furthermore, Ndubisi (2014: 241) explained that there are three "elements or characteristics of a loyal customer: they are loyal in their attitude toward the brand/service provider (attitudinal loyalty); they are loyal in their actions toward the brand/service provider (behavioural loyalty); and they do not so easily switch brand/service provider (switching restraint)". Also brand insistence is a form of extraordinary customer loyalty to a specific brand named goods/services where customers vigorously chase the possession and will not recognize any alternative brand (Dickinson, 2004).

This study also examined the moderating role of buyers' characteristics which, according to Kotler and Amstrong (2008), comprises social, cultural, personal and psychological factors in enhancing relationship outcomes. In specific term, emphasis was on buyers' psychological characteristics, namely: perception, motivation, learning and beliefs and attitudes. In health care service delivery, the consumer is a customer pursuing several roles. When improving care processes, experiences of consumers are guided by different psychological factors such as consumer perception, motivation, learning and beliefs and attitude. Consumers' previous experience with the organisation, knowledge of how other consumers were handled, and perception of the consumer about the products/services of the service provider may affect the assessment of customer experience (Tax, Brown &

Chandrashekaran,1998). It is on this basis that this study attempted to examine customer experience management and loyalty in the health care sector in private hospitals in Lagos State, Nigeria.

1.1 Statement of the Research Problem

Customer experience has become the most significant and fundamental factor in promoting organisational success across all industries and businesses in the world (Pine & Gilmore, 1999). Furthermore, it has been stressed that it is significant for organisations to concentrate on enhancing customer experience, asserting that differentiation policies or plans built on price and service are not sufficient in this age and times (Pine & Gilmore, 1999). Nevertheless, absolute empirical validation buttressing these assertions is scarce. Meanwhile, organisations in the "health care sector operates in an extremely difficult environment with little or no room for errors or service failures, as errors may result in disastrous consequences such as death (in extreme cases), customer dissatisfaction, and defection" (Ndubisi, 2012:537). Suffice it to say that the healthcare sector is an area that requires delivery of superior performance, which can better be actualized through effective customer experience management strategy (Malone, 2015).

The health care sector in Nigeria has experienced numerous service delivery failures that have resulted in a loss position (Onwujekwe, Onoka, Uguru, Nnenna, Uzochukwu & Eze, 2010). Despite the fact that Nigeria occupies a strategic position in Africa; the nation is critically below standard in the area of health care (Onwujekwe *et al.*, 2010). The paucity of access to quality health care services and fragmentation of services have constrained many Nigerian patients to fall back to medical tourism in foreign countries to acquire quality medical services (Okeke, 2008). This development has undoubtedly led to a depletion in Nigeria's foreign exchange reserves. Also, instead of improving the health care services in the nation, top officials of government regularly look for medical treatment overseas, most especially for the utmost rudimentary health care needs (Benson, 2011). The question now arises, what could the healthcare service providers in Nigeria do to restore the confidence of their customers and discourage the patronage of alternative medicines or travelling overseas for the same services that they can receive in Nigeria? Meanwhile, marketing strategy research has suggested that organisations with customer experience focused strategies in service delivery have a tendency to deliver superior performance that can retain customer satisfaction and loyalty (Mittal, Anderson, Sayrak, & Tadikamalla, 2005; Rust,

Moorman, & Dickson 2002), but the roles which customer experience management plays in enhancing customer loyalty directly and indirectly in the health care sector of developing countries such as Nigeria are yet to be established. Functional clues represent the "technical quality of the healthcare offering, revealing the reliability and competence of the service" (Berry *et al.,* 2006). Therefore, an empirical scholarly research is needed to improve the knowledge of the influence of functional clues on repeat purchase actions.

Furthermore, the health care sector in Nigeria remains feeble, as seen in the paucity of organisation, disintegration of services, scarcity of resources, insufficient and declining infrastructure, and inequality in resource circulation (Osain, 2011). Tabibi, Ebadifard and Tourani (2001) contend that the health facilities built-in the Nigerian health centers or hospitals are as ancient as the health centers themselves. Most of the health equipment are unusable and they require absolute replacement (Tabibi *et al.*, 2001). The lack of maintenance of the physical environments, buildings in the Nigerian health centers offers difficulties in quality health care services delivery (Tabibi *et al.*, 2001). Meanwhile, the existing literature shows that mechanic clues trigger emotional responses that make customers decide to insist on the service or stop dealing with the service provider (Hoffman & Turkey, 2002; Tombs & McColl-kennedy, 2003). In spite of the visible prominence of mechanic clues, there are astonishing absence of empirical study dealing with its role in the consumption situation (Tombs & McColl-kennedy, 2003; Wakefield & Blodgett, 1999) as well as its influence on consumers' attitude toward the organisation (Foxall & Yani-de-Soriano, 2005; Cronin, 2003). In the tourism and hospitality literature, Bonn and Lawrence (2005) asserted that scholars have emphasized more on the influence of mechanic clues on the "destination image". This research sought to find out the influence of mechanic clues on brand insistence of customers in the Nigerian healthcare sector.

In Nigeria, frequent strikes by public healthcare providers on account of renumeration and working conditions indicate that the employees are not well motivated; and as a result the delivery of services to the customers (patient) is adversely affected (Khemani, 2004; Okeke, 2008). The patient (customer) experience can be considered as a sequence of composite healthcare processes, each one consisting of several acute points of contact between the patients and the employees of the health organisation (Berry *et al.*, 2006). These "touch points" for an appointment, checking in at the reception desk, communicating with the physician, and receiving test results – are "moments of truth" at which patients form the

most vivid impressions and perceptions about an organisation (Carlzon, 1987). At each touch point, customers appraise the quality of care and information and, eventually, resolve if they will re-patronize or recommend the firm to others (Berry *et al.*, 2006). The research problem here is to identify the roles humanic clues (contact employee behaviour) play in enhancing or influencing customer switching restraint in the Nigerian health care sector.

According to Richard and Ronald (2008), managing the experience of the customers between the health care service provider and the customer is a very vital tool for the healthcare organisation, a positive experience between the healthcare service provider and the customer will enhance customer satisfaction, which in turn leads to loyalty. A positive experience between the healthcare service provider and their patients (customers) does not solely increase satisfaction, but also aid in nurturing real interactions between the two parties, which can have an improvement on the quality of their life, health as well as in managing chronic diseases (Arora, 2003). However, failure in managing this experience can lead to customer dissatisfaction, which can result in mistrust towards the health care organisation (Ndubisi, 2012). Patients' satisfaction and the medical treatment received are vital health outcomes of capacity utilisation (Maxwell, 1984). However, while there are extensive literature on customer experience and patients' satisfaction with health care services in developed countries (Carr-Hill, 1992; William, 1994), there exist very few studies exploring customer experience and patient satisfaction with medical services in a developing nation like Nigeria (Gilson, Alilio & Heggenhougen, 1994; Newman, Gloyd, Nyangezi, Machubo &Muser, 1998). Thus, this study also examined the relationship between customer experience and customer satisfaction in the health care sector of Nigeria.

In addition, consumer behaviour scholars have examined those psychological factors that influence consumers' patronage behaviour as motivation, perception, learning and beliefs and attitudes (Kotler & Amstrong, 2008). The literature on customers' service/product and providers' appraisals and selections, has established that customers are guided by service/product clues while appraising service delivering (Akdeniz, Calantone, & Voorhees, 2013; Park & Park, 2013). Product /service cues function as pointers of superiority and influence customers' view of total brand value (Chowdhury & Biswas, 2011; Zeithaml, 1988). Unequal outcomes of service views of customer experience may occur. Therefore, understanding how a consumer's first perception of a service provider can impact diverse components of the consumer's later experiences when dealing with the service provider and

how persons experiences affect service perceptions in the future is necessary. In addition, good customer service perceptions can impact customer experiences in a different way than bad customer service perceptions (Verhoef, Lemon, Parasuraman, Roggeveen, Tsiros, & Schlesinger, 2009). Hence, this research also examined the extent to which buyers' psychological characteristics can act as a moderator of the relationship between customer experience management and loyalty.

1.2 Objectives of the Study

The overall objective of this study is to examine customer experience management and customer satisfaction and loyalty in selected private hospitals in Lagos, State, with a view to identifying the moderating role of buyers' psychological characteristics in the relationship between customer experience management and customers' loyalty in the health care sector of Nigeria. The specific objectives are to:

I. determine the role of functional clues in eliciting repeat purchase actions from customers of health care service firms in selected private hospitals in Lagos, Nigeria;
II. investigate whether mechanic clues of health care service influence the brand insistence of customers in the health care sector in selected private hospitals in Lagos, Nigeria;
III. examine the extent to which the humanic clues affect the switching restraint of customers in the selected private hospitals in Lagos, Nigeria;
IV. examine the relationship between customer experience and customer satisfaction in the selected private hospitals in Lagos, Nigeria, and
V. ascertain whether buyer's psychological factors moderate the relationship between customer experience management and customer loyalty in the healthcare sector in selected private hospitals in Lagos, Nigeria.

1.3 Research Questions

In order to achieve the objectives of this research, the study sought to provide answers to the following research questions:

I. What roles do functional clues play in eliciting repeat purchase actions of customers in healthcare service firms in Nigeria?
II. How does the mechanic clue influence the brand insistence of customers in the health care service sector of Nigeria?

III. In what ways do humanic clues affect customers switching restraint in health care sector of Nigeria?

IV. Is there any significant relationship between customer experience and customer satisfaction in the health care sector of Nigeria?

VI. To what extent can buyer's psychological factors moderate the relationship between customer experience management and customer loyalty in the healthcare sector in selected private hospitals in Lagos, Nigeria.

1.4 Research Hypotheses

In conceptualizing customer loyalty as a dependent construct, it is significant for organisations to understand that loyalty is the outcome of positive marketing strategy in a competitive marketplace that produces value for the customers (Oliver, 1999). This is because loyal customers generate constant revenue as a result of repeat purchases and reduction of cost based on reduced promotional costs, which increase profits (Li & Green, 2011). Empirical studies also indicate that organisations that deliver total customer experience gain the loyalty of their customers (Smith & Wheeler, 2002). If health care customers are not loyal to the organisations, then, the organisations will be at a disadvantage and will have to invest in different marketing strategies in order to gain customer loyalty (Ndubisi, 2012). Meanwhile, functional clues represent the dominant of all service/product because these clues tackle the problem that takes the consumer to the healthcare organisation (Berry *et al.,* 2006) and can determine whether customers will patronize the organisation or not. The research problem addressed here is to examine how the functional clues can influence repeat purchase actions of customers in healthcare service firms in Nigeria using Lagos as a case study. Hence, the research question is: What roles do functional clues play in eliciting repeat purchase actions by customers in healthcare service firms in Nigeria? Following from this, the first null hypothesis of the study is:

H_0: Functional clues do not play any significant role in eliciting repeat purchase actions by customers in the healthcare service firms in Nigeria.

Knutson (2000) has shown that the mechanic clues influence consumer choice of purchase or patronage. In fact, the study by Berry *et al.* (2006) reveals that customers act like private detectives when they look for information that can help shape their perceptions based on their feelings about the environment of service organisations. Customers shape their perceptions of the tangibles linked to the service for example, environmental factors of the

service organisation (Berry *et al.*, 2006). Subsequent study (Ryu & Jang, 2007) focused on the distinct effects of the physical environment on consumers' perception about the quality of service; however, there exist few studies carried out on the mechanic clues and brand insistence of the customer. This appears to be a significant area of study, since customers experience view the environment as important as any other clues. Thus this research explored the influence of mechanic clues on brand insistence of customers in the healthcare sector of Nigeria. Based on this, the research question is: How does the mechanic clue influence the brand insistence of customers in the healthcare service? Therefore, the second null hypothesis is:

H_0: Mechanic clues do not have a significant influence on the brand insistence of customers in healthcare sector in Nigeria.

The behaviour of service provider in the course of the service delivery provides strong clues that influence the perception of the customer on the quality of service (Berry, Leonard & Bendapudi, 2003). The behaviour of the service providers, the first point of contact, is critical to the customer perception of quality which can lead to customer satisfaction or dissatisfaction (Kivela, Inbakaran, & Reece, 2000). Therefore, service providers in healthcare service organisations should be proficient in order to offer continuous superior performance in the business. The research objective here is to address the roles humanic clues play in enhancing or influencing customer switching restraint in the health care sector of Nigeria. The research question is: In what ways do humanic clues influence customer switching restraint in health care service in Lagos, Nigeria? Therefore, the third null hypothesis of this study is:

H_0: Humanic clues do not have significant effect on switching restraints of customers in the health care sector of Nigeria.

Customer satisfaction can be seen as customer's total judgment of the experience and response towards a specific service encounter (Boshoff & Gray, 2004; Cronin & Taylor, 1992). Here, customers form a personal criteria to match the service experience, if the performance is more than the customer expectations, then the customer is satisfied. It is generally known that customer satisfaction measurement is the consumer post-consumption measurement of the product/service (Yuksel & Rimmington, 1988; Churchill & Surprenant, 1982). Therefore, another research problem addressed in this thesis is to investigate how the delivery of total customer experience influences the satisfaction of customers in the

Nigerian health care service firms. The research question is: Is there significant relationship between customer experience and customer satisfaction. Thus, the forth null hypothesis stated in this study is:

H_0: There is no significant relationship between customer experience and customer satisfaction.

Empirical evidence (Zeithaml and Bitner, 2000) also show that service quality depends totally on the feeling customer has about the delivery of service provided during the time of service. It is also known that, customer experience and customer satisfaction are inseparably connected service quality which invariably lead to customer loyalty (Rowley, 1999). However, notwithstanding those best-laid plans, there would be specific parts of the experience that cannot be completely controlled by the company because individual feelings, perceptions and behaviours can change the customers' experience management (Richardson, 2010). To this end, the research problem here is to understand the influence that buyers' psychological factors have on the relationship between customer experience management and loyalty. The research question is: To what extent can buyer's psychological factors moderate the relationship between customer experience management and customer loyalty.

H_0: There is no significant moderating effect of buyers' psychological factors on the relationship between customer experience management and customer loyalty.

1.5 Significance of the Study

The findings of this study are valuable to the academia, industry, policy makers, consultants/ practitioners and to the society in the following ways. This study serves as an academic contribution towards theory advancement and improving the performance and competitiveness of the Nigerian health care sector. It contributes to consumer behaviour literature by increasing the leading edge knowledge in customer loyalty through customer experience management and equally relevant in Nigeria today where most health care service providers are performing far below expectations of the health care service consumers. Also, the need to increase our general understanding of customer experience management and apply same to the Nigerian health care sector.

To the industry, this research is significant to the health care service providers as it informs on how to manage customer experience effectively and efficiently in order to achieve

organisational goals and objectives. It will assist them in the provision of highly impactful quality service to all their customers and also save cost because keeping an existing customer is more cost effective than trying to get a new customer. The results of the research will also be of benefit to health care service providers on how to use customer experience management to build long-term client-customer relationships.

The policy makers and regulatory bodies in health care sector could use the result of this research in the formulation and the ratification of policies. Also, the Federal Ministry of Health could use the study's instrument to gather data on patients' experiences with healthcare service providers so as to provide strategic policy decisions. The study is significant in making contributions to knowledge on this topical area, and the findings can influence policy formulation by the Federal Ministry of Health.

To the health care consultants/practitioners, this study is relevant because there is a need to properly adapt customer experience management approach in an extremely sensitive service sector, that is, the healthcare sector in developing countries especially Nigeria, for more effective and efficient performance. This research can help healthcare practitioners to understand customer experience management, and also adapt same in carrying out their business activities in a most efficient manner.

This study is important to the society as a whole, because the application of the outcome of this study can enhance access by the public to quality, appropriate, and memorable service experience that is worth of services that is being paid for.

1.6 Scope of the Study

This research is directed at managing the customer experience and loyalty in the healthcare sector in Nigeria using selected private hospitals in Lagos State. For the purpose of this study, the focus is on western health care services. Since it is impossible to cover the entire private health care service sector in Nigeria, the study targeted selected representative of private health care hospitals in Lagos (these hospitals include Lagoon Hospital, Reddington Hospital, EKO Hospital and St. Nicholas Hospital). The study is focused on private hospital because the research looked at the marketing aspect of health care. Also the researcher decided to choose Lagos State because, this State comprises different classes of individuals with distinct income groups, distinct cultural and religious background. It is therefore, a

reliable representative of Nigeria because it is the miniature of Nigeria. Besides, the four hospitals were purposively selected because they are adjudged to be among the best private hospitals in Nigeria based on their standard and popularity, length of existence, standard medical equipment and high customer patronage (Toriola, 2014). The study also focused on the psychological elements of buyers' characteristics as the moderating variable.

1.7 Outline of the Thesis

This thesis is divided into six chapters. It begins with chapter one comprising background to study, objectives and research questions as well as the definition of terms. Chapter two contains a widespread review of relevant literature in the study area. In this chapter, the conceptual, empirical and theoretical framework are discussed. Chapter three presents the methodology which centers on the research design, instruments and methods adopted in carrying out the research. Data presentation, interpretation of results and test of hypotheses are presented in Chapter four. The discussion of findings is in Chapter five and lastly, the summary of Findings, conclusion and recommendations are presented in Chapter six.

1.8 Operationalisation of the Research Variables

The operationalisation of the research variables are presented below:

The title of the research is "Customer Experience Management and Loyalty in Healthcare Sector: A Study of Selected Private Hospitals in Lagos State, Nigeria.

The title of the research is presented in a mathematical model as:

$$Y = f(X)$$

Where Y = dependent construct (Customer Loyalty) representing the dependent variable

X = Independent construct (Customer Experience Management) representing the independent variables

Customer Loyalty (CL) is a function of Customer Experience Management (CEM) which can further be desegregated into:

Customer Experience Management or $X = x_1, x_2, x_3, x_4, \ldots x_n$.

Where the above components can be presented as follows:

x_1 = Functional Clues.

x_2 = Mechanic Clues

x_3 = Humanic Clues

Also from the dependent construct (CL), we have

Customer Loyalty or $Y = y_1, y_2, y_3, y_4 \ldots y_n$.

Where:

y_1 = Repeat Purchase

y_2 = Brand Insistence

y_3 = Switching Restraint

y_4 = Customer Satisfaction

Z = Buyers' Psychological Factors

Therefore, it could be said that CL = f (CEM)

That is, continuous customer loyalty is a function of effective customer experience management. Put succinctly, customer loyalty can only be sustained when marketers effectively manage the customers' experience during and after buying contexts. This is graphically shown in Figure 2.6 which is the conceptual framework of the study.

1.9 Definition of Terms

Customer: An individual or business that purchases the goods and services produced by a business. The customer is the end goal of business, since it is the customer who pays for supply and creates demand (Worlu, Kehinde & Adegbuyi, 2007).

Experience: An experience is an immediate, relatively isolated event with a complex of emotions that leave an impression and represent a certain value for the individual within the context of a specific situation (Boswijk, Thijssen & Peelen, 2007).

Customer experience: Customer experience is the sum of those meetings, visions and feelings that a customer form from a company's operations (Löytänä & Kortesuo, 2011).

Customer experience management: Customer Experience Management is the process of strategically managing a customer's entire experience with a product or a company (Schmitt, 2003).

Functional clues: These are the (core product/service) that is, the technical quality and the reliability of the service offering (Berry, *et. al.,* 2006)

Mechanic clues: These are defined as the (physical environment) that is, the environments in which the seller and consumer interact combine with tangible commodities that facilitate performance and communication of services (Berry *et al.*, 2006).

Humanic Clues: These represent the employees behaviour/interaction, that is the actions and appearance of the employees and the service provider, such as choice words, tone of voice and level of enthusiasm, body language, neatness and appropriate dress (Berry *et al*., 2006).

Customer loyalty: Loyalty is a deeply held commitment to rebuy or repatronize a preferred product or service in the future despite situational influences and marketing efforts that have the potential to cause switching behaviour (Ndubisi, 2014).

Brand Insistence: Is a form of extraordinary customer loyalty to a specific brand named goods/services where customers vigorously chase the possession and will not recognize any alternative brand (Dickinson, 2004).

Repeat purchase: Repeat purchase behaviour reflects the behavioural dimension of customer loyalty (Dick & Basu 1994)

Behaviourial loyalty: They are loyal in their actions toward the brand/service provider (Oliver,1977)

Attitudinal loyalty: They are loyal in their attitude toward the brand/service provider (Oliver,1977)

Switching restraint: They do not so easily switch brand/service provider (Oliver, 1977)

Customer satisfaction: Customer satisfaction is a state of equilibrium or delight or met expectations or self-fulfillment by a customer after a purchase and/or consumption experience (Worlu, 2014).

Buyers' characteristics: Buyer characteristics refer to the cultural, social, personal and psychological factors that influence the consumption or the purchasing pattern of a consumer (Kotler & Amstrong 2008).

Psychological factors: A person's buying behaviour choices are further influenced by four major psychological factors: motivation, perception, learning, and beliefs (Kotler &Amstrong, 2008).

Customer's Orientation: The whole organisation is concentrated on the satisfaction of its customer's needs.

Perception: This is the process by which an individual selects, organizes, and interprets information inputs to create a meaningful picture of the world (Kotler & Amstrong, 2008).

Motivation: This is a need that is sufficiently pressing to drive the person to act (Kotler Amstrong, 2008).

Learning: It involves changes in an individual's behaviour arising from experience (Kotler and Amstrong, 2008).

Beliefs: This is a descriptive thought that a person holds about something (Kotler & Amstrong, 2008).

Attitude: is a person's enduring favorable or unfavorable evaluations, emotional feelings and action tendencies toward some object or idea (Kotler & Amstrong, 2008).

Medical Tourism: "This is the trade in health services that takes place outside the framework of existing trade agreements, whether bilateral or multilateral" (Arunanondchai & Fink, 2007)

CHAPTER TWO
LITERATURE REVIEW

2.0 Preamble

The growing interest of managers has been on the increase as they are now conscious of the need to build value for their consumers in the form of experiences. In order to manage these experiences, organisations must have a good grasp of what "customer experience" really means and not as giving entertainment or being creative (Berry, *et al.*, 2002; Grewal, Levy & Kumar, 2009). A service is a process or an activity, the customer's experience is customers' individual understanding of, the service method, their dealings and participation in the process via a cycle of meeting points, and the feelings of customers about those processes (Meyer & Schwager 2007; Johnston & Clark 2008; Ding, Hu, Verma, & Wardell 2010). The experience (Vargo & Lusch 2004) is seen essentially from the individual customer's viewpoint and is naturally personal, happening only in the mind of the consumer. Therefore, two consumers can never get the same experience (Pine & Gilmore 1998). Scholars in marketing and student of consumer behaviour have done a lot of studies on the concepts of customer satisfaction and loyalty, but this research is set to find out the influence of customer experience management on customer satisfaction and loyalty, using buyers' psychological characteristics as the moderating variables. Therefore, this chapter is divided into three; the conceptual framework, followed by the theoretical framework and the empirical framework.

2.1 Conceptual Framework

This section focuses on the concepts of consumer behaviour that are pertinent to the study. It comprises customer experience management issues, the definition of each of the concept under customer experience, the current state of health care services in Nigeria, the concept of customer satisfaction, customer loyalty and buyers' characteristics in the healthcare sector.

2.1.1 An Overview of Consumer Behaviour

Marketing usually begins with identifying the needs of the consumer and ends with the satisfaction of the consumers (Achumba, 2006). Consumers are the kings in the marketplace and without the consumers, no organisation can survive (Durmaz, 2014). Consumers consume goods/services produced by the organisation (Achumba, 2006). As such, they play a crucial role in the development of the economic system of any nation because if there are no actual demand that originates from the consumers, then the economy practically breakdowns (Durmaz, 2014). Since all business activities revolves round the consumer, then the study of consumer behaviour has become very important (Khan, 2007). Consumer is an individual, company, or other object which purchases goods/services manufactured by other individual, firm, or object (Durmaz & Jablonski, 2012). Consumer behaviour is the study that is concerned about consumer buying behaviour, with the consumer playing the roles of the buyer, payer and user. According to Priest, Carter, and Stat (2013), consumer behaviour is the mental, passionate and physical undertakings that individuals involve in while choosing, buying, consuming and disposing of products/services to satisfy consumer's needs, wants and desires. In the field of healthcare services, a "consumer" is regarded as a patient, the healthcare service providers deal with the patient expectations in order to reduce discrepancies between the patient expectations and the real experiences (Baker, 1998).

2.1.2 The Concept of Customer Experience Management

In the mid-1980s, Holbrook and Hirschman (1982) were the foremost authors to establish the notion of customer experience. In the late 1990s the concept became more relevant with Pine and Gilmore (1999) in their book Experience Economy (Gentile *et al.*, 2007). Subsequently, other consumer behaviour scholars have stretched their opinion from the conventional method which regarded consumers principally as rational decision makers (Holbrook & Hirschman, 1982). In today's business environment, the concept of customer experience is becoming an essential component to grasp consumer behaviour (Addis & Holbrook, 2001). Also, Carbone (2004) argued that the creation of value for consumers by offering an overall outstanding experience has become an increasingly used strategy. The significance of experience as a worth exposition is as ageless as business itself (Carbone (2004). Hence, creating the overall outstanding experience is an essential variable relative to building worth for the consumer which is vital to building loyalty (Donnelly, Lynch & Holden, 2008). Different literature and marketing experts accept the significance of

experience as a method of creating value for companies and their customers (Shaw & Ivens 2005; LaSalle & Britton, 2003 and Gentile, *et al.*, 2007). The objective of customer experience management is to have a good grasp of customer experience from a consumer's perception and proceed to enhance that experience with the purpose of maximizing value for the customer and the company (Meyer & Schwager, 2007). Meyer and Schwager (2007) stated that customer experience management encapsulates and delivers what a consumer thinks concerning a company. In spite of the various supports, the concept of customer experience is deficient of strong foundation, mostly because, the concept of "experience" is vague (Carù, & Cova, 2007). In order to comprehend the importance of the notion customer experience, it is essential to first look at the definitions of experience followed by the definition of other basic terms such as "customer experience" and "customer experience management.

2.1.2a Experience: Definitional Clarification

Pine and Gilmore (1999) defined experience as an innovative economic contribution, which occurs as the subsequent stage after commodities, products and services in what is known as the development of economic worth. The Oxford English dictionary defined the term 'experience' as the real surveillance of or practical knowledge with realities and events (Swannell, 1992). From the consumer behaviour perspective, an experience is principally an individual event, often with significant emotional implication, originated on the interface with stimuli, which are the services or products consumed (Holbrook & Hirschman, 1982; cited by Carù & Cova, 2003). Based on the above definitions, experience is seen as biased and respective in nature. Being biased means a respective emotional condition, e.g. customers' feelings in the course of the consumption experience are biased, which modifies with regards to variation in the environments (Addis & Holbrook, 2001). It also acknowledges the impact of emotions as significant characteristic of experience. Meanwhile, from marketing perspective, Carù and Cova (2003) see experience as objective in nature, where organisations attempt to develop memorable experiences at several touchpoints between the customers and the providers of service. Several scholars in marketing also emphasized creating memorable experiences (Arnould & Price, 1993; LaSalle & Britton, 2003). Pine and Gilmore (1999) stated that delivering an exceptional and extraordinary experience will make an organisation maintain competitive advantage.

2.1.2b Levels of Experience

According to Gnoth (2002), experiences take place on three levels, which are functional, experiential and symbolic. The functional level is concerned with the main features of a product/service, specifically, its mechanical useable. The experiential level relates to the tangible characteristics of an experience and finally, the symbolic level refers to the consumer's motives in the service. As a patient fascination starts to develop, the functional level concerning the crucial service is first of all developed, which ultimately serve as a pointer to all important services being created (Berry, 2006). With better emphasis on patient actions, healthcare organisations recognize the symbolic characteristic of the patient, and then endeavour to satisfy the patient's wants at the symbolic level (Palmer, 2010). However, as the functional level can be copied with ease by competitors, healthcare organisations can outperform their competitors by concentrating on the symbolic and the experiential levels (Gnoth, 2002).

2.1.2c Experience versus Services

Several scholars have distinguished between experience and service. Pine and Gilmore (1999) contended that organisations must know that real experience is different from service: As an individual purchases a service, he buys a set of claiming immaterial holding exercises conveyed out for him/her. However, when he purchases an experience, he pays to use all the long run enjoying an arrangement from claiming paramount occasions that an organisation phases – Similarly as a showy assume, which makes him participate on an individual approach. This means that building customer's experience is rooted in the ability of the organisation to individualize certain requirements (Mascarenhas *et al.*, 2006). Poulsson and Kale (2004) argued that the distinction between an experience and a service is that a service is to some degree what is being offered for you; it may include working on a person's body that is, a haircut or a person's property (Cutting the grass) or a duty executed for an individual. On the other hand, an experience will be an item that can do something on you (entertains, instruct or engage) and what the customer normally stroll out with may be those memory of the experience. For example, in health care service, no drug will be able to do any good except the patient is partaking and actively engaged (Richardson, Niger, Jensen, & Kumpfer. 1990). Certainly, a 20 percent rise in compliance with drug plans has shown to be twice as many survival chances in several patients (Richardson *et al.*, 1990). Also, Gupta and Vajic (2000) noted that what differentiates experience from both

product/services is the animated part that clients need aid provided for in making their client environment. Consequently, while items are fungible, products are tangible, furthermore services are intangible, and experience remain memorable (Pine and Gilmore, 2002). Echeverri (2005) defined service as something that turns into 'real' as the client interacts with particular prerequisites – for example, authoritative structures, activities, individuals and other clients. Gupta and Vajic (2000) viewed experiences as concerning a purchase procedure that emerges when the consumer associate with several aspects of the service. Also, service is a process or an activity, while the customer experience is the individual understanding that the customer gives to the service process, interactions with the service provider and their involvement in each of the chains of touch points and the feelings thereafter (Ding, *et al*., 2010; Johnston & Clark 2008; Meyer & Schwager, 2007). Experience is seen mainly from the angle of the customer, it is instinctively personal, residing only in the mind of the customer. Therefore, no organisation can give the same experience to two individuals (Pine &Gilmore, 1998; Vargo & Lusch, 2004).

2.1.2d The Nature of Customer Experience

Verhoef *et al*. (2009) identified the significance of previous consumer experiences, company's environments, service points, and the brands of the company on future experiences. They described the customer experience precisely as all-inclusive in nature and comprising the client's mental, emotional, responsive, social and touchable reactions to the seller (Verhoef *et al*., 2009). This experience is formed not just by those features that the organisation will be able to control (for example, service border, company's atmosphere, variety and price), but also by those features that are external to the organisation (for example, impact of other people, aim of shopping) (Haeckel, *et al.*, 2003).

According to Gentile, Spiller and Noci (2007: 397), *the customer experience originates from a set of interactions between a customer and a product, a company, or part of its organisation, which provoke a reaction. This experience is strictly personal and implies the customer's involvement at different levels. Its evaluation depends on the comparison between a customer's expectations and the stimuli coming from the interaction with the company and its offering in correspondence of the different moments of contact or touch-point*" These authors gave a comprehensive opinion on the notion of customer experience. First, the definition conceives that customer experience has several dimensions, which

implies that it incorporates the affective, cognitive, sensory, physical and relational dimensions (Gentile *et al.*, 2007). Furthermore, it identifies the significance of both emotional and rational parts of customer experience, which relates with the characteristics of experience (Gentile *et al.*, 2007). Thirdly, the touch point's concept takes into consideration all the points of customer experience in detail, right from before the purchase, during the purchase and after the consumption experiences (Gentile *et al.*, 2007; Davis & Dunn, 2002). Lastly, the definition also crystallizes customer experience dimensions by matching customers' previous expectations to real experience in different touch points (Gentile *et al.*, 2007; Davis & Dunn, 2002).

Furthermore, Meyer and Schwager (2007) defined customer experience as the inward and subjective reaction clients put together to any immediate or backhanded contact with an organisation. Immediate contact commonly happens in the span of purchase, use, and service administration, which is normally instigated by the client. Backhanded contact on the other hand, regularly includes unplanned encounters with delegates of an organisation's products/services or brands in addition takes those manifestation of word-of mouth commendations alternately criticisms, advertising, news reports, reviews and so on. It is also noted that customer experience emanates from a series of contacts among a consumer and a product, an organisation, or aspect of its company, which stimulates a response (LaSalle & Britton, 2003; Shaw & Ivens, 2005). This experience involves two main features: it is individual and means the customer participation at various levels (sensorial, rational, physical, emotional and spiritual) (Schmitt, 1999; LaSalle & Britton, 2003). The assessment of customer experience rests on the relationship between customer's expectations and the stimuli based on the interaction with the organisation and its offering in agreement with the various touch-points (LaSalle & Britton, 2003; Shaw & Ivens, 2005). The above definitions of customer experience have certain ideas in common. Particularly, experience is considered as internal and personal to the consumer. However, the subsequent definitions offer improved dimensions by emphasizing the series of touch points through direct and indirect contacts. Recognition of all the touch points is vital to deliver overall customer experience since the product can influence and be influenced by the direct and indirect touch points (Davis & Longoria, 2003).

Indeed, it has been established in the literature (Gupta & Vajic, 2000; stated in Pullman & Gross, 2004) that an experience takes place when a consumer has any feeling or information

acquisition as a result of some degree of dealings with diverse components of a setting generated by the service provider. Gupta and Vajic (2000) see context as the tangible and interpersonal settings, where consumers deduce and add up the physical environs, dealings with the providers of service and other consumers in a certain service situation. Based on the foregoing definitions, it can be inferred that the notion of *context* is not directly expressed. Going by this definition one may reason that the different touch points can be seen as context as supported by Pine and Gilmore (1999) who noted that a careful design of contexts can trigger customer's emotions in a unique, unforgettable and meaningful ways.

From the definitions presented here, it can be said that customer experience, primarily develops from all points of contacts between an organisation and its customers. These points of contacts are termed "touch points", which are very vital in this research study. The significance of these touch points can be seen in two ways: 1.) from the customers' perspective and 2.) from the company's perspective. The customers' views or opinions of the quality of service of a firm are the mixture of their previous experiences and the real service delivered at the point of contact (Boulding *et al.*, 1993). This means that consumers utilize touch points as a means of measuring the accomplishment of the company. Conversely, from the company's perspective, deliberately executed experiences via touch points can lead to an overall customer experience and as a result build loyalty (Pullman & Gross, 2004). A lot of scholars also concentrate on customer experience as a contemporary prise to build value for the organisation and the consumer (Caru` and Cova, 2003; LaSalle and Britton, 2003; Shaw and Ivens, 2005; Smith and Wheeler, 2002).

2.1.2e Components of Customer Experience

Richardson (2010), an organisation must outline and comprehend the entire components of customer experience to have long-standing success. The notion of customer experience was regarded as a multidimensional construct comprising basic components. Meanwhile, customers do not appreciate such a construct, they see an experience as a complicated but single emotion, where each element is difficult to differentiate from other (Gentile, Spiller, & Noci, 2007). Fornerino, Helme-Guizon and De Gaudemaris (2005) considered customer experience as a complete consumption involvement that comprises five different dimensions: social and cognitive (facets) and sensorial-perceptual, affective and physical-behavioural (components). It was on this premise that Gentile *et al*. (2007) noted that going

by the existing literature on customer experience, there are basically six dimensions of CE. These are:

i. Sensorial component

The stimulations of sensorial component have emotional impact on the senses. The aim of a firm's offer could be offering moral sensorial experiences. All Those experiences may comprise touch, smell, hearing, sight, and taste to stimulate desire, satisfaction, and delight.

ii. Cognitive component

The cognitive component is concerned with mental thinking. Businesses can involve customers in utilizing their creativity. Also, an organisation could direct a customer to review the normal impression of a product/service or some collective mental norms.

iii. Emotional component

The emotional component of customer experience comprises the sentimental system by means of creating feelings, emotions and moods. For example, an offering could be targeted to produce an emotional experience to generate a sentimental relationship with the organisation, its products/services or brands.

iv. Pragmatic component

The pragmatic component is gotten from the application of something or the act of bringing something to bear. It comprises the notion of usability. For example, the "Apple Imac is a good illustration of an astonishing practical experience of its design based on usability standards. It does not only refer to the use of the product post purchase, but extends to all product life cycles" (Gentile *et al*., 2007).

v. Lifestyle component

The lifestyle component emanates from the acceptance of a lifestyle and consumer behaviour which is created via the confirmation of the method of values and the beliefs of the consumer. The product/service and its use turn out to be ways of commitment to definite values that business and brand imitate and worth that consumers share. For example, the utilisation of products/service without logo

vi. Relational component

This component encompasses the individual, the individual relationship with others, his/her social setting and who he/she wants to become i.e. his ideal self. An organisation offering can encourage the relational dimension through a product that motivates its usage in conjunction with other individuals. The product/service can be the foremost of a collective desire where a community may be developed like the Ducati community. Individuals can

classify themselves fitting to or separating themselves from a social class which signifies a social personality.

These dimensions of customer experience are in disparity with Schmitt's (1999) model because Gentile *et al.* (2007) differentiate the physical part from the values. Conversely, they combine the physical part with the sensorial dimension. Boswijk *et al.* (2007) viewed an experience as either a feeling/sensation or a professional skill. Feeling or sensation entails the act of experiencing something, for example, allowing a prospective client test-drives a car, at this point the sensible choice for purchasing a car is buttressed by the emotive experience of driving it (Boswijk *et al.*, 2007). Boswijk *et al.* (2007) described customer experience as a process rather than a notion comprised of diverse elements.

2.1.2f Defining Customer Experience Management (CEM)

Avaya, a global provider of business collaborations and communication solutions defined "customer experience management as the discipline of managing and treating customer relationships as assets. The goal is to transform your satisfied customers into loyal customers and loyal customers into advocates of your brand" (Avaya, 2014:1). Customer Experience Management is those science and Workmanship or art of innovating, creating, checking and dealing with that general structure (Arussy, 2010). Arussy (2010) also explained that inventiveness and explanatory disposition may be necessary so as to expand the quality value given to clients. CEM oversees every collaborations with clients crosswise every contact points (Arussy 2010). According to Schmitt (2003) Customer experience management is those methodology about strategically overseeing a customer's whole encounter with an item/product or an organisation (Schmitt, 2003). The author advocated for incorporating various components of customers' experience through a variety of contact points. Nevertheless, this definition does not clearly identify the merit in combining rational and emotional parts into the CEM structure.

Moreover, Carbone and Haeckel (1994) put in more value to the total CEM concept. According to these authors, customer experience management is a unified method of creating peculiar consumer value via orderly plan and execution of different context clues. These context clues originate from the product/service; people's behaviour, for example the employees'/providers' of services and the physical environs where the services are being

offered (Carbone & Haeckel, 1994). A good grasp of the concept of clues which originate from contexts are vital for effective implementation of CEM. In blending the above definitions, Georgescu (2014) gave a workable definition of CEM as a strategic method which can be considered as an unending procedure to generate viable competitive advantage, by linking both logical and emotional experiences and handling an organisation touchpoints wheel excellently.

2.1.2g Managing Customer Experience Clues or Elements of CEM

Basically, there are three categories of customer experience clues: the functional clues, the mechanic clues and humanic clues. In 1994, Carbone and Haeckel (1994) were the first to coin the "mechanic clues" and the "humanic clues" in a seminar article and later added functional clues in subsequent publications (Haeckel *et al.*, 2003). Based on the three clues, Berry *et al*. (2006) asserted that in cooperating with organisations, clients consciously and unconsciously channel clues installed in the encounter and situate them into series of impressions, some exactly normal, while others have a greater amount of emotion, anything observed or sensed – alternately arresting over its nonattendance may be an experience piece of information or clue. These entrenched experience clues permit consumers to shape opinions in light of the specialized practical execution of the service (functional clues), those tangibles connected with those service (mechanic clues), and the self-destructive considerations and conduct and manifestation from the service suppliers (humanic clues) (Berry *et al*., 2006). According to Berry and Bendapudi (2003), all these clues (functional, mechanic and humanic) determine the consumers' calculative and emotional perceptions of service quality and also make the real service experience. The consumer's clue feeling intensifies as the experience turns out to be more difficult, subjective, essential and uncertain; particularly, if the consumer has a greater level of attentiveness to clues (Berry *et al.*, 2006). All these clues convey a message indicating something to the consumer, and the result that makes the overall experience (Ogilvy, 2002). All the three customer experience clues are explained in the next paragraphs of this thesis using Figure 2.1 as a reference point.

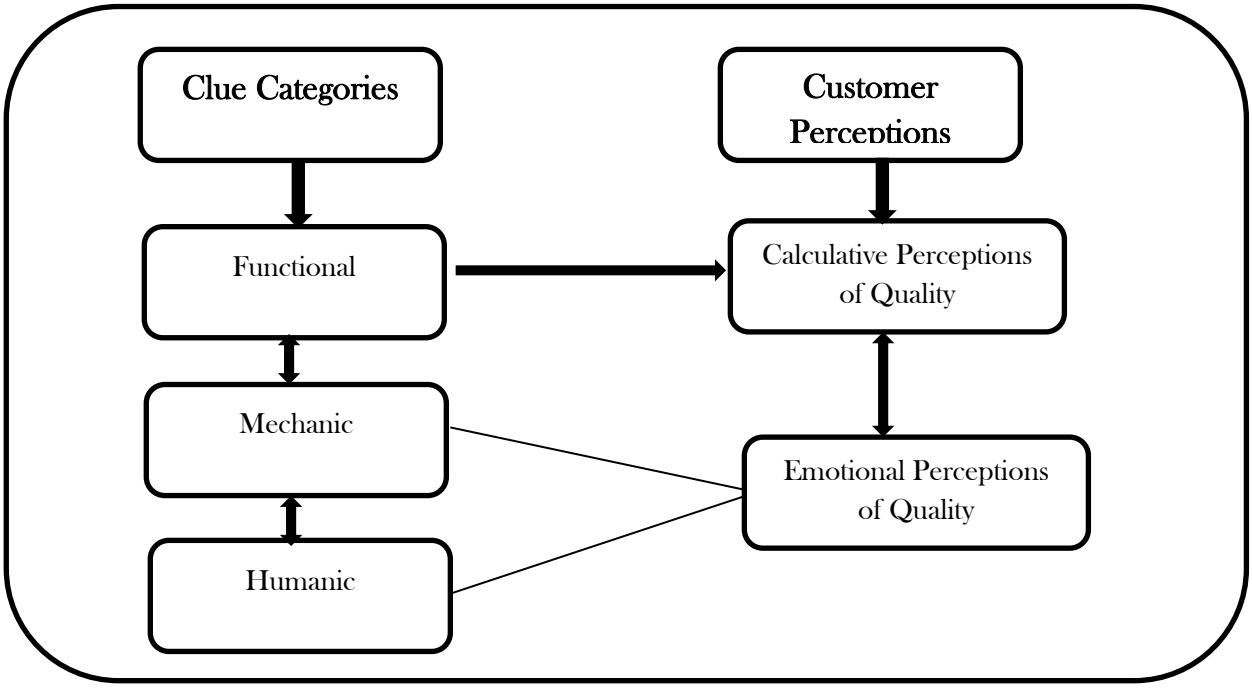

Figure 2.1 Clue Influences on Consumer Perceptions

Source: Berry *et al*. 2006

2.1.2h: Functional Clues

According to Berry *et al.* (2006), functional clues signify the specialized quality of the service that the organisation is putting forth. Functional clues are those "what" of the service experience, uncovering the dependability and ability of the service. Anything that demonstrates or proposes those specialized quality of the service—its vicinity or absence—is a functional clue. Functional clues corroborate the quality of service since they tackle the reason why the consumer goes to the marketplace (Berry *et al*., 2006). For example in a hospital, the functional clue means the real or right diagnosis and treatment itself and also the efficacy of the service. Its appearance or nonappearance may have a great influence on the formation of customers' experience. It is significant to perform the clue accurately the first time because consumer switching behaviour has been attributed to actual service failure (Keaveney, 1995). According to Berry *et al*. (1994), reliability is the capacity to accomplish the assured service consistently and correctly. Besides, in choosing services, no consumer is interested in patronizing a service that is considered unreliable. A consumer's self-reliance in the actual service is the basis for even vying in any marketplace (Berry *et al*., 2006).

Certainly, for any organisation that wants to provide great service experience, it is important for it to assess and handle the functional clues of its actual service excellently to satisfy customers' service anticipations (Berry *et al.*, 2006). Nevertheless, functional clues only cannot surpass the expectations of the customers; equally customers normally expect the organisation to be acquainted with their basic service and to offer the service as they have promised (Berry & Carbone, 2007).Therefore, the remaining two clues which are mechanic and humanic clues are significant in differentiating the organisation's service quality offering and also to surpass the customers' anticipations (Berry & Carbone, 2007).

2.1.2i: Mechanic Clues

Mechanic clues originate from tangible objects or surroundings and consist of smells, sights, sounds, textures, and tastes. While the functional clues involve the consistency of the service, the mechanic clues involve the physical appearance of the place of service (Berry *et al.*, 2006). Mechanic clue is a strong foundation of physical representations that aid the consumer envision the service. Mechanic clues create first impressions that have a great impact on the expectations of the customer about the kind of service being offered by the organisation. The perception of the customer about the quality of services is a biased assessment of the experience of the service when matched with the anticipations of the service (Berry *et al.*, 2006). Sharma and Stafford (2000) have discovered that the perceptions of the customer about the environment of an organisation can inspire his/her beliefs about the employees in the organisation and that the pleasant or pleasing environments are usually related to more reliable service providers. Berry *et al.* (2006) agreed that "mechanic clues are especially important for services in which customers experience the facilities for an extended period of time, such as airplanes, hotels, and hospitals. Mechanic clues are quite salient to value creation in the aforementioned types of services."

According to Haeckel *et al.* (2003), mechanic clues are obtained from non-living things or environments and represent a tangible demonstration of the service. For example, the furnishings, building design, displays, equipment, colours, smells, sounds, lighting and all other physical clues envisage the service, thereby communicating with clients without any words. Several scholars are in agreement that mechanic clues have a powerful influence on

consumer's behavioural intents and loyalty (Foxall & Greenley, 1999; Cronin, 2003; Foxall & Yani-de- Soriano, 2005), and that mechanic clues may cause customers to either remain or terminate their business deal with the service provider (Hoffman & Turley, 2002; Tombs & McColl-Kennedy, 2003).

2.1.2j: Humanic Clues

Humanic clues are linked to the actions and expressions of the employees of the organisation, for instance, their choice of right words, level of enthusiasm, tone of voice, body language, neatness, and suitable dress. Humanic and mechanic clues are the "how" of the customer service experience, disclosing a lot about how the organisation is committed to knowing and satisfying their consumer needs and wants (Berry *et al.*, 2006). In addition, service provider's actions and presentation in the course of the service also render strong clues that inspire the perception of the consumer about the quality of service and customer experience. (Zeithaml, Parasuraman & Berry, 1985; Berry & Bendapudi, 2003; Berry *et al.*, 2006). Specht, Fichtel and Meyer, (2007) revealed that the perception of the customer about the service provider's effort is very significant for customers to be satisfied than the seeming capacity signifying that the superiors ought to pay attention mainly on the effort, comprising the performance features that embody social ability. The perception of the consumer about the employee's effort in providing a service specifically has a powerful influence on customer satisfaction and loyalty (Keaveney 1995; Mohr & Bitner 1995). Sensed effort serves as a pointer to customer satisfaction. Consequently, the employee's effort is important to the humanic clue facet of the real experience (Berry *et al.*, 2006).

The perceived quality of personal interaction between a customer and an employee (also referred to as "service encounter,") is a crucial foundation on how the consumer appraises the service experience (Czepiel, Solomon, Suprenant, & Gutman 1985; Hennig-Thurau, 2004). Actually, a lot of studies on service quality have discovered that service providers' behaviour influence the perception of the consumer about the service. (Parasuraman *et al.*, 1985; Bitner, 1992; Zeithaml, Berry, & Parasuraman, 1996). Therefore, while the mechanic clues fixed the stage by inspiring customers' expectations, humanic clues characteristically engage an important role in delivering on the assurance via the service providers/employees' performance (Wall & Berry, 2007).

In sum, the difference among functional, mechanic, and humanic clues can be elusive. For instance, a service provider who replies a consumer's question about when the non-availability of goods will be made available is making both functional and humanic clues (Wall & Berry, 2007). The correctness of the facts or information passed to the customer is the functional clue, while the sales rep's expression or choice of right words and facial expressions are humanic clues. A sales representative may respond to the customer's questions wholeheartedly, while the other may respond indifferently (Wall & Berry, 2007). The emotional reaction of the consumer to each of the humanic clues is possibly different, even though the information passed by the two sales reps is correct. Elusiveness aside, managers who aspire to advance service experience of their customers must be committed to managing the clues that encompass the experience (Berry *et al.*, 2006).

2.1.3 The Touchpoints Concept

The touchpoints concept is discovered to be intertwined both in customer experience management and customer experience. Particularly, the functional definition of CEM in this study stressed the significance of managing the touchpoints wheel; therefore, explaining the touchpoints concept and its influence on customer experience management and loyalty or alternatively increasing customer loyalty and brand equity. According to Davis and Longoria (2003) and Jenkinson (2007), touchpoints are the interactions between an organisation or a product/service and the stakeholders such as employees, customers, channel partners, and a list of others. According to Jenkinson (2007), identify the synonyms of touch points to include "moments of truth", "moments of contact", "service encounter and a list of others.

2.1.3a Types of Touchpoints

There are basically three types of touchpoints, which are: Pre-purchase touchpoints, purchase touchpoints and post-purchase touchpoints (Davis & Dunn, 2002; Shaw & Ivens, 2005; Davis & Longoria, 2003). A combination of these three types of touchpoints is called the "touchpoints wheel".

i. Pre-Purchase Touchpoints

According to Shaw and Ivens (2005), pre-purchase touchpoints are the marketing messages (advertising, word-of-mouth, company website and a list of others.) that are momentous in formulating and forming consumer expectations and perceptions about the service, which

will be appraised during the period of purchase. All the same, the past experiences of the consumer with the organisation or service provider are important parts in making future purchase decisions.

ii. Purchase Touchpoints

Davis and Dunn (2002) were of the view that purchase touchpoints begin from the minute the customer chooses to purchase and begin interacting with the organisation or the provider of service. Standard buying touchpoints comprise the interactions between the consumers and service personnel, the physical environments, and others. One of the basic features of service includes inseparability of production of service from its consumption, hence, the contacts between service provider and the customers are inseparable (Klaus & Maklan, 2012; Meyer & Schwager, 2007; Palmer, 2010).

Dimensions of Purchase Touchpoints

Shaw and Ivens (2005) asserted that purchase touch points are the heartbeat of customer experience. Intrinsically, it is meaningful to examine and recognize the significance of the dimension of purchase touch points. Based on this, Price, Arnould and Tierney (1995) identified three dimensions of purchase touch points to include: duration, spatial proximity and affective content, in impacting service satisfaction

Duration: Based on the *period of the service,* service encounters can be categorized into two – *brief period,* e.g. long-term health care facilities -cancer treatment and extended period (Price *et al.,* 1995). The brief service encounter normally persists for a limited *tim*e, business deal definite and possible service providers offer services within a specific period of time and in a proper manner. In contrast, extended service encounters create room for the customers and the service providers to display emotions and also produce interpersonal connections.

Spatial proximity is concerned with the recognized distance between the consumer and the provider of service in a certain service environment. The spatial proximity is reliant on certain service notions, for instance, in cases of online buying condition, customers could be inaccessible. On the contrary, in retailing environment the salesperson-customer interaction may be in nearby proximity, but the *spatial proximity* is being culturally influenced intrinsically. In totality, there is no standard spatial rule on all points of contact.

According to Price *et al.* (1995), affective content refers to the stimulation of feelings (e.g. pleasure, annoyance) in association with service experience. The emotional responses of customers rely on the two aforementioned dimensions of service encounter i.e. duration and spatial proximity.

Generally, extended and brief service encounters can create high and low emotional reactions respectively. Also, service encounters that occur in short-distance and long-distance, can create high and low emotional reactions in turn. Therefore, the three dimensions are very important to the purchase touch point. Price *et al.* (1995) exclusively emphasized the importance of personal relationship between employees and customers at the purchase touch points. Nevertheless, the people that accompany the customer to the service environment are also very significant in influencing the opinion of customers.

Pullman and Gross (2004) discovered that the contact between the consumer and the provider of service has a whole lot of impact on the loyalty of the customer. More specifically, the people that accompany the customer to the service environment can impact customers experience completely and adversely. For instance, in retail shopping, the shopping experience is a method of having fun with oneself (Caru & Cova, 2007), which may be hindered by intimate spatial proximity in a congested space. In contrast, the chance to relate with colleague customers could improve the happiness felt in a secure relationship to a mutual group which may cause the experience to be distinct for each consumer (Zomerdijk &Voss, 2010). Therefore, based on the aforesaid dimensions, firms should project their buying contact points accordingly.

iii. Post-Purchase Touchpoints

Davis and Dunn (2002) have also explained that post-purchase touchpoints comprise consistent upkeep of products or services, the survey of customer satisfaction and customer service, Davis and Longoria (2003) asserted that various organisations overlook the significance of keeping experiences at the after purchase touch points, which conversely should not happen at all. At this stage the customer joins all the assessments and organize together different perception of the service; which the organisation needs to follow up all the time. Organisations frequently overlook the fact that customer experience is a

continuous process of using the product/service. Based on certain situations, organisations can decide to continue the experience in order to encourage repeat purchase in the future or decide to stop the experience. According to Chase and Dasu (2001), service process ought to stop with a powerful message. Generally customers may not recollect all the things that happen during the service encounters consecutively, but they may recollect certain moments of extraordinary and negative points of contact, pleasure, discomfort and what happened at the end of the business deal. Based on this, organisations should make use of after purchase touchpoints to make their customers have a positive emotion or impression about their service offering.

2.1.4 Customer Loyalty – An Overview

Loyalty is an archaic word that has conventionally been utilized to define trustworthiness and passionate commitment to a nation, a source, or an entity (Kumar & Shah, 2004). In recent times, the word loyalty has been applied within the context of the business/marketing situation to refer to a consumers' readiness to remain the customer of a business over a lasting period of time, if possible on an absolute basis, and endorsing the organisation's products/services to others such as friends, family and associates (Oliver, 1999). Customer loyalty goes beyond behaviour and comprises things such as liking, preference, and future intention to repatronize the organisation (Oliver, 1999).

According to Ndubisi (2014:241), "loyalty is a deeply held commitment to rebuy or repatronize a preferred product or service in the future despite situational influences and marketing efforts that have the potential to cause switching behaviour". Consumer loyalty in the service market can be described as a definite attitude and relation developed by the consumer towards his or her service provider. This relation is based on durability, long-term cooperation and acceptance of conditions of offered services (Harris, 2010). Consumer loyalty, or "attachment" to a financial institution, is a sign of mutual understanding and cooperation between the two. The development of consumer loyalty (faithfulness) is a goal achieved through a set of marketing activities. Being loyal, in turn, is "rewarded" with preferential purchase conditions. A loyal consumer is the one who is attached to his or her institution, who is indifferent to competitors' incentives (so called "difficult to-gain" customer) and who, according to some earlier arrangements, represent the interests of his or her institution (Schiffman & Kanuk, 2010). Consumer loyalty in the market means full

acceptance of the market offer provided by a particular organisation. Such an attitude evolves through emotional experience and a certain state of consciousness (Doole**,** Lancaster & Lowe, 2005). Rai and Srivastava (2013) defined customer loyalty as the psychological dedication that the consumer has toward a particular product/service or organisation.

Customer loyalty, according to Blomqvist, Dahl and Haeger (2000) can be described as; a client which repeatedly make use of one particular organisation to fulfill entirely, alternately a noteworthy part, of his/her needs by utilizing those company's items or benefits. Other authors (Bloemer & Odekerken-Schroder, 2002 and Zeithaml *et al.*, 1996) have defined customer loyalty as a multi-dimensional concept comprising buying intention, endorsements, price forbearance, complaint behaviour, word of mouth, and tendency not to leave. The consumer becomes loyal to an institution if its service ensures his or her positive feelings. This loyalty is additionally strengthened by the respect and recognition shown to a consumer, whereby an institution is perceived as honest and righteous. Furthermore, providing competent customer service and meeting consumer needs or expectations also positively affects consumer loyalty. However, if anything disturbs the consumer's positive perception of a defined service or an institution, the level of loyalty deteriorates.

Due to the complicated nature of health care services as well as the complex level of participation of the patients in dealings with a medical doctor, the dealings with the health care service provider will be greatly significant compared to the surroundings in healthcare locations. Patients attend the health care centers to recuperate from sicknesses and diseases. The basic health care services delivered can generate favourable physical *as well as* psychological responses to physicians and treatment, which can lead to or increase the loyalty of the patient (Salgaonkar, 2006). The whole thing that a patient perceives, hears, senses, and experiences in a health care service location ought to infuse trust (Baird, 2013). In any profession, customer loyalty is the outcome of extraordinary peculiar services that exceeds the expectations of the customer. The same thing stands in healthcare service organisation as well. Customers become loyal when they are offering highly competent quality service combined with better price (Oliver, 1999).

2.1.5 Dimensions of Customer Loyalty

According to Ndubisi (2012), there are three dimensions of customer loyalty. The first is attitudinal loyalty: which is when the customers are loyal towards the organisation's product/service in their attitude. Second is the behavioural loyalty, which is when the customers are loyal towards the organisation's product/service in their actions. The last is the switching restraint. This is when the customers are loyal towards the organisation's product/service and "they do not so easily switch brand/service provider" (Ndubisi, 2012). Furthermore, brand insistence is a form of extraordinary customer loyalty to a specific brand named goods/service where customers vigorously chase the possession and will not recognize any alternative brand (Dickinson, 2004). It is a known fact that consumer always think about brands based on series of considerations instead of buying possibilities. Zeithaml and Bitner (2000) observed that prior researches have viewed customer loyalty from two distinct approaches: attitudinal or behavioural. The attitudinal approach comprises standards such as trust, emotional attachment or commitment. The attitudinal approach is concerned with the fact that consumers feel right and they are dedicated to the company's product/service in their attitude. While the behavioural approach is concerned about the behaviour of the consumer towards the company's product/services. Consumers are considered loyal provided that they consistently purchase and consume the product/service (Parasuraman *et al.,* 1988; Woodside *et al.,* 1989; Zeithaml *et al.,* 1996). These behaviours are reflected in their share-of-wallet, repurchase behaviour and in their word of mouth recommendation.

Day (1969) initiated the notion of loyalty from two dimensions which are attitudinal and behavioural. According to the studies carried out by Kumar and Shah (2004) and Fellerton (2003), there are basically two types of loyalty: attitudinal and behavioural loyalty. Attitudinal loyalty means consumers may not give assurance that they will buy the product/service but they will inform others via word of mouth communication, thereby creating a favourable image about the company to others. Whereas behavioural loyalty certifies that the loyalty of the customer can be transformed into real buying behaviours. Most authors in this field of study view loyalty as attitudinal loyalty (an emotional construct) and behavioural loyalty (an extensive element). Therefore, this research endeavours to employ similar variables to formulate or forecast attitudinal, behavioural and switching restraint in order to determine the changes between attitudinal and behavioural loyalty model. In attitudinal loyalty, the role of commitment or dedication is very important

since commitment replicates the consumers' self-appraisal of the utilisation framework and the energetic choice to participate in a longstanding relationship (Evanschitzky, Gopalkrishnan, Plassmann, Niessing & Meffert, 2007). Emotional commitment encompasses the aspiration to preserve a connection that the consumer views to regard (Morgan & Hunt, 1994). It can be seen as the causal psychological bond that replicates the emotional state of association between the customer and the provider of service (Fellerton 2003; Kumar, Stern & Steenkamp, 1995; Petrick, 2002). Hence, this psychological bond transforms into powerful attitudinal loyalty as explained by Dick and Basu, (1994).

The multiple dimension of loyalty is the mixture of the two dimensions, which include the attitudinal and the behavioural loyalty. Loyalty is assessed using the consumer tendency to switch brand, product favourites, the rate of buying and the overall cost of purchase (Pritchard & Howard, 1997; Hunter, 1998; Wong, Dean, &White, 1999). Operationalizing the attitudinal and the behavioural loyalty in the dimension of customer loyalty improves the possibility of loyalty building (Pritchard & Howard, 1997). Therefore, the multiple dimensions method has been used and supported as a valuable instrument to comprehend customer loyalty in different areas of study such as retailing, airlines, recreation, hotels and others (Pritchard, Howard & Havitz, 1992; Pritchard & Howard, 1997).

In recent times, marketing study suggests that loyalty is tri-dimensional (behavioural, attitudinal and cognitive) construct (Jones & Taylor, 2007) and the interactive relationship study, loyalty is twofold dimensional with behaviour and cognitive dimensions. According to Jones and Taylor (2007), in service loyalty, the twofold dimensional approaches of loyalty was constant in all the three kinds of services studied. Therefore, loyalty encapsulates what Oliver (1999) described as what the person does (behavioural loyalty) and the emotional connotation of the association (attitudinal/cognitive loyalty).

2.1.6 The Concept of Customer Satisfaction

Kotler and Armstrong (2008) opined that customer satisfaction has an important effect on potential purchase behaviour. Satisfied customers make a repeat purchase and also tell others about the performance of the product/service and their pleasant experience. Dissatisfied customers frequently change to competitors and ridicule the product to others (Mahapatra, Kumar & Chauhan, 2010). Customer satisfaction is therefore defined as those amount of clients or rate of aggregate customers, whose stated experience with a company,

its products, alternatively its benefits (ratings) surpasses specified fulfillment objectives (David, 2010). Customer satisfaction is customers' perceived expectation and the performance of the goods and services. Therefore, customer satisfaction may be a capacity of the customer's desires. On the customer's experience for item may be superior to expectations, then that client will be satisfied, but if the purchaser experience with those item is below expectations, then those client may be disappointed (Schiffman & Kanuk, 2010).

Customer satisfaction is an after purchase appraisal of a service offering (Oh, 2000). Customer satisfaction is an evaluation of the experiences during the purchase and usage of the product (Hunt, 1977; Oliver, 1977; Sheth & Kellstadt 1992; Anderson & Mittal, 2000). Consumer satisfaction increases the financial position of the organisation (Reichheld & Sasser 1990; Anderson, Fornell & Lehmann, 1994; Anderson, Fornell, & Rust, 1997). Consumer expectancy confirmation serves as a pointer to customers' satisfaction and expectancy disconfirmation also serves as a pointer to customers' dissatisfaction (Churchill & Suprenant 1982; Yi, 1990). Anderson *et al*. (1994) proposed that total customer satisfaction is centered principally on consumer experience and fulfilment, whereas product/service is an emotional appraisal and a method of contrast between a pre-consumption expectation and the post-consumption perceived performance. Several scholars have also argued that customer satisfaction is the most broadly examined independent variable in research papers on customer loyalty (Hellier, Gaursen, Rondey & Rechard, 2003; Host & Knie-Anderson, 2004; Auh & Johnson, 2005; Ibanez, Hartman & Calvo, 2006).

According to Hill and Alexander (2000), customer satisfaction is an evaluation of how a company's aggregate product performs in connection to a series of client desires. Armstrong and Kotler (2009) viewed customer satisfaction, as those degree to which an item's observed execution matches a buyer's desires. This implies that the performance of the product/service equal to the expectations of the customers, the customers are satisfied, then if, the performance of the product/service surpasses the expectations of the customer's then, they are delighted or greatly satisfied.

Health care service is personal in nature, patients are sometimes accompanied by their friends or families to the hospital and they usually experience some level of emotional and physical tension. Therefore, the ability of the health care service provider to measure up

with the expectations of the patients must be put into consideration in the process of making decisions (Baird, 2000). Every interaction between the service provider and the patient i.e. ("service encounters") is a chance to assess the service quality and the provider of service, to develop an impression and also relate it to other patients (Salgaonkar, 2006). Understanding patient loyalty, from the standpoint of patient satisfaction, is significant for health care sector to be at a sustainable competitive advantage in the long run.

2.1.6a Customer Satisfaction and Customer Loyalty

Customer satisfaction and customer loyalty are strongly linked concurrently as both have impact on the performance of the organisation (Barnes, 2005). Although they are linked together in various ways, but it must be known that, it is not compulsory for customer satisfaction to lead to customer loyalty. A consumer that is satisfied must not necessarily be a loyal customer. This is due to the fact that satisfied customer does not mean that the customer is emotionally bonded and when the customer is not emotionally attached to the organisation, the customer can leave at any time even if the customer is fully satisfied. However, loyalty is the result of customer satisfaction. Therefore, it is important not only to satisfy the customer, but to also surpass the expectations of the customer both functionally and emotionally. According to World Trade Organisation (1985), cited in Pizam (1994), customer satisfaction can be described as a psychological notion that encompasses the emotion of comfort and desire as a result of gaining what one expects and hope for from an attractive product or service.

According to the confirmation/disconfirmation theory, satisfaction is attained when the anticipation of the customers are achieved (confirmed), then the undesirable disconfirmation of customer anticipations will lead to dissatisfaction, and the positive disconfirmation will lead to greater satisfaction (Churchill & Surprenant 1982; Malhotra, Agarwal & Ndubisi 2010; Oliver, 1980). Hirchman (1970), Richins (1985), and Singh (1988) recognized that when consumers are satisfied, the probability of leaving the organisation and adverse word of mouth is lowered to a great extent. Lovelock, Patterson, and Walker (1998) outlined the qualities of customer satisfaction to include: satisfaction is intimately linked to customer loyalty and relationship obligation; extremely satisfied customers broadcast to others and in returns become a "walking, talking" promotion for the company that satisfied them and extremely satisfied customers may be more compassionate. This means that customers who have been satisfied with the service before may believe that

service failure is an alteration from the normal standard. Selnes (1998) discovered that satisfaction had an absolute impact on continuity. Research has shown that delighted or highly satisfied customers are not bothered about what competitors have to offer.

2.1.6b Service Quality, Customer Value, Customer Satisfaction and Loyalty

The review of the practitioner and academic literature on customer relationship management shows that there is a consensus that service quality, customer value and customer satisfaction are important elements in the explanation of customer loyalty (Oliver, 1999). However, the notion of customer loyalty is being criticized greatly (Smith & Wheeler, 2002; Cronin, 2003). The main reason for the criticism can be linked to the fact that many loyalty scholars believe that these three variables (quality, value and customer satisfaction) are enough in the building of customer loyalty, and thereby denying the existence of any new constructs. One important construct that has been omitted in the current discourse, which also impact on the loyalty of the customer is customer experience. Based on the submission by Smith and Wheeler (2002) that we are in the experience days, organisations must give consumers a branded customer experience. Cronin (2003) affirmed that it was significant for firms to deviate from the outdated quality → value → satisfaction → loyalty paradigm to a modern and more changing paradigm of loyalty building, which integrates modern construct so as to improve knowledge and convey an additional undivided viewpoint or approach to building customer loyalty. A construct that has been acknowledged in the customer relationships management writings is the concept of customer experiences. Donnelly *et al.* (2008) proposed an alternate method for the conceptualisation of loyalty building – which identifies the customer experience as an important element in customer loyalty building. Therefore, the effective management of individual customer's service experience is the main key to loyalty building of the customer.

2.1.6c Customer Satisfaction in Relation to Customer Experience

According to Brakus, Schmitt and Zarantonello (2009) and Verhoef *et al.* (2009), emotions can be defined as an aspect of a total multidimensional and multilayered experience of the customer where various experiences are created or produced. In recent times, customer experience has become dominant in pedagogic research (Grewal, Levy & Kumar, 2009; Lemke, Clark, & Wilson, 2011; Verhoef *et al.*, 2009; Voss, Roth & Chase, 2008). Arnould

and Price (1993) and Thompson and Troester (2002) emphasized that in researching customer satisfaction and services, organisations must concentrate on the importance of customer experience. Indeed, Arnould and Price (1993) illustrate the main purpose of customer experience in motivating service assessments, whereas Schembri and Sandberg (2011) provide an understanding of how consumers experience can deliver service quality in a specific situation.

Schmitt (1999) has also noted that there is a need for marketers to concentrate more on customer-centric strategy, thus marketing literature conventionally concentrated on physical products, which is regarded as a collection of functional features. Based on this idea, conventional customer satisfaction is obtained by matching the anticipated product benefits with real performances of the product (Schmitt, 1999). Meanwhile, experiences can take place in the process of searching for the product, purchasing the product and in the consumption of the product (Verhoef *et al.*, 2009; Lemke *et al.*, 2011). It was on this premise that Verhoef *et al.* (2009) emphasized that organisations need to esteem the role of customer experience as a solution to every customer interaction with the organisation or the product/service across various contact points, which includes cognitive, affective, emotional, social and physical responses to the organisation. Consecutively, the mixtures of all these experiences can have a great influence on the assessment of the product/service, which can also have a greater effect on customer attitudes, customer satisfaction and buying intention (Huffman & Houston, 1993; Brakus *et al.*, 2009).

2.1.6d Building Experience and Customer Satisfaction

As shown in Fig. 2.2, the manner in which customers develop their cognitive, affective, emotional, social and relational experiences in the buying process determines the kind of experiences they will have (Verhoef *et al.*, 2009). According to Pozza (2014), this can be influenced by the organisation's marketing mix within the entire experiential unit. Therefore, they are involved in various experiences as the experiential unit develops eventually. The customer experience is set in motion by the components of the marketing programmes, which are controlled by the organisation and they include promotions, products, places, prices, customer services and others. All these components signify a contact points between the company and their customer (Pozza, 2014). The overall series of these experiences will eventually lead to customer satisfaction as presented in Figure 2.2.

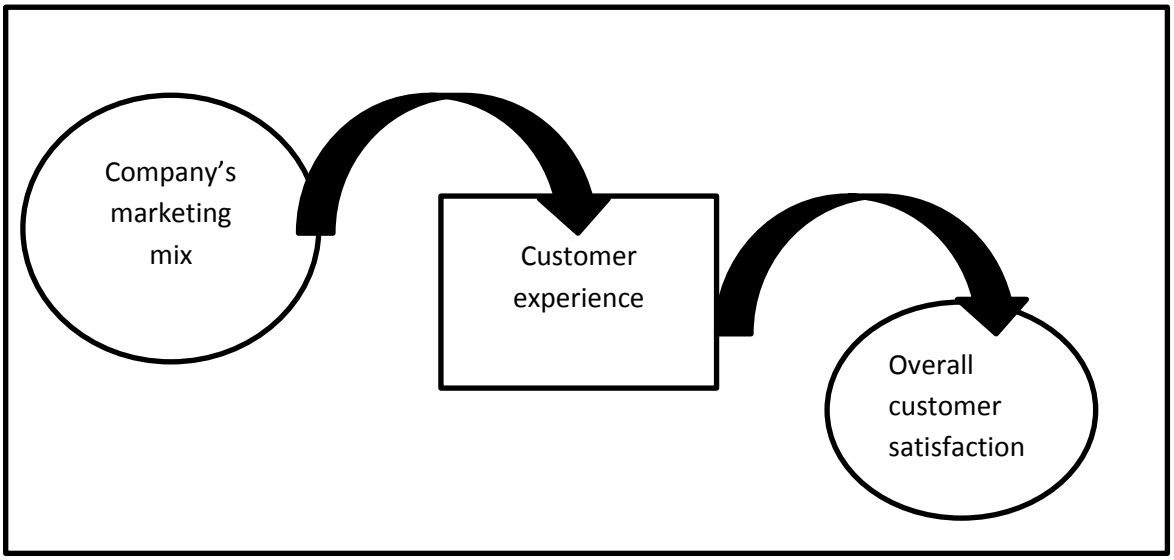

Figure 2.2: Building Experience and Customer Satisfaction
Source: Pozza (2014)

As illustrated in Figure 2.3, healthcare organisations can accomplish the aim of satisfying their customers and at the same time make them loyal to the organisation through effective customer experience management. A delivery of service by healthcare organisations to the customers does not automatically end the relationship between them. In fact, it is the starting point of their interactions; as organisations must manage the experience of their customers effectively through functional, mechanic and humanic clues. Therefore, when a healthcare organisation consciously and effectively makes customer experience management a strategic priority, it largely leaves a long-lasting impression in the mind of the customers as they are satisfied. Customer satisfaction leads to customer loyalty of the healthcare organisation (Auh & Johnson, 2005) and; hence, effective customer experience management is significant for healthcare organisations to retain and build customer loyalty.

A proposed model is presented for the study below.

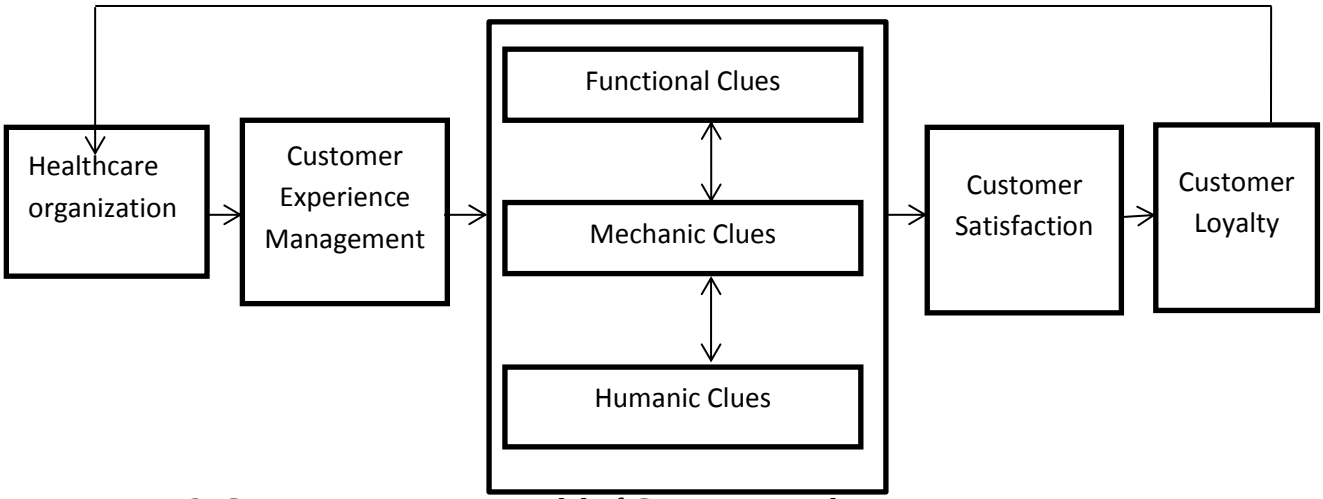

Figure 2.3: Customer Experience Model of Customer Loyalty
Source: Adapted from Berry *et al.* (2006)

2.1.7 The Concept of Service

According to Gidhagen (1998), service as a concept can be defined as a construct that need a pretty much unique structure and encompassed every happenings that occur between those customer, those service work force alternately the physical assets of the service supplier and delivered similarly as an answer on customers' issues. Quinn, Doorley, and Paquette (1990) described service as comprising every economic happenings with non-physical results, for the most part devoured during production, giving its purchaser with conceptual values for example, avail, convenience, entertainment, comfort, or wellbeing. The service idea might be alluded to similarly as abstract nourishments alternately aids that are generated and expended simultaneously, that cannot be saved and transported, and they are regarded by the consumer's as not resulting into ownership right (Mucuk, 2001). According to Kotler (2011) service can be seen as a touch that does not lead to the ownership of a physical product when expended. It is a form of product involving intangible happenings which are delivered by a company to the customer or client and do not require ownership. Kotler (2011) affirmed that outside the reality that services comprise a division of business, they require a category of corresponding features to the business products. Akbaba and Kilinc (2001) described the service occurrence alongside the related lines, such as products presented for consumption by human beings and equipment. It is believed that there exist services (intangibles) and abstract components in the delivery of several products and also tangible (touchable) features in the delivery of several services. The important point about service which is seen as an abstract benefit makes more meaning when it is combined with tangible goods.

2.1.7a Characteristics of Service

The seminal work by Parasuraman *et al.* (1985) explained that the features of services are "abstraction, non-homogeneousness, inseparability, and perishability". Palmer (2001), Gidhagen (1998), Kozak *et al.* (2011) and Ozturk (1998) have included ownership as an additional characteristic feature of services. In marketing, it is viewed from several ways. For instance "abstraction is regarded as intangibility (Ozguven, 2008); non-homogeneousness is viewed as variability (Yumusak, 2006) and heterogeneity (Ozguven, 2008); inseparability is seen as simultaneous production and consumption (Ozguven, 2008); and perishability is conceived of as inability to stock (Yilmaz, 2007) and simply degradability". It is believed that "intangibility" is the key feature that differentiates services

form products. As services are immaterial naturally, generally, there is no noticeable situations that indicate the service acquired by the customer like the utilisation of physical products (Eroglu, 2004). The task attained in delivering a service is quite different from one provider of service to another and from one period to another (Tutuncu, 2009). Perishability, proposes that services cannot be kept or stored, and cannot be resold (Ozturk, 1998). When compared with tangible products, services are expended when they are delivered. Based on purpose, production and consumption procedures are inseparable and impossible to differentiate from one another (Icoz, 1996). Naturally, services are intangible and are not possible to save, it does not give ownership to the individual who take delivery of the service (Dibb, Simkin, Pride & Ferrell, 1994). The reality that it is impossible to own services stands as the main differentiating factor between services and products (Ozturk, 1998). You may come in contact with those that are intangible or abstract; nevertheless, it is not easy to purchase intangible services such as time, experience, or operation and tangible ownership of abstract (Shostack, 1977).

2.1.7b Concept of Quality

Quality as a word is gotten from the Latin word, Qualis, and it implies distinctive feature (Ehlers, 2007). The dictionary denotation of quality is characteristic. Meanwhile, characteristic is described as a quality or feature that belongs naturally to an individual, thing or place and assisting to classify it. In the literature, there are several definitions but there is no particular definition for quality concept because different definitions are valid for different sectors. In the health care sector, quality can be defined as the level to which healthcare services for people and populaces upsurge the possibility of anticipated healthcare results and are reliable with contemporary professional information (Field & Lohr, 1990)

2.1.7c The Concept of Service Quality

According to Zeithaml, and Bitner (2000), a service can be defined as any business activity offered by one party to another that is basically intangible and via exchange that satisfies a recognized need and want. As a concept, quality is conceived from the standpoint of products/services in business, and it has been observed that it is most challenging to develop the concept of quality standard in service sector because of the intangibility nature or features of service (Kucukaltan, 2007). Parasuraman, Zeithaml and Berry (1985) defined

service quality as the valuation of expected service and the execution of services as perceived. Service quality is deliberated by Zeithaml (1987) as a consumer's evaluation of all the total quality or superiority. According to Yilmaz (2011), service quality can be concisely described as an experience related to customers' anticipations and perceptions of the service delivered. Kimonye (1998) revealed that service quality is the extent of the comparison between the anticipated and the real service delivered by a service provider and that the greater the suitable, the greater the level of customer satisfaction. This means that consumers' anticipations and the service perceptions can influence the service quality (Kimonye, 1998). Therefore, if the delivered service does not match or surpass customer anticipations, then the quality of service will be seen as low, but if it surpasses customer's anticipations, then the quality of service will be seen as high (Akbaba & Kilinc, 2001).

On the contrary, Teas (1993) described service quality as the assessment of operation with real standards. Kang and James (2004) opined that the concept of quality service focuses on the observed quality, a point maintained by Sultan and Wong (2010), who defined quality service as a custom of attitude signifying a long run total assessment. Measuring the quality of service creates the principal stage of service quality enhancement and expansion procedure. If an organisation has the ability to gain entrance to precise information on the contemporary quality level, at that time the organisation must embark on required ways on what to do more in reality (Usta & Memis, 2009). Measuring the quality of service is very challenging due to the fact that individuals have diverse meaning attached to quality based on their own perspective (Ruetzler, 2005). Any organisation that wants to deliver quality services should first identify what needs to satisfy and then set forth what must be done so as to deliver quality service (Akbaba & Kilinc, 2001). Parasuraman *et al.* (1988) have developed various components organisations can employ to evaluate service quality, which have been mostly cited by researchers in the evaluation of service quality. They used the 10 dimensions comprising physical/tangible features, competence, responsiveness, courtesy, reliability credibility, convenience, security/safety, understanding and communication with the customer and subsequently advanced the SERVQUAL scale which comprises 22 offers in five dimensions. These dimensions according to Parasuraman *et al.* (1988) include:

Tangible/Physical Features: The appearance or look of buildings, equipment and tools, and the employees in the course of service delivery.

Reliability: The ability of the organisation to deliver services in a timely and reliable way as assured.

Responsiveness: Readiness to aid the consumer and to deliver provide quick service,
Assurance: The ability of the service provider to be well-mannered, well-informed and ability to produce a feeling of self-confidence in the consumers,
Empathy: The ability of the organisation to see itself as the customer, gives personal attention to consumers, and displays a particular interest in consumers.

2.1.8 The Nature of Health Care Services

Healthcare is that service, that is responsible for looking after the health of all the people in a country (Longman Dictionary of Contemporary English, 2006). The services of health care stand for the value of natural life amenities which qualifies a patient to live in the fullness and to function best (Osunwa, 2006). Real and well-organized healthcare services enable the individuals to get a complete, effective and self-controlled emotion, mind and body functioning harmoniously with combined psychometric items (Institute of Medicine, 1990). The healthcare sector is designed to improve the physical and mental well-being of all the people by preventing, diagnosing, and treating illness and by supporting optimal function (Institute of Medicine, 1990). Across the lifespan, healthcare helps individuals live healthy, recuperate from sickness, stay with chronic sickness or infirmity, and survive with death and dying. Quality healthcare provides these services in ways that are timely, patient centered, safe, equitable, and efficient. The Institute of Medicine (IOM) in the year 2001 dispensed a revolutionary report "—*Crossing the Quality Chasm: A New Health System for the 21st Century*—" which beckoned on countries to assertively tackle the intense defects in the provision of quality healthcare. The Institute of Medicine defined healthcare quality as "effective, timely, safe, patient-centered, equitable and efficient. The Agency for Healthcare Research and Quality (AHRQ), the federal government's leading agency charged with improving the quality, safety, efficiency and effectiveness of health care defined healthcare quality as performing the correct thing for the right customer (patient), at the appropriate time, in the appropriate way to attain the greatest imaginable outcomes. These two definitions offer us a perfect image of suitable healthcare quality. Health care services are centered on scientific and health confirmation and appropriate the exact information of an individual's life into deliberation and the basic intention is to improve the quality of the health and life of the person receiving treatment. The fundamental nature of healthcare was validated *by* Patricia (2010) in asserting that healthcare will not be successful

except the healthcare service provider have the adequate competences to carry out the services professionally and to evaluate their effectiveness.

a. The Healthcare Service Quality

There have been a whole lot of research on the assessment of healthcare service quality over the years. In contrast, to the quality of tangible product, healthcare service quality is really difficult to describe (Lim & Nelson, 2000). Donabedian (1988) noted that as we look forward to explain quality, we in a little while become knowledgeable of the fact that numerous originations are equally possible and genuine. Despite the fact that, there exist numerous explanations on the healthcare service quality in different studies, the notion remains complex and unclear (Grönroos, 2000).

Martinez-Fuentes (1999) asserted that the healthcare service quality is a notion with several dimensions which reveals an assessment on whether the services rendered to the patients were suitable and perhaps the interaction between the patient and the doctor was appropriate. Scholars have diverse views on the different dimensions of the healthcare service quality. According to Parasuraman *et al.* (1988), the components of the healthcare service quality can be seen from five distinct dimensions which include reliability, responsiveness, tangible, empathy and assurance. Other scholars such as Levesque, Harris and Russell (2013), have argued that the ability to pay for and ease of access to health care are significant dimensions of health care service quality. Nevertheless, a majority of the scholars categorize the components of health care service quality into the diverse dimensions, which are centered on their personal experience and view on this subject matter.

Generally, scholars have described healthcare service quality as the technical quality and relational treatment of service (Goldstein & Schweikhart, 2002; Li, & Collier, 2000). As a result, healthcare service quality is categorized in terms of technical value and a patient value. In the healthcare service sector, the technical aspect signified a medical or specialized value, whereas the patient value is a relational treatment quality. According to the Institute of Medicine (1990), healthcare quality as a technical quality is the extent to which healthcare services for persons and populace boost the possibility of anticipated health results and are dependable with present specialized understanding. This definition is acceptable among health care service scholars (McGlynn, 1995). Brook and Appel (1973) also defined the technical quality as ―the capacity of hospitals to accomplish extraordinary standards of customer/patient well-being via medical diagnosis, processes and treatment,

and eventually generating tangible or physical effects on customers or patients. It is, basically, what the patient obtains from the health care service workers and how healthy the diagnostic and healing procedures are useful. Otherwise stated, the technical aspect consists of the proficiency and medical expertise of the nurses and doctors, and the laboratory specialists' skills in carrying out test (Tomes & Ng, 1995). In addition, Donabedian (1988) conceptualized three ways of describing the health care service quality as structure, process, and outcome, which comprise both technical quality and patient quality. This conceptual model as shown in Fig. 2.4 continues to be the golden standard for describing the measurement of quality in healthcare (Harrington & Pigman, 2008).

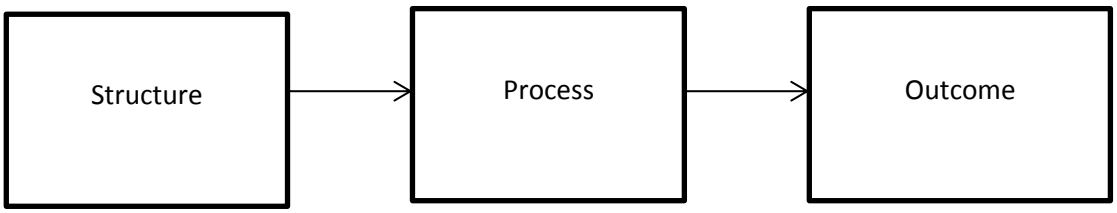

Figure 2.4: 3-Factor Conceptual Framework of Healthcare Service Quality
Source: Donabedian (1988)

Structure is concerned with the measurement of the quality of healthcare location which includes the design, organisation and techniques (Campbell, Roland & Buetow, 2000). There are basically two types of structures identified: physical and human features. The physical features comprise capital resources for instance buildings, equipment and personnel, establishment of resources and controlling. While the staff features comprise the team work and staff skill-mix. For example, the experience of the doctor, certification and their education (Campbell *et al.*, 2000). In general, structure is not an end in itself, rather it is a means to an end: high quality health care, this means that, structure is normally not the central emphasis of research in healthcare quality (Krumholz, Baker, Ashton, Dunbar, Friesinger, Havranek, Hlatky, Konstam, Ordin, Pina, Pitt & Spertus, 2000).

Process stands for organizing medical training measures, which ensure standard processes endorsed for patient's circumstance. The process is the real service provision of treatment or care, which is also divided into two different dimensions: technical and relational care (Blumenthal, 1996; Donabedian, 1988, 1992). The technical care means the use of medical drug for a patient's health condition and is centered on theory that has been used and tested over time for effectiveness and eventually recognized as a standard for treatment (Campbell *et al.*, 2000; Donabedian 1988). The relational care is the interpersonal connection between

the healthcare service provider and the patient (Fenton, Jerant, Bertakis & Franks, 2012). However, the value of relational care in the measure of service quality is assumed to be less important in status in the health care arena (Fenton, Jerant, Bertakis & Franks, 2012).

The outcome is the measurement of the health condition of the patients in addition to the assessment of the treatment of the patient. Although, the measurement of the patient's health condition is to a certain extent objective when compared to patient assessment, it is challenging to assess just after a single service and experience of treatment are accomplished. An experience can comprise the hospital care or post-acute treatment. The structural measure and the procedures of treatment have an impact on the outcome of treatment. For instance, the health condition of patients that have breast cancer may lead to death if the diagnostic experiment (structure) is inaccessible or the result of the test is misinterpreted (process) (Campbell *et al.,* 2000). In the health care sector, the evaluation of the health care service quality was before now mainly centered on the result of health care service. Nevertheless, lately, the assessment of the procedures of healthcare has been carried out as the technical quality of health service but not of relational care. However, several scholars have stated the significance of considering the evaluation of the relational care from the patient standpoint because refining the patient, health care quality of the organisation is a determining feature in the refining the total quality of health care (Zineldin, 2006). Ideally, the definition of quality from the angle of the patient, perceives service quality and is described as the patient appraisal of the quality of total health services in all dimensions of service such as functional, technical, administrative and environmental, centered on the perceptions of what is obtained and what is granted (Zeithaml, Parasuraman & Berry, 1990).

2.1.9 An Overview of Nigeria's Health Care Sector

According to Kuti, Sorungbe, Oyegbite and Bamisaiye (1991), the Nigerian health services have advanced via a set of chronological development, progression of guidelines mostly initiated by former administrations. In spite of this, the health services are viewed to be insufficient and unsatisfactory in meeting the seeming health needs, desires and demands of the public. Akinsola (2007) asserted that the nature of health of populaces is declining concerning man-hour expenditure as the general public report to the healthcare center for most illness varying from joint pains to headache. This situation shows that, the healthcare services and the condition of health of the populace is below the standard for actual

healthcare delivery recommended by the United Nations. In spite of the apparent achievements in the guidelines for public health implemented in Nigeria since independence, the condition of the health care service organisations remains unachievable in terms of goals, and impacts. The sector is short of effective and efficient treatment in the course of childbirth and pregnancy, while healthcare organisations have failed to meet the needs of the target market which has given rise to inefficiency in healthcare delivery in this country. In addition, the delivery of services in inter-sectorial section is badly organized; leading to inadequate coordination of medicinal drugs to the disadvantage of preventive health care.

The state of the Nigerian healthcare system is so poor to the extent that hospitals have turned into mere consulting clinics without drugs, water, electricity and functioning equipment. Perhaps most of these hospitals are not even qualified to be described as consulting clinics in that many consultants had migrated due to non-conducive working environment, and poor career prospects among others (Folakemi, 2012). There are several unethical practices in the Nigerian healthcare sector. These include the sales of drugs over the counter, bad processes, payment of doctors based on commission and medical doctors requesting patrons to go through unimportant diagnostic and curative processes. Others are medical doctors canvassing for money on behalf of their staff by referring patrons needlessly to their fellow specialists in the profession. Although, health authority has emphasized that the selling of drugs without medical prescription is illegal. Yeboah (2013) has however, lamented that the sales of drugs without medical prescription was common and widespread because all the outlets involved in the sales of drugs (pharmaceutical) persistently embrace unethical practices. There are also several other media reports of different unethical behaviours in the health care sector of the nation (see, for example, Gulf News, 2013), and many have happened with no sanction against any officer. Meanwhile, organisations that want to build a sustainable competitive advantage must deliberately deliver a branded customer experience to the customers. Donnelly *et al.* (2008) have argued that customer experience is an important variable that has been excluded in the measurement and building of customer loyalty. To this end, the current study seeks to accept this view and the conceptualisation by Donnelly *et al.* (2008) that customer experience is a major variable in building loyalty in the health sector.

2.1.10 Buyers' Characteristics in the Healthcare Sector

The Healthcare Consumer

The consumer can be referred to as a person with the ability to consume a specific product or service. In the health care, a consumer is regarded to as a patient, that is, any person in need or want with the capacity to pay for the product/service (Li & Collier, 2000). According to Kotler, Shalowitz and Stevens (2008) health care organisations do not recognize the consumers in this regard. The idea that persons who are not sick are not genuine health consumers has served as an obstacle in the progression of marketing healthcare. Until lately, the overall established notion was that not a single person of the 285 million U.S. populations were predictions for health services till they present themselves for health care services (Kotler, Shalowitz & Stevens, 2008). Therefore, healthcare organisations did not make any effort to establish any link with the non-patients. The method considered by the consumer-goods industries is extremely unusual because they assume that almost everybody has a need that can be exploited. In contemporary times, health care organisations have been forward-thinking in a wider range of services in health care delivery, which also include the traditional health offerings. Therefore, healthcare marketers' no longer focus only on the sick individual as their sole target market and in certain situations; healthy individuals are focused on more than the sick individuals (Scalise, 2003).

Health care organisations now understand that previous market and later market revolve around the consumer experience, which embraces several opportunities for the sales of product. For example, the current market for fitness facilities, diet food book, health food, self-help books and several other helpful products/services are enormously and gradually employed by the health care organisations (Kotler, *et al.,* 2008). Eventually, several health care procurements are reactions to a health needs of the people. Currently, the demand for laser eye surgery, cosmetic surgical treatment, skin care and clinically monitored weight-loss programmes are growing because of the diversification of healthcare services globally. According to Kotler and Amstrong (2008), the factors influencing consumer buying behaviour, are cultural, social, personal and psychological factors:

a. Cultural Factors: Cultural factors can be categorized into three distinct variables, as explained by Kotler and Amstrong (2008). Therefore, the marketers need to recognize how the consumer culture, subculture and social classes affect their buying behaviour.

- **Culture**: This is the set of basic values, perceptions, wants and behaviours learnt by a member of society from family and other important institutions. Marketers are always trying to spot cultural shifts to imagine new products that might be wanted. This is because, culture is a key determinant of an individual's needs, wants and behaviour. Essentially, human behaviour is mainly learned from the society where an individual imbibes basic values, perceptions, wants, and behaviours of the family and other important institutions. Culture impacts on consumer behaviour via family and friends, which in turn enters the mindset that impacts consumer's buying decision. A notion of values that individuals exhibit are dissimilar from one group of society to another, a cultural shift serves as a pointer to the demands of customers in the society.

- **Subculture:** According to Kotler and Amstrong (2008) every culture has a smaller subcultures or cluster of individuals with common value structures centered on shared life involvements and circumstances such as ethnic group, religions, national groups and environmental districts.

- **Social Class:** This is society's moderately stable and well-organized divisions whose participants share related values, interests and behaviours. Social class cannot be measured by one feature, for example income, but it can actually be formed by the combination of income, profession, affluence, education and other variables.

b. Social Factors: Social factors can be categorized into three distinct variables. A consumer buying behaviour is also influenced by social factors, such as the consumer's small groups, family and social roles and status (Achumba, 2006).

- **Groups:** Groups influence a person's behaviour. Groups that have a direct influence and to which a person belongs are called membership groups. Some are the primary groups with whom there is regular but informal interaction-such as family, friends, neighbours and fellow workers, while some are secondary groups, which are more formal and have less regular interaction such as religious groups, professional associations, trade unions, and others (Worlu *et al.*, 2007). In disparity, reference group has direct or indirect links of comparison in molding an individual's behaviour or attitudes. Individuals are often impacted by reference group they belong. Reference groups open an individual to different behaviours and lifestyles, impact the individual's attitudes and self-concept, and produce forces to imitate a particular brand choice (Achumba, 2006).

- **Family:** The family is the most essential consumer-purchasing institute in society, and family members constitute the most influential primary reference group (Worlu *et al.*, 2007). Their involvement differs broadly from the category of the product and by the stage

in the purchasing process. Family decisions have a way of influencing the purchasing decisions of members of the family, particularly in Nigeria, where respecting the elders and their decisions has become a cultural norm (Achumba, 2006).

- **Roles and Status:** A role comprises the undertakings an individual is required to execute. Each of these roles carries a status. A status is the overall regard attributed to a role by society. Individuals select products that communicate their role and position in the society (Worlu *et al.*, 2007).

c. Personal Factors: A consumer's decisions are motivated by individual characteristics such as age and life cycle stage, occupation, economic situation, lifestyle, personality and self-concept (Achumba, 2006).

- **Age and Life-Cycle Stage:** Individual changes in taste of food, furniture, clothes, and recreation are frequently affected by age. Purchasing is also formed by the life cycle stage of the family, i.e. the stages that the family will pass through over time as they mature. Traditional family life cycle stage comprises young singles and married couples with children (Worlu *et al.*, 2007).
- **Occupation:** The occupation of an individual governs their purchasing behaviour. For instances, the blue-collar workers have a tendency to purchase more rugged work clothes, while the executive purchase more business suits which are most suited for the style of the working environment (Worlu *et al.*, 2007).
- **Economic Situation:** Economic situation will impact the choice of products/services. Marketers must take cognizance of the movement in personal income, interest rates and savings. The choice of purchasing is governed by the economic level of the individual, because the individual will have to adjust their purchasing power with the goods/services (Achumba, 2006).
- **Lifestyle:** Lifestyle is an individual's way of living as shown in his/her buying behaviour. It comprises evaluating consumers' interest which serves as a pointer to purchasing behaviour. Lifestyle encapsulates a little more than the individual's social class or personality. It outlines an individual's overall way of behaving and switching consumer morals and how all these impact their buying behaviour (Worlu *et al.*, 2007).
- **Personality and Self-Concept:** Personality means the exclusive psychological features that serve as a pointer to a moderately consistent and long-lasting reaction to an individual's environment. Personality is commonly referred to forms of trait for instance dominance, self-confidence and others. Marketers have a notion that brand has personality

and individuals are likely to select brands with the personalities that suit them. A brand personality is the definite mix of human traits that may be ascribed to a specific brand (Worlu *et al.*, 2007).

d. Psychological factors: An individual purchasing selections is further influenced by four important psychological factors: motivation, perception, learning, beliefs and attitude (Achumba, 2006).

2.1.11: Moderating Roles of Buyers' Psychological Characteristics

The work by Kotler and Amstrong (2008) showed that there are basically four factors influencing buyers' (patients') buying behaviour. These include the cultural factors, social factors, personal factors and psychological factors. This study is focused exclusively on the psychological factors because notwithstanding those best-laid plans, there would be specific parts of the experience that cannot be completely controlled by the company because individual feelings, perceptions and behaviours can change the customers' experience management (Richardson, 2010). According to Callwood (2013), buyers' psychological factors that influence the consumers' buying behaviour are also classified into four and they are: motivation, perceptions, learning and beliefs and attitudes.

i. Motivation

Hoffman (2006) viewed motivation as a series of elements that make people to progress in the direction of their aim and interest, directs it and makes it to continue. Trehan and Terhan (2009) also sees motivation as moderately lasting, powerful and continuing internal stimuli that stimulates and controls behaviour in the direction of specific goals. The foundation of the buying process begins with the acknowledgement of need. A need can be defined as the absence of something that is valuable. An individual can be stimulated to purchase a product/service for suitability, for design, for reputation and for self-esteem (Khan, 2007). An organisation that has a good understanding of what causes motivation will be at advantage in developing a marketing strategy that will spur consumers' motivation to think about their product/service (Smoke, 2009).

ii. Perception

Perception is the interpretation an individual gives to a sensed organ. "Perception is defined as the process by which an individual selects, organizes, and interprets information inputs to create a meaningful picture of the world" (Kotler & Amstrong, 2008). Whether valid or not, it is significant to know that perception is the manner a person views the world around

him/her (Kotler, Bowen & Makens, 1999). Every individual views his/her surroundings in a different way. According to Worlu (2010) perception is a particular interpretation one gives to objects or ideas observed or otherwise brought to the consumer's attention through the senses. Durmaz (2014, p.196) asserts that "perception is how consumers understand the world around them based on information received through their senses." In reaction to motivations, customers unconsciously assess their needs, beliefs and anticipations, and based on these assessments they choose, form and interpret the stimuli.

iii. Learning

Learning theorists stressed that majority of human behaviour is learned. Learning takes place via the interaction of motivations, drives, clues, reactions and reinforcement. Learning describes changes in a person behaviour resulting from experience (Kotler, 2006). The importance of learning theory to the organisation is that the organisation can connect strong drives with the product via motivational clues to generate favourable reinforcement and also create demand for the product/service (Lamb, Hair & MacDaniel, 2010). According to Lee (2007), there are basically two categories of learning: a) experiential learning which takes place once an experience modifies one's behaviour and b) conceptual learning cannot be developed or acquired via uninterrupted experience. Consumers learned from past experience and try to retain consistency by regarding and explaining the stimuli based on previous or knowledgeable stimuli (Blythe, 2008).

iv. Beliefs and Attitudes

Kotler and Amstrong (2008) defined belief as "descriptive thought that a person holds about something", while attitude is "a person's enduring favourable or unfavourable cognitive evaluations, emotional feelings and action tendencies toward some objects or ideas". "These beliefs may be based on knowledge, faith, or hearsay. Consumers tend to develop a set of beliefs about a product's attributes and then through these beliefs, form a brand image-a set of beliefs about a particular brand" (Lee, 2007). Marketers are concerned in the beliefs that individuals communicate about certain products and services because the belief formed about goods and the brand images influence buying behaviour. If the customer have a positive attitude towards a product, it will affect the behaviour of the consumer positively. Marketers realize the predominant attitude in the direction of their merchandises and then attempt to make the products positive, and if it they already have a positive attitude, then the organisation try to sustain it (Hoyer & Deborah, 2008). If the negative beliefs are erroneous and customers avoid purchase, a marketer will have to release a promotion to correct the wrong attitude. Individuals can have specific beliefs and attitudes about specific

products and services (Sarangapani, 2009). Attitudes place an individual into a particular mindset of disliking or liking things or going towards a direction or diverting from them. Attitudes are not easy to change, an individual's attitudes tend towards a particular direction and a variation in an attitude may involve difficult changes in many other attitudes. The forces of beliefs and attitudes push a company to place its goods/services into prevailing attitudes instead of trying to change them.

2.2 Theoretical Framework

2.2.1 The Theory of Buyers' Behaviour

In 1963, Howard established the first model of consumer decision (Du Plessis &Rousseau. 1999). In 1969, Howard and Sheth (1969) further developed the model that became what is today known as the 'Theory of Buyer Behaviour' (or Howard & Sheth Model) (Howard & Sheth, 1969). The theory of buyer behaviour addresses the question of how a consumer or buyer gathers information in decision making, how the buyer makes his/her decision, and, how his/her decision influences his/her attitudes and hereafter his/her decisions in the future (Howard & Sheth, 1969). In other words, this model endeavors to define customers from "cradle to grave." This theory is therefore directed at the extraordinary job of elucidating buyer behaviour in all aspect.

The theory of buyer's behaviour is concerned with how buyers behave. There are lots of theories on the purchasing behaviour of consumers and companies are persistently considering them to discover how to motivate the customer to purchase their goods and services (Howard & Sheth, 1969). Often, a consumer will sense a need to buy a product and the consumer will have to pass through a sequence of stages before making the purchase. Nevertheless, consumer buying decisions are influenced by a number of internal and external factors such as environmental and cultural factors as well as buyer's personality profiles (Howard & Sheth, 1969). The buyers' behaviour theory or models are normally stated as a flowchart. These flowcharts indicate the overall direction of how one endogenous variable flows into another (Howard & Sheth, 1969). However, these flowcharts do not give the functional definitions of the concepts in each component of the flowchart, and also do not state how the exogenous factors affect the different endogenous variables.

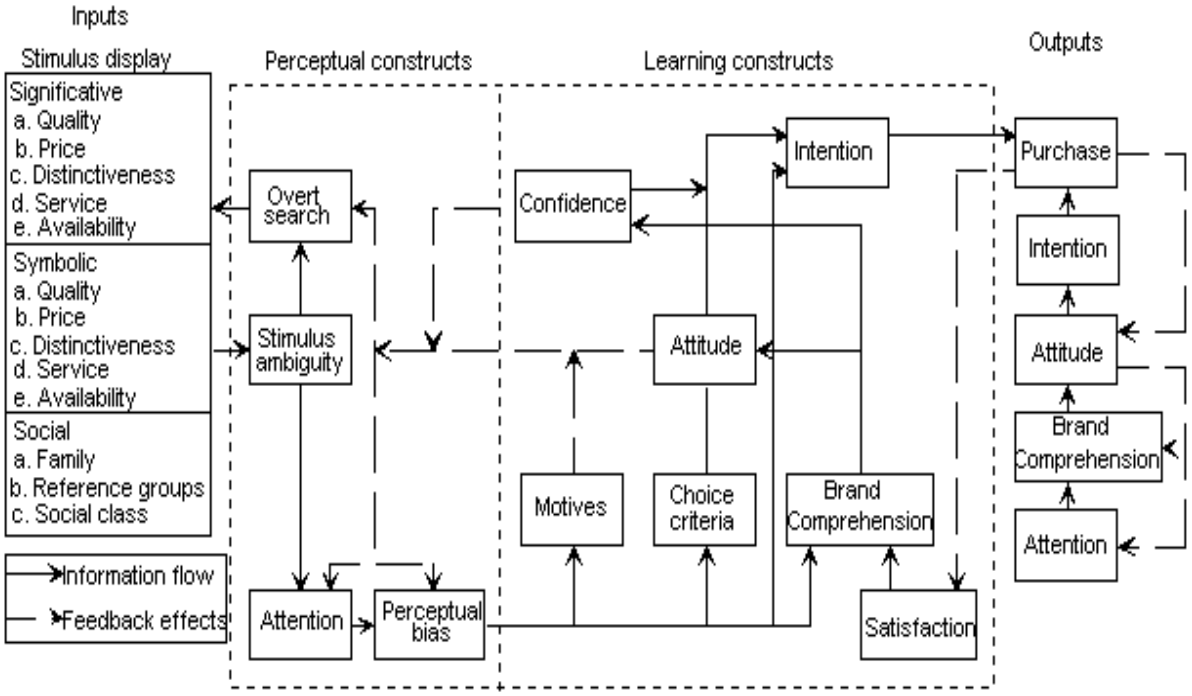

Figure 2.5: Components of the Theory of Buyer Behaviour
Source: Howard & Sheth (1969).

The interest of the writer was in developing a complete model that can be expended to examine a broad range of buying situations, and intrinsically the term 'buyer' was chosen instead of 'consumer' in order not to exempt business-related purchases (Loudon & Della Bitta 1993).

The input variables as shown in figure 2.5 are the environmental stimuli or motivations that the customer is exposed to and these stimuli are communicated from different sources. Significant stimuli are real features of the products/services or brands that the consumer encounters (Loudon & Della Bitta 1993), while the demonstrations of brands or products as created by marketers via promotion which affect the consumer indirectly is referred to as symbolic stimuli (Foxall, 1990). Howard and Sheth (1969) explained that social stimuli are referred to as the influence of reference groups, family and peer groups. The impact of all these stimuli is internal to the consumer before they affect the process of decision making. According to the hypothetical constructs, (Intervening Variables) can be grouped into two: perceptual constructs, and learning constructs (Howard & Sheth, 1969).

Perceptual constructs can be sub-divided into:

- Sensitivity to information – which is the degree to which the consumer controls the flow of stimulus information.

- Perceptual bias – occurs when the buyer distorts the information gotten so as to suit his already established needs or experience.
- Search for information – is when the consumer is actively looking for information on the varieties of consumption. In unification, these perceptual constructs function to regulate, filter and process the stimuli that are received.

This theory draws comprehensively on the concept of learning theory (Loudon & Della Bitta 1993). There are basically six learning constructs which are: motive, decision alternatives, evoked set, inhibitors, predispositions, and satisfaction. This learning process helps to influence the degree to which the buyer thinks through purchases in the future and also search for new information. Howard and Sheth (1969) proposed that the decision making process of the consumers varies based on the strength of the consumer's attitude toward the brands available; and these are basically directed by the buyer's understanding and awareness of the product class. In circumstances where the buyer does not have robust or strong attitudes, they are assumed to involve in extended problem solving (EPS), and keenly search for information so as to lessen brand ambiguity. In such circumstances the customer will also embark on prolonged consideration before making a decision on which product to purchase or certainly, whether to make any purchase. As the brand becomes more popular, the methods become less meticulously as the customer assumes limited problem solving (LPS) and ultimately routine problem solving (RPS) (Foxall, 1990).

As shown in the model (Figure 2.5) the exogenous factors are the external variables that can impact decisions considerably. As much as these factors hinge on the individual consumer to a certain extent, they are not likewise defined by Howard and Sheth (Loudon & Bitta 1993). Howard and Sheth (1969) stated that these exogenous variables encompassed the history of the consumer starting from the era of observation. The output variables denote the consumers' reaction, and follow the gradual stages to purchase, including attention, comprehension, attitudes, intention and purchase behaviour. This theory is relevant to this study because the impact of all the stimuli is internal to the consumer before they affect the process of decision making and experience is seen essentially from the individual customer's viewpoint and is naturally personal, happening only in the mind of the consumer (Vargo & Lusch 2004).

2.2.2 Expectancy Theory

According to Olson and Dover (1976), customer expectations are pre-test beliefs about the product/service. Expectations are created with the support of several origins of information, which consist of previous service experience, professional opinion, word of mouth, publicity, and communications operated by the organisation (such as, personal selling, sales promotion, advertising, and price), and the previous experience of customer to competitors services (Zeithaml *et al.*, 1990). Although, there exist a consensus among scholars that expectation is a comparison criteria for customer satisfaction, disparities concerning the theoretical explanations of the expectations theory are offered. Comparison criteria mean the object of reference employed by consumers to assess product performance and structure disconfirmation and the assessments of satisfaction (Halstead, 1999). Oliver (1980) was the leading author to theorize the concept of *predictive expectations* (expectations concerning the total performance of the product) as pre-purchase criteria. The assessment of customer satisfaction/dissatisfaction is as a result of the method of confirming or disconfirming previous expectations. The expectancy-disconfirmation paradigm was a key concept in the early research by Cardozo (1965); Olson and Dover (1976); Latour and Peat (1979); Oliver (1980); Chucrhill and Suprenant (1982); and Bearden and Teel (1983) and Westbrook and Newman (1987). This theory see expectations as the main perception of the probability (or likelihood of an event) of some occurrence, whereas several other scholars such as (Chucrhill & Suprenant, 1982; Oliver, 1980; Tse and Wilton, 1988) have argued that expectation is a valuation of the probability of an occurrence and the assessment of the 'goodness' and 'badness' of the occurrence.

The appraising component of the last explanation of expectations may confuse an individual assessment of an occurrence with an expectation of the probability of its event (Spreng, MacKenzie & Olshavsky, 1996). This is due to the fact that evaluations could include various other criteria of comparison (such as desires, equity, industry rules, and best brand). Spreng *et al.* (1996) contended that people should avoid confusing *predictive expectations* (i.e. what an individual believes is possible to occur later in life or in the future) with the assessments as defined by Olson and Dover (1976) which viewed expectations as views on the product qualities or performance at one time to come. Miller (1977) has identified four different categories of expectations – "*the ideal* (what a performance *'can be'*), *the expected*

(what performance *'will be'*) *the minimum tolerable* (what performance '*must be'*) and *the desire* (what performance '*should be'*). Miller (1977), further explained that the satisfaction procedure 'sort out' diverse types of expectations in buying and consumption circumstances, the outcomes being dissimilar. His proposal for spaces of satisfaction and dissatisfaction centers on this proposition.

Current research papers on customer satisfaction have identified several other comparison criteria that are suitable to assess satisfaction. The current criticism on the traditional expectation concept and the usage of other multiple comparison criteria has posed a contest and increased further difficulty concerning choosing suitable comparison criteria for consumer satisfaction (Boulding *et al.,* 1993; Droge & Halstead, 1991; Zeithaml *et al*., 1990). Droge and Halstead (1991) have discovered that research on customer satisfaction in the last two eras have concentrated on recognizing more variables to advance clarifying supremacy outside expectations and disconfirmations. The study contend that this will be a progressive improvement for research on customer satisfaction (Droge & Halstead, 1991). They explained this by utilizing the non-choice options as comparison criteria to assess post-choice customer satisfaction. Which of these options are sort out post choice and in what situation is still unidentified and thus, scholars assert that further research should be carried out in these key areas. The absence of agreement on the comparison criteria and the real nature and implication of the concept employed remains a controversial issue in customer satisfaction study.

Anderson and Sullivan (1993) discovered that there is a positive relationship in assessing expectations before product or service experience. Tse and Wilton (1988) and Oliver and De Sarbo (1988) discovered a positive relationship between expectations and satisfaction. Customer expectation as criteria for satisfaction has not been disregarded in any of these studies, though studies have shown that there are other factors such as experience-based norms and desire that can dominate expectation criteria in certain situations. Woodruff, Cadotte and Jenkins (1983) introduced the experience-based norms, which include customers past experience with competitors brands as consumer's criteria of comparison. Alternatively, Spreng and Olshavsky (1993), *make use of desires* as a contrast criteria in their theory added to expectation, and discovered that *desires* had a powerful influence on satisfaction. Desires are the qualities and values that customers have confidence in that will serve as a pointer to a greater standard level and direct their behaviour (Halstead, 1999). It

is however, contended that the concept of desires carefully allied to Tse and Wilton's (1988) model supporting Miller's concept of *ideal expectations* (Halstead, 1999).

Tse and Wilton (1989) and Woodruff *et al.* (1991) also suggested equity, which talks about the equality or appropriateness of something when compare to others, as an evaluation criteria. Nevertheless, in successive study by Oliver (1996) equity was deliberated more as a procedure of evaluation instead of an evaluation criteria and it has also been discovered to be insignificant in predicting satisfaction.

The theory utilized in this study employs expectation as evaluative criteria to assess patient satisfaction. The application of expectation as comparison criteria is broadly adopted in the service quality and satisfaction literature (Anderson & Sullivan 1990; Oliver, 1980 and 1996; Tse & Wilton 1988; Zeithaml *et al.,* 1990). Furthermore, the customer's *ideal expectation* showing customer's utmost desirable anticipated results is utilized as an evaluative standard- debatably more constant over a period of time compared to other forms of expectations (Boulding & Kalr, 1993).

2.2.2a The Expectancy Disconfirmation Theory

Oliver (1980) proposed the Expectancy-Disconfirmation Paradigm (EDP) as the utmost anticipating theoretical contexts for the appraisal of customer satisfaction. The theory posits that consumers have expectations about the projected performance before the purchase of goods/service. The consumer's expectation level, then serves as a criterion for which the product/service is criticized. For instance, when the consumer makes use of the goods/services, the results of the goods/service are compared to the expectations of the customer. If the result meets the consumer's expectation, then *confirmation* occurs, but if there is any change between consumer expectations and the result then *disconfirmation* occurs. The outcome of the difference between consumer expectations and perception will determine whether a consumer is satisfied or not. Therefore, when the performance of the product/service is higher than the expectations of the consumer, then there is a positive disconfirmation between consumer expectations and the performance of the product/services that will lead to customer satisfaction, but when the performance of the product/service is as anticipated, then, there is a confirmation between consumer's expectations and perceptions that will also lead to satisfaction. Contrarily, once the performance of product/service does not match the expectations of the customer, then there

is a negative disconfirmation between consumer expectations and perceptions, which can lead to dissatisfaction. The satisfaction literature has experienced so many disagreements as far back as 1967 when Howard and Sheth (1967) defined "satisfaction as the function of the degree of congruence between aspirations and perceived reality of experiences". Porter (1961) can be accredited with initial empirical submissions of this relative theory of customer satisfaction in the arena of career satisfaction.

2.2.2b Inferred versus Direct Disconfirmation

Basically, there are two ways of examining dis/confirmation of expectations. Firstly, the *inferred approach* and secondly, the *direct approach* (Meyer & Westerbarkey, 1996; Prakash & Lounsbury, 1983). The *inferred approach* encompasses the calculation of the disagreement between expectations and the assessments of performance. As a result, scholars have different information concerning the service expectations and the performance as perceived by the customer. The scores obtained are then deducted to get the *difference score or dis/confirmation*. The *inferred* (subtractive) disconfirmation approach (LaTour & Peat, 1979), is gotten from the comparison theory (Thibaut & Kelley, 1959) and presumes that the impact of a post-experience assessment of customer satisfaction can be stated as a function of arithmetic change between the product performance and a relative standard. Tse and Wilton (1988) stated that the *inferred approach* has received substantial backing from research in cognitive psychology where the psychological variables stated as arithmetic guidelines have been discovered to stand for individual information methods on an extensive range of situations.

The *direct approach,* alternatively, involves the use of synopsis judgmental gauges such as "*better than expected* to *worse than expected"* to measure dis/confirmation. The computation of changes in scores by scholar is elusive as respondents can only be asked directly to rate the degree at which the service experience surpassed, sustained or is below their expectations. Oliver (1980) distinguished between the *direct* and *inferred approaches by* suggesting that the inferred ("subtractive disconfirmation) approaches might lead to instant assessment of satisfaction, while the direct (subjective disconfirmation) approaches signifies a dominant distinctive cognitive state giving rise to comparison procedure and preceding the assessment of satisfaction. Therefore, Oliver (1980) opined that the subjective disconfirmation was credible enough to give a better explanation of the difficult procedures underlying the concept of customer satisfaction/dissatisfaction. Swan and Martin (1981)

matched the capacity of inferred and *direct* disconfirmation approaches in determining customer satisfaction. They discovered that satisfaction is extra sensitive (improved predictable) than *inferred* disconfirmation compare to *direct* disconfirmation. this is in contrast to Tse's and Wilton's (1988) discovery, which proposed that *direct* disconfirmation offers a superior prediction of the concept of customer satisfaction compared to *inferred* disconfirmation. The two approaches to EDP have been employed by several scholars in tourism and hospitality industries in order to appraise the satisfaction levels of the international travelers' (Barsky & Labagh, 1992; Cho, 1998; Danaher & Haddrell, 1996; Pizam & Milman, 1993). The SERVQUALl method has also been used by many scholars in evaluating the satisfaction of tourist as indicated by Tribe & Snaith (1998).

2.2.3 The Comparison Level Theory

Many scholars do not agree with the Expectancy-Disconfirmation theory based on the fact that it suggests that the basic component of customer satisfaction is the projecting expectations formed by companies, company's reports or unstipulated sources (Yi, 1990). For example, La Tour and Peat (1979) maintained that the EDP disregards other bases of expectations, such as the customer's past experience and other customer's experience with related concepts. According to Thibaut and Kelley (1959), contrarily to the expectancy-disconfirmation theory, which employs situational-produced expectations as a basis for measuring the comparison standard, the "comparison level theory opines that there are more than one basic determinants of comparison level for a product. These include: (1) consumers' prior experiences with similar products, (2) situationally produced expectations (those created through advertising and promotional efforts), and (3) the experience of other consumers who serve as referent persons".

LaTour and Peat (1979) found that experience centered standard is significant as a reference point for comparing the assessments of consumer's satisfaction by employing the comparison level theory to the confirmation/disconfirmation method. They discovered that circumstance prompted expectations had a slight influence on customer satisfaction, whereas expectations centered on past experiences were the foremost determining factor of customer satisfaction. This outcome proposes that consumers may give less importance to producers-delivered information, once they have individual experience and appropriate information about the experiences of other consumer (Yi, 1990). Dissimilar to the

expectancy/disconfirmation theory, the comparison level theory proposes that customers may come with numerous diverse comparison criteria into the consumption experience. Customers may also be interested in using the predictive expectations centered on external message or promotions such as advertisement before making the purchase. However, diverse standards such as previous experience and the experiences of other customers as proposed by LaTour and Peat (1979) model may turn out to be more possible after the purchase. Furthermore, the introduction of past experience proposed by the comparison level paradigm as the comparison benchmark in customer satisfaction research may help executives to match their performance with their competitors, and also propel them to take proactive measures in meeting-up or differentiating their products/services. This theory is relevant in this study because it is an improvement on the EDP as it includes customer's past and other related experiences with relevant concepts in measuring customer satisfaction, which invariably leads to customer loyalty in the service industry.

2.2.4 Perception Theory

Perception is defined as the procedure by which consumer receives, chooses and understands or deduces stimuli to give a meaningful and rational image of the world (Schiffman, Bednall, Cowley, O'Cass, Watson & Kanuk, 2001). In customer satisfaction and service quality literature, perceptions are defined as the consumer's judgment of the service organisation's performance (Oliver & Swan, 1989). The perceived quality constructs developed by Parasuraman *et al*. (1988) as the SERVQUAL instrument, is defined as the difference between perceptions and expectations. Many researchers (Carman, 1990; Finn & Lamb, 1991; Peter, Churchill & Brown, 1993) support the theoretical basis of this construct despite their criticisms of SERVQUAL on operational basis.

Customer perception can be defined as those best approach customers' feeling and decipher the reality around them (Arnould, Kristy, Nicole& Jason, 2005). During service delivery, consumers are wide-open to several stimuli, which emanated from the environment, relating to the providers of service and the delivery of the main service (Haeckel *et al.*, 2003). This is done based on the five senses – sight, smell, hearing, touch and taste, through which consumers give meanings and interpret the stimuli based on their experience with the service delivery (Arnould *et al.*, 2005). In the midst of all these, consumers take note of only a minor segment of the motivations which is a perceptual selection (Arnould *et al.*, 2005, p. 309). The procedure of appraising the stimuli happens in both sub-consciousness

and consciousness of the consumers (Berry & Carbone, 2007); and basically hinged on two important aspects. Firstly, consumers may focus on the stimuli that concern their current goal fulfillment (Arnould *et al.*, 2005). Secondly, the desirability of the motivation itself refers to, the stimuli which astonish or threat, consumers, hence; overpass the borderline of the consumer's expectations which have a greater probability to be chosen. Finally, going by the previous knowledge resulting from prior experiences, consumers can appraise the new experience stimuli taken from the purchase and after purchase touchpoints (O'Neill & Palmer, 2001). Intrinsically, experiences impact the creation of the total perceptual conclusion about services. Based on this view, Bitner (1992) proposed the total view of the environment of service serves as a pointer to the stimulation of emotions, impact beliefs and physiological feelings, which eventually impact the behaviour of the customer.

In their process model of service quality, Boulding and Kalra (1993) conceptualized customers' perception of each of the dimensions of service quality as a collective construct. This means that the perception is restructured each time a consumer is exposed to the service. They argued, therefore, that customers' perceptions are not only influenced by expectations of the service, but also by the decency of the service encounter. Sue (2001) in her analysis of consumer perceptions of experience outcomes, asserted that the length of experience with service encounter can influence consumer perceptions. If two customers come across the same service with different expectations, they would have different cumulative perceptions of the service, even if both customers experience an identical service. The main argument is that a person's expectation can change the way he or she perceives reality. Boulding and Kalra (1993), concluded that it is significant to apprehend the type of expectation of the customer in order to manage the perception of service quality and satisfaction.

Customer perceptions of post consumption performance are appraisals and feelings about the chosen alternative and consumers react to it on an objective (product or service-attribute) level as well as on a subjective (emotional) level (Neelamegaham & Jain, 1999). This is because, researchers acknowledge diversity of perceptions as one of the most fundamental concepts in intercultural communication (Limaye, 2000). According to Jandt (1995), perception is unique to each individual, it is a three –step process of selection, organisation and interpretation. It has also been discovered that perceptions differ due to differences in

gender (Ndhlovu & senguder, 2002; Lin &Mills 2001), physical environment of the service settings (Wakefield & Blodgett, 1999) and cultural background (Limaye, 2000). These findings show that a clear understanding of how perceptions are formed is critical to any service business as it facilitates the formulation of strategies to manage customer perceptions of service performance. At the same time, Pullman and Gross (2004) conducted a study and proved that, customers frame their total perceptions of the service based on the components of the touchable environment and their dealings with the providers of service in addition to other customers, which consecutively stimulate emotions that will impact on customer loyalty behaviours.

In this study patient perception of the performance of healthcare organisations are based on the "ideal" or "desired" expectations. Under the service-recipient paradigm, which considers patients as customers (Havranek & Brodwin, 1998), healthcare organisations need to be highly patient-focused in their service delivery. The evaluation of the quality and performance of a service such as healthcare can take place only after experiencing or consuming the services because customers have limited tangible pre-choice cues. The perception formed during these evaluative processes constitute key indicators of customer satisfaction or dissatisfaction as explained by Halstead *et al.* (1994).

2.2.5 The Attribution Theory

Weiner, Frieze, Kukla, Reed, Rest and Rosenbaum, (1971) were the first to develop the attribution theory. The attribution theory sees the consumer as a rational or sensible processor of information who searches for details in order to describe the cause of the outcome of the purchase such as dissatisfaction (Folkes, 1984). This theory maintains that once the provision of a service does not correspond to the consumers' prior anticipations or other criteria, consumers involve in an attribution process with the intention of making reasonable judgments about what has happened. (Bitner, 1992). This theory is assumed to develop a better understanding of how individual judges people in different ways, depending on the kind of meaning the individual ascribe to a certain behaviour (Kelly, 1972). Most importantly, the theory believes that customers are inclined to search for reasons why product/service fail or succeeds and they normally attribute the failure or success to a given behaviour (Oliver & DeSarbo, 1988; Weiner *et al*., 1971). Essentially, the theory proposes that when people observe an individual's behaviour, they tend to

ascertain whether that behaviour was internally or externally caused. That decision, largely rest on three factors:

Locus of Causality: This can be internal or external, it implies that the result of the buying, for instance, is the reason for the dissatisfaction, which can be ascribed to either the customer (internal) or to the service provider or a touch in the environment or circumstances (external). Internally caused behaviours are the behaviours said to be under the control of the individual, while the externally caused behaviour is believed to result from outside causes which is uncontrollable but enforced into the individual behaviour as a result of the circumstance (Weiner *et al*., 1971).

Stability: It can be stable/permanent or unstable/temporary, the stable reasons are considered not to change over time, whereas the unstable reasons are considered to swing and change over time. In the situation of negative actions, attributions to stable reasons cause the emotional state of futility, while attributions to unstable reasons allow the emotional state of hopefulness concerning the expectations (Fontaine, 1974; Weiner, 1985).

Controllability: It c*an also be known as* volitional/controllable or non-volitional/uncontrollable. Similarly, customers and organisations can have a deliberate control over the result or be bound by specific controllable restrictions. For negative happenings, controllable causes have been revealed to stimulate guiltiness (Covington & Omerlich, 1984), while the uncontrollable causes serve as a pointer to cause shame (Brown &Weiner, 1984; Graham, Doubleday & Guarino, 1984; Weiner, Graham & Chandler, 1982).

It is contended that based on certain circumstances, for instance, where a particular number of customers discovers himself or herself in bargain about the reason for their dissatisfaction, once that same organisation repeats the same error recurrently (consistency), and where only this organisation makes mistakes (individualism of the behaviour is high), then "*external attribution"* practice occurs. Conversely, where the bargain is little, consistency is little and individualism is also low, customers are expected to communicate any negative responses (dissatisfaction) to themselves (for instance, just having an "off" day) (Pearce & Moscardo, 1984). Formerly, attribution theory had been very suitable in predicting customers' responses once they are dissatisfied than in elucidating the customer

satisfaction procedure itself (Carruthers & Smith, 1996). On the other hand, Folkes (1984) and Richins (1985) have found a number of confirmation that aids to establish a relationship between the assessment of satisfaction and locus of causality (internal and external attributions). The outcomes, specifically the ones given by Folkes (1984), establish that the locus of causality controls the assessments of satisfaction and satisfaction is further connected with internal factors compare to those factor that are external. Oliver and Desarbo (1988) matched the impact of the five determining factors of satisfaction (expectancy, disconfirmation, equity, performance, and attribution) and discovered related results indicating that the attribution element of satisfaction was the smallest significant of all impacts in the dimensions or circumstances tested. These scholars proposed the attribution theory as one of the alternative theory to describe customer satisfaction. Thus, it appears somewhat like an addition to the expectancy-disconfirmation paradigm since the attribution procedure is basically prompted by the undesirable disconfirmation of expectations. Furthermore, applying the attribution theory seems to be very suitable in determining customer dissatisfaction and complaining behaviour.

2.2.6 The Equity Theory

Equity Theory is concerned with how consumers observe the input/output relationship as being unbiased in order to determine satisfaction (Swan & Oliver, 1989). The models of equity are gotten from the theory of equity (Adams, 1963), and are centered on the concept of input-output relationship, which plays an important role in customer satisfaction (Oliver & Swan, 1989). As stated by the proponents of this theory, consumers dealing with the organisation should feel fairly treated (that is, satisfied), if in the minds of the consumers, the proportion of their output/input is reasonable (Oliver & DeSarbo, 1988). Whether the consumer feels fairly treated or do not feels fairly treated hinges on several factors, which include: the amount or price paid for the product/service, the benefits gotten, the energy and time used in the course of the business deal and overall experience of prior transactions (Woodruff *et al.,* 1983). This means that the comparative standard can be in several different methods. The equity theory is similar to the comparison level theory, and it suggests that the core of comparison employed by customers in the assessment of satisfaction is not only based on expectations.

Equity theory of customer satisfaction stands to be distinct amongst other theories, given that satisfaction is appraised compared to other consumers (people) involved in the service and the results of all the consumers using the same experience are considered. Erevelles and Leavitt (1992) contended that equity theory can deliver a better image of customer satisfaction in circumstances that are ignored using the conventional satisfaction theories. For instance, the theory may be specifically suitable in modeling circumstances where satisfaction with another customer is believed to be a significant component of the business deal.

Translated into a patient framework, the theory of equity proposes that patients match perceived input and output (benefits) in a business transaction: if the patient's benefit is lower than the input invested (money, time and some other costs), then the customer is dissatisfied (Reisineger & Turner, 1997). Thus, satisfaction is "a mental state of being adequately or inadequately rewarded" (Moutinho, 1987). The comparison could come in different ways. The input/output relationship of the service experience can be matched with the seeming net benefit of others (for instance friends) who have experienced the same service delivery (Meyer & Westerbarkey, 1996). As stated by equity theory, satisfaction is perceived as a comparative assessment that bear in mind the service qualities and benefits achieved by patronizing or buying plus the expenses and efforts exerted by the customer to get that product/service. Fisk and Coney (1982) observed that a lot of consumers were dissatisfied and had a bad attitude towards the organisation when they discovered that another consumers got fairer price agreement and fairer service than they did. Put differently, the consumers' view of equitable dealing with the organisation transformed into an assessment of satisfaction, which has an impact on future expectations and buying intentions. Generally, the equity theory has been accepted as a substitute to theorize how the assessment of customer satisfaction/dissatisfaction works (Oliver & Desarbo, 1988). Equity disconfirmation has been buttressed empirically, however, it concerns are mostly in social interactions (Oliver & Swan, 1989). The equity theory and the attribution theory have been suggested as the determinants of satisfaction, though "they have not generated the same level of interest in customer satisfaction/dissatisfaction research compare to EDP as explained by Oliver (1993).

2.2.7 Learning Theory

Learning can be defined as a comparatively lasting change in mind processing, emotional performance, and/or actions which occur as an outcome of experience (Braungart & Braungart, 2007; Armstrong and Kotler, 2009). It is the lifetime, forceful course of action through which persons obtain fresh knowledge or proficiencies and modify their beliefs, way of thinking, feelings, and behaviours (Braungart & Braungart, 2007). Learning allows persons to adjust to the demands and varying conditions, which is vital in health care. For examples patients and relatives, struggling with the means to recover their health and adapt to their medical circumstances, pupils gaining skills and information required to grow to be a nurse, or doctors and healthcare service staff developing and learning better ways to teaching and handling patients and all other in collaboration. In spite of the importance of learning to every individual's growth, performance, physical condition and well-being, there are arguments on how learning takes place, what types of experiences assist or deter the learning procedure, and what makes sure that learning turns out to be comparatively stable. Until almost the end of the 19th century, a majority of the deliberations and arguments on learning has been rooted in school administration, philosophy and conservative insight (Hilgard, 1996). While in the early 20th century, latest arena of educational psychology emerged and turn out to be a central drive in the scientific research of training, assessment and learning (Woolfolk, 2001).

A *learning theory* is a rational structure incorporating concepts and main beliefs that explains, foresees or illustrates ways in which individuals learn. Instead of presenting a solitary theory of learning, the educational psychology offers different theories and standpoints on ways in which learning happens and what stimulates individuals to study and transform (Hilgard & Bower, 1966; Ormrod, 2004; Snowman & Biehler, 2006). The building and analysis of the theories of learning from the previous century added a lot to the insight on how persons obtain information and transform how they think, feel, and the way they behave. The main learning theories have been extensively applied and they form the basis not only in the arena of education, but also in other fields such as human resource management, marketing and advertising as well as in psychological counseling. Whether applied solely or combined, learning theories have a lot to offer in the discipline of health care. To a greater extent, health experts are required to show that they recurrently use, reliable techniques and a comprehensive basis in their learning efforts, staff supervision and

training, patient and patron relations, health support programs and lifelong education (Ferguson & Day, 2005).

In the present organisation of health care in the United States, for example, the nurses, especially, are regularly in charge of developing and applying strategies and processes in advancing health education and supporting wellbeing. Beyond individual's career, nevertheless, understanding of the learning procedure speaks about almost every part of daily life. Learning theories could be linked at the individual, group, and communal echelons not just to understand and show fresh materials, but furthermore to fathom problems, transform bad habits, raise valuable relationships, handle emotions and create viable conduct (Braungart & Braungart, 2007). It is argued that generally, emotions and feelings require clear center of attention in connection with learning and most especially to healthcare (Goleman, 1995). Emotional responses are always learned through experience, they assume a huge part in the learning process, and are crucial considerations when managing health, disease, prevention, wellness, restorative treatment, recovery, healing, and backslide counteractive action (Braungart & Braungart, 2007). The major psychological learning theories relevant to health teaching and medical practice are cognitive, behaviourist and social learning theories regularly employed to patient training as a part of qualified nursing practice. However, in this study, the social learning theory was adopted because it deals with the personal characteristics of the patient.

2.2.7a Social Learning Theory

Bandura (1977) developed the Social learning theory, he delineated a standpoint on learning which involves the personal features the individual learner, patterns of behaviour, and the atmosphere. The theory has passed amid numerous "paradigm shifts" (Bandura, 2001). At the initial inventions, Bandura (1977) stressed behaviourist characteristics and the replication of protagonist models; and afterward the attention was centered on the cognitive deliberations, for instance, the qualities of the person and the inner dispensation of the learner. Lately, his focused changed direction to the influence of social considerations in social environment where knowledge and behaviour take place. As the theory advanced, the learner is perceived as most important (which he calls "human agency"), which proposes the importance of identifying what the learners are seeing and the way they interpret and react to the social circumstances. Basically, thorough attention must be given to the healthcare context as a social setting.

At the early stage, Bandura (1977) observed that people do not need to have direct involvements to learn; extensive learning takes place by simply observing the behaviour of other people and what becomes of them. Therefore, learning is usually a social procedure, and other persons, deliver convincing instances or role models on the way to think, sense, and act. "*Role modeling"* is a focal point of the theory. For instance, a better experienced nurse that shows appropriate specialized behaviours and attitudes is always used as an example for a nurse that is less experienced. Study shows that nurse administrator' behaviour and attitudes—safeguarding, incorporating information with practice, sharing feelings, inspiring staff nurses and apprentices, and their capability and readiness to give direction to others—impact the results of the medical supervision procedure (Berggren & Severinsson, 2006). How nurse gurus view their position is a significant thought in the management selection procedure (Neary, 2000). The relevance of this theory to this study rests on the fact that the theory upholds that behaviours are learned from the environment through social learning process. Therefore, it can be said that the customer experience management skills (behaviours) required by healthcare managers to build customer loyalty can be acquired via social learning process (training).

2.3 Empirical Framework

Customer experience management has been applied to a number of studies in service industries, most especially in the hospitality industry, banking, airlines and also in health care sector. However, most of the existing studies are concerned with how organisations can employ customer experience to create or build customer satisfaction in the developed economies. There has been applications of customer experience management in the Irish tourism sector. Indeed, Ireland recognizes the influence of customer experience as fundamental to meet up industry disputes, recognizing that improving the tourist experience with the intention of building customer loyalty is a vital strategic success driver to generate a sturdier competitive advantage in Irish Tourism firms (Tourism Policy Review Group Report (TPRG), 2003). Also in Air India, Jet Airways and Kingfisher, the results of exploratory factor analysis, hierarchical regression model and ANOVA reviewed that customer experience was a multidimensional construct (Chauhan & Manhas, 2014). This is also applicable in the USA healthcare sector (Avaya, 2014). Nevertheless, this does not suggest that the developing economies have not used the customer experience management strategy. Indeed, studies exist, but not in the volume and intensity with which we have them

in the developed nations. Based on extant literatures consulted by the researcher, no study exists in customer experience management in the health care sector of a developing nation like Nigeria. This observation seems specifically unsatisfactory due to the fact that customer experience appears to be an evolving opportunity in the fast-moving, extremely competitive world, particularly in the modern domain of experience economy (Chauhan & Manhas, 2014).

According to Hekkink, Sixma and Quote (2003), the significance of integrating patients' perception in assessing and developing the health care packages is now extensively acknowledged (Hekkink *et al.*, 2003). Ajayi, Olumide and Oyediran (2005) using patients' feedback, found that patient-centered evaluations of health care are employed to determine health care service quality. It was also discovered that patients' satisfaction with health care obtained is an essential aspect of assessment that is rarely used in the developing economies (Ariba, Thanni & Adebayo, 2007). Nevertheless, several findings on previous studies constantly show a low level of quality health care (Ajayi *et al.*, 2005; Coulter & Cleary, 2000; Ehiri & Anyanwu, 2005; Eze & Okaro, 2006; Margolis & Almarzouqi, 2003; Onajole & Odeyemi, 2006). It was also found that 80 percent of patients complaints to health care regulatory groups were ascribed to a gap in communication between the doctors and the patients (Eze & Okaro, 2006). Olumide (1997) found that the experiences of the patients with the health care organisations will control the attitude of the patient toward the health care organisations; govern their return appointment, agreement with the treatment and accomplishment of improved treatment achievement (Olumide, 1997).Thus, it is suggested that checking the experiences of patients in health care can serve as a standard upon which the service quality can be measured (Coulter & Ellins, 2006).

In the research carried out on 114 patients, around 81.4% percent indicated poor behaviour of health care employees as main causes of their dissatisfaction. In a different study on the impact of patient- worker relationship, a lot of patients have pressing desired for quick improvement in their interactive dealings with health care staff (Lesley, 1999). Yuchi and Guannming (2009) also discovered that patients have the belief that better interpersonal treatment will lead to improved communication, further patient participation, satisfaction of patient, and ultimately, improved quality of health care. Doubova, Zepeda-Arias and Flores-Hernández (2009) discovered in a research on patient satisfaction carried out in Mexico that in the area of regard for patient view, the mean score of patient's view was 3.09+1.2 (highest allowable score=5). Also, in another research on patients' experiences and

customer satisfaction in health care carried out in Scotland results showed that the main determining factor of the satisfaction of patient was the regard they have for patients' choices (Jenkinson, Coulter, Bruster, Richards & Chandola, 2002).

A study carried out in Portland on Building Consumer Loyalty - Challenge for Global E-healthcare Organisations, it was found that the twofold concepts – satisfaction and trust in conventional healthcare organisations – significantly determined the difference in customer trust in e-healthcare organisations. Nevertheless, the trust in conventional healthcare organisations has a greater influence on trust in e-healthcare than customer satisfaction (Smyczek & Matysiewicz, 2012). A study carried out by Donnelly *et al*. (2008) on building loyalty: creating value through customer experiences also shows that customer experiences in conjunction with other variables such as quality, value and satisfaction are essential in building loyalty.

In addition, in their study on joint effect of mechanic and humanic clues on customers' perceptions of service quality in a casual dining setting, Wall and Berry (2007) discovered that the expectations of customers about service is significantly higher if the mechanic clues were positive instead of negative. Again, the findings of that research showed that humanic clues dominated mechanic clues concerning the concept of customer experience. Ideally, the two categories of clues are supposed to be reliable in their communication to the consumers, but if discrepancy take place, it is superior to have better humanic clues. Consequently it could be viewed that these categories of clues are important dimensions in developing the supposed customer experience management construct. But, there are lots of things to be learned as regards these clues as few study exists that has examined the joint effect of humanic, functional and mechanic clues on customer satisfaction and loyalty as well as the moderating role of buyers' psychological characteristics.

Table 2.1: Summary of Empirical Framework on Customer Experience Management and Customer Loyalty

Research Topics	Authors	Country/ Location	Empirical Findings
An Empirical Study of Customer Experience and its Relationship with Customer Satisfaction towards the Services of Banking Sector	Sharma and Chaubey (2014)	India	The research discovered that greater degrees of in-house service quality such as favourable attitude, suitability, openness, technological backing, conducive environment, marketing livelihood services, expertise, bring about greater degrees of member of staff satisfaction. The more contented the staffs are, the more possible they are to remain and the more their efficiency and better delivery of satisfaction to their customers.
Delivering Customer Experience Management Practices in the UK and Nigeria Aviation Industry.	Nwokah and Nwokah (2013).	Nigeria and U. K	The study found positive relationships between the dimensions of customer experience and delivering total customer experience management practices. However, people and culture element was established to have a very strong connection, use of consumer data to plan, drive and monitor. Services element was established to have a strong connection; managing customer data dimension was found to have moderate relationship.
The Impact of Customer Experience Management on Customer Loyalty of Supercenter's Shopper in Thailand	Wijaithammarit and Taechamaneestit (2012)	Thailand	Customer reasoning impacts positively in relation to customer satisfaction. It was discovered that customer friendliness and reasoning had an impact on the satisfaction of customer.
Towards a better measure of customer experience	Klaus and Maklan (2012)	U.K	Customer experience is a vital determining factor of consumer behaviour and a key strategic goal for service organisations.
The Customer Experience: A Road Map for Improvement	Johnston and Kong (2011)	U.K	It was discovered in this study that the eight stages of the development road chart, which are initiation and goal setting, organize and supervise the deviations, carry out customer research, describe the experience, carry out achievement research, highlight areas for improvement, improve and model the deviations, and alter the backup systems are essential when making decisions on whether to change the process or not.

Managing organisational culture change and knowledge to enhance customer experiences: analysis and framework	Chakravorti (2011)	U.S. A	Customer experience management strengths on its own merits positively influence company culture, transformation management and information management.
Customer experience management: a critical review of an emerging idea	Palmer (2010)	U. K	By integrating reactions and perceptual misrepresentation in due course, customer experience overpowers numerous complications linked with fixed, one-sided measures of quality service.
Customer Experience Creation: determinants, Dynamics and Management Strategies	Verhoef *et al.* (2009)	U.S. A	The sphere of customer experience management proffers a valuable insight for upcoming research.
Building Loyalty: Creating Value through Customer Experiences in Tourism	Donnelly, Lynch and Holden (2008)	Ireland	Experience is an indispensable element for loyalty building and can also have an uninterrupted influence on loyalty. Nonetheless, it cannot fully describe the concept of loyalty, satisfaction, value and quality are significant variables to deliberate.
Customer experience management Influencing on human Kansei to Management of technology	Nagasawa (2008)	Tokyo, Japan	The researcher found out that all of them have high values of SENSE, TOUCH, REASON, ACT and INTERACT, which means they are similar to a collection of customer experiences. They do not just create functional benefit, but as well create customer experiences through management technology tactic.
Service Clues and Customer Assessment of the Service Experience: Lessons from Marketing	Berry, Wall and Carbone (2006)	U.S. A	Customers combine these clues and calculate sophisticated conscious and unconscious intentions that stimulate their buying choices and form their judgment about the quality of service. Service experience clues as well as the benefit consumers connect with the experience can result in loyalty and ardent activism —or otherwise.
Managing the Total Customer Experience	Berry, Carbone and Haeckel (2002)	U.S. A	Firms contend better when they join functional and emotional values in their service offer. Emotional links between firms and consumers are tough for competitors to break

Source: Compiled by the Researcher

2.4 Gaps in the Literature

Since customer experience management is a relatively new concept in marketing strategy research, academic research in this domain has been to a great extent fragmented (Verhoef *et al.,* 2009), and research studies relating to the Nigerian context are very little and minimal. Although a large quantum of research exists in developed countries on customer experience in building loyalty in the health care sector, there is a scarcity of such research in the building of customer loyalty in the health care sector within the African context, most especially in Nigeria. Indeed, the few existing studies focus on the southern part of the continent with a small number on the west coast. To the best of the researcher's knowledge the only known study in Nigeria on customer experience management was carried out by Nwokah and Nwokah (2013) in Nigeria and UK aviation industry. That study sought to examine the relationship between the dimensions of customer experience and delivering total customer experience and also compare the differences in delivery total customer experience management practices in the UK and Nigeria. Also, that study examined the marginal relationship between customer experience and the delivery of customer experience management practices without assessing how these can be used to build customer loyalty. The current study attempted to fill this gap by assessing the influence of customer experience management on customer loyalty and how buyer's psychological characteristics moderate the relationship between customer experience management and customer loyalty in the Nigerian health sector.

2.4.1: Conceptual Framework of the Study

Figure 2.6 is a graphical illustration of the conceptual model of the study. Among other things, this model shows the relationship between customer experience management variables, buyers' and customer loyalty.

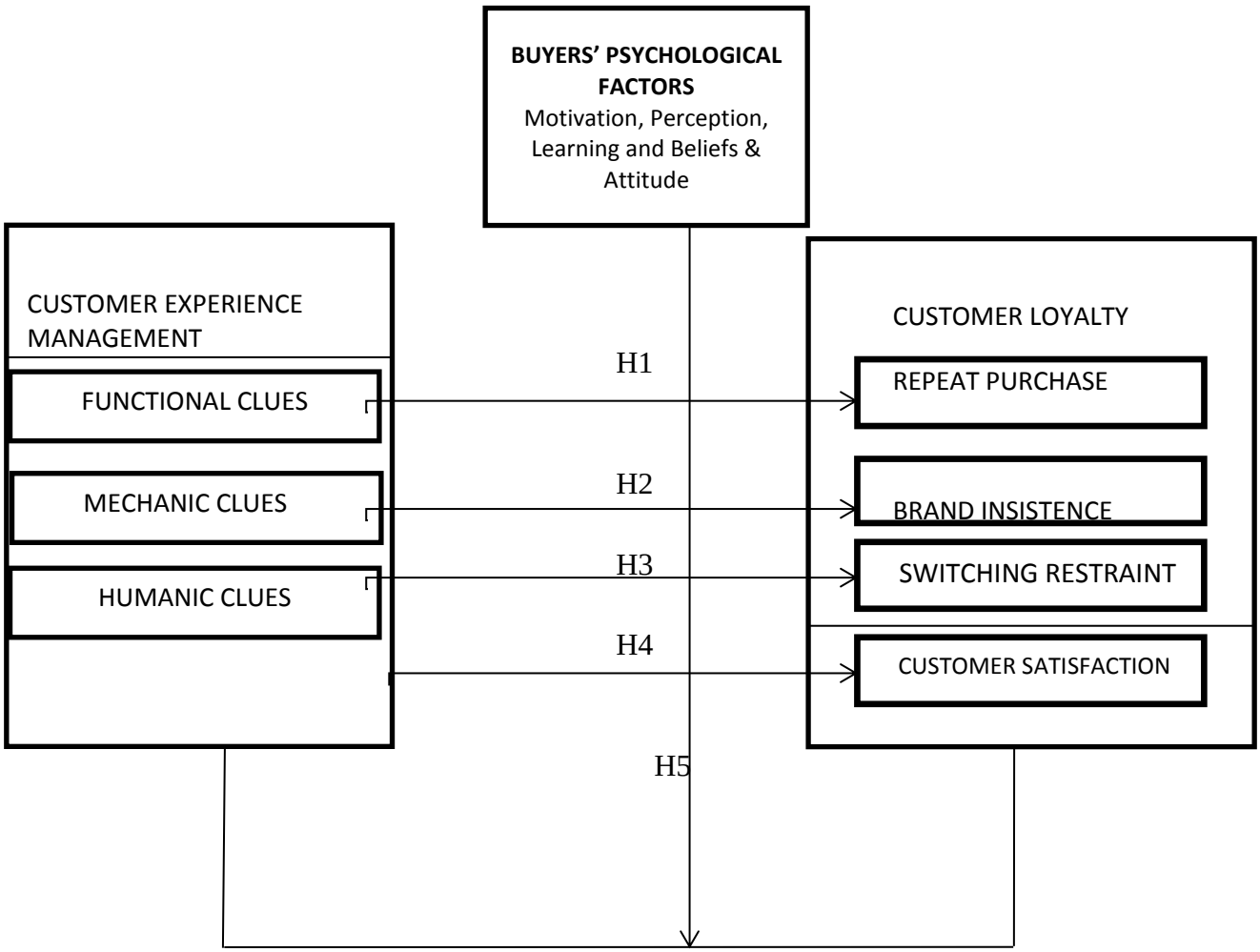

Figure 2.6: The Conceptual Model of the Study
Source: Adapted from Berry *et al.* (2006); Ndubisi (2012)

The conceptual model of the study presented in figure 2.6 shows the relationships between customer experience management, customer satisfaction, buyer's psychological factors and customer loyalty. The conceptual model has components comprising customer experience management clues (functional clues, mechanic clues and humanic clues) and customer loyalty (repeat purchase, brand insistence switching restraint and customer satisfaction). In this conceptual model, customer experience management is assumed to influence customer loyalty or indirectly through buyer's psychological factors. Buyer's psychological factors are assumed to moderate the effect of customer experience management on customer loyalty through the influence of some factors such as motivation, perception, learning and beliefs and attitude. Previous studies on customer experience management have assessed the influence of customer experience management on customer loyalty in isolation without considering how the buyer's psychological factors influence their loyalty. Further, this conceptual model also shows the relationship between each of the customer experience management clues on customer loyalty components (repeat purchase, brand insistence,

switching restraint and customer satisfaction). This aspect has been virtually missing from past studies in customer experience, as customer loyalty has been assessed as a total variable without examining the influence of CEM clues on each component of customer loyalty. Therefore, this study presents an integrative model for examining the relationship between customer experience management and customer loyalty in the healthcare sector.

In addition, although a lot of studies have been done on patient satisfaction and loyalty using concepts such as customer relationship marketing, service marketing, service quality, the quality attributes of primary health care services and so on (Adeyinka, 2014; Katib, 2011; Awa & Eze, 2013), very little has been done on customer experience management in the health care sector in Nigeria. In order to investigate and examine the role of customer experience management in building loyalty in the healthcare sector of Nigeria, this study attempted to examine how customer loyalty can be built in the health care sector using the customer experience management strategy in Nigeria. This kind of study is important and timely in view of the current situation in Nigeria where there are evolving health care problems, poor health care service delivery, deterioration of the medical facilities and infrastructure resulting in increase in medical tourism (Okeke, 2008; Osain, 2011). Indeed, the health care sector in Nigeria has experienced so much neglect over the years (Osain, 2011). Therefore, there is a need to confront this enigma. The current research is aimed at filling the gap in literature and providing valuable suggestions for improving the deteriorating condition of health care system in this country (Tabibi *et al.*, 2001).

CHAPTER THREE

METHODOLOGY

3.0 Preamble

This chapter explains the procedures adopted in addressing the identified research problem. The key issues discussed in this chapter include: the research design, population of the study, sample size determination, sampling technique, research instruments, validity and reliability of research instruments, administration of the instrument and the methods of data analyses.

3.1 Research Design

According to Kerlinger (1964), research design comprises a summary of what the researcher will do right from formulation of the hypotheses, research questions, operationalisation of variables, to the final analysis of data. In this study, the research design adopted was survey research design. The choice of survey research design was due to the fact that it can be applied in the collection of standardized data that permit the researcher to collect information required to answer the how, who, what and when questions regarding the experience of the customers and their loyalty to the providers of services. It also allows for the selection of sample from a target population that is large. Again, it encourages the use of questionnaire to elicit information from the respondents (Asika, 2000). The quantitative research method was used in this research and hypotheses were formulated to show the relationship between the variables identified, structured and semi-structured questionnaires were developed and used in gathering the primary data used, while the statistical tools were employed to analyze the data gathered so as to harness the strong point of the variables investigated in the research. This study was descriptive in nature because it explained how customer experience management influenced customer loyalty. Additionally, in this study, a cross sectional survey method was employed because data were collected from the population at a specific time and conclusions were made based on the result derived from the analysis of the data.

3.2 Population of the Study

According to Asika (2000), a population is made up of all measured components or observations or subjects relating to a phenomenon of interest to the researcher. They can be physically counted or observed. The population of the health care sector is composed of individual consumers (patients) that patronize the hospitals for diverse medical services and the healthcare service providers in selected four private hospitals in Lagos State. The survey population of this research consisted of the patients of Lagoon Hospital, Reddington Hospital, EKO Hospital, St. Nicholas Hospital and the health care service providers in these hospitals at the time the survey was conducted. The population of study for the customers of the four hospitals is infinite. However, the population of study for the healthcare experts consisted of one hundred and sixty personnel drawn from the four hospitals.

3.3 Sample Size Determination

A sample is a representation of a universe, a population or a subsection of a group chosen for involvement in an enquiry. A sample is that unit from which information is obtained which afterward provides the basis of analysis and subsequent generalisation of findings. The focus of this study was on private hospitals in Lagos Metropolis. It is obviously not feasible to cover the entire customers of all the hospitals because of the size of the departments, number and resources of the hospitals. For population that is large, Cochran (1963) developed an equation that yields a representative sample for such population. This is valid where n_o is the sample size, Z^2 is the abscissa of the normal curve that cuts off an area α at the tails ($1 - \alpha$ equals the desired confidence level, e.g., 95%) 1,*e*= the desired level of precision, p = the estimated proportion of an attribute that is present in the population, and q = 1-p. The value of Z is found in statistical tables, which contain the area under the normal curve". Therefore, in the determination of the sample size for this study, the researcher adopted the statistical formula of Cochran (1963). Babalola (1998) corroborated the usefulness of this formula in asserting that the formula can be used to calculate the minimum sample size when the population is infinite. The formula is given as follows:

$$n_o = \frac{Z^2pq}{e^2}$$

Where $n_o = \frac{Z^2pq}{e^2} = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} = 385$ **Respondents**

z - The normal deviate corresponding to the desired confidence level = 1.96,

p - is the estimated proportion of an attribute that is present in the population = 0.5

q - The opposite of p, q = 1-p = 0.5,

d - Degree of accuracy desired =0.05

n - minimum sample size,

Therefore, in the determination of the sample size, the calculated sample size of 385 was increased to 400 for replacement of likely non-response or missing responses as well as to increase the adequacy of the sample. For each of the hospital, one hundred (100) copies of the questionnaires were administered. Furthermore, due to the relatively small number of the healthcare service providers' in the selected hospitals, the entire one hundred and sixty (160) service providers were sampled and copies of the questionnaires administered to them. This is in accordance with the recommendation by Asika (2000) that when the population is small, every one or item in the population can be sampled.

3.4 Sampling Frame

Sample frame, on the other hand, is made up of complete list of all units in the population under study, and it determines the structure of enquiries (Kumar, 1999). A sample frame has characteristics that can be identified in every single unit and include any elements in a sample. It is a representative of the population, the sample size for the healthcare experts was determined from the adoption of the total population due to the relatively small number of the healthcare service providers' in the selected hospitals while the statistical formula of Cochran (1963) was used to calculate the minimum sample size when the population is infinite.

3.5 Sampling Techniques

Sampling techniques are methods employed in choosing samples from the population of a study. A multi-stage sampling procedure was used in this study to identify those to obtain

information from specifically, a combination of purposive, stratified, and convenience or accidental sampling techniques were engaged in this research. For the selection of the four hospitals, purposive sampling procedure was used, while stratified sampling technique was adopted for the customer category of respondents. This approach allows groups in the customer category to be stratified into private individual and corporate customers. Thereafter, the convenience or accidental sampling method was employed to distribute copies of the questionnaires to the customers of the four selected hospitals. Convenience samples are occasionally considered as 'accidental samples' since components can be designated in the sample basically as they really occur to be found, spatially or managerially, where the researcher is carrying out the data collection (Etikan, Musa & Alkassim, 2016)

3.6 Research Instrument

The research instrument used to examine how managing of customer experience among consumers of health care service organisations can help build loyalty, using buyer's psychological factors as the moderating role in private health care organisations were questionnaires. The questionnaires were designed by the researcher in conjunction with supervisors. The questionaires were framed based on the findings from the review of literature. Details of the questionaires can be found in Appendix I and II. A five point Likert-scale ranging from strongly agree to strongly disagree (strongly agree=5, agree= 4, undecided= 3, disagree= 2, strongly disagree=1) was used to reflect the agreement of respondents on the statements posed to them in the questionnaires. Therefore, the questionnaire as shown in Appendix I was split into six (6) segments. Section A contained the demographic statistics of the respondents such as sex, age, educational qualification, marital status and others. Section B contained questions on the influence of functional clues on consumer repeat purchase action. Section C comprised questions on the influence of mechanic clues on brand insistence. Section D contained questions on the influence of humanic clues on switching restraint, while Section E consisted of questions on the relationship between customer experience and customer satisfaction and Section F contained questions on how buyers' psychological characteristics moderate the relationship between customer experience and customer loyalty.

This instrument (questionnaire) for the customers was complimented with another set of structured and unstructured questionnaires used to elicit information from key officers/ healthcare experts among the health care service providers as shown in Appendix II. The questionnaire for the healthcare provider was split into four (4) sections. Section A contained the demographic data of the respondents such as sex, age, educational qualification, marital status and others. Section B contained closed ended questions on the influence of functional clues on consumer repeat purchase action with an open ended question. Section C comprised closed ended questions on the influence of mechanic clues on brand insistence with an open ended question, and lastly, section D contained closed ended questions on the influence of humanic clues on switching restraint with two open ended questions.

3.7 Validity of the Instrument:

The validity of the instrument can be seen as the extent to which the research instrument evaluates or appraises what it is intended to evaluate (Asika, 2000). Nunnally (1978) proposed three basic kinds of validity essential in every research and they are content validity, construct validity and predictive validity. However, in this study the content and construct validity were considered. The content validity was achieved by ensuring that the measurement processes were appropriate and representative of the constructs in this research. On the other hand, content validity deals with how demonstrative the instrument or scale taps into different parts of the definite construct in question (Green, Tull, Albaum, 1988). To ensure content validity of the research instruments, the instruments were submitted to experts in the Department of Business Management Covenant University to ascertain the face and content validity of the instruments. Thereafter, the corrected copy was given to the supervisor for final approval.

3.8 Reliability of the Instrument

Reliability is the degree to which capacity of the analysis can be reiterated. This means that evaluating instruments result should be reliable when the instrument is repeated (Asika, 2000). To ensure reliability of the instruments used in this research, the research instruments were subjected to reliability test using the Cronbach Alpha coefficient which helped to establish the level of internal consistency that exist between the multiple measures. In addition, a pilot study of the research was conducted using a sample of 20 respondents in

Covenant University Medical centre, Medicare and J-Pillars Hospital. Among other things, the pilot study helped to (i) determine the willingness of the respondents to participate in the study (ii) to have pre-knowledge of the reactions of the respondents and (iii) to determine the suitability and reliability of the research instrument. The result of the pilot study showed that the respondents understood the questions in the questionnaires. It also showed that the measuring instruments not only measured what they were set out to measure, but that they were consistent in doing that. The reliability test was used to compute the pre-test reliability, and the result proved positive as all variables surpassed the lowest tolerable value of 0.60 (Pallant, 2007). After the pilot study, some questions in the questionnaires were refined for clarity and used in the final survey.

The literature reveals that acceptable reliability should fall between 0.50 – 0.60, although 0.70 and above is desirable (Hair *et al.*, 1998), also 0.70 is recommended by (Nunnally & Berstein, 1994 & Pallant, 2007). A high value of Cronbach`s alpha test indicates that the constancy, reliability and certainty of the evaluating instrument are very certain (Asika, 1991). The reliability scores of constructs and Inter-item correlation of items in the questionnaire are shown in Appendix IV. The Cornbach‘s alphas of the diverse concepts ranges from 0.733 to 0.980. A majority of the construct have their reliability scale value above 0.70.

3.9 Collection of Data

Data collection is an activity designed for receiving facts, figures and information to fulfil given decision objectives (Asika, 2000). Essentially, three methods can be employed in gathering data for the purpose of a study. These methods comprise observation, experimentation and survey (Asika, 2000). The study adopted the survey method for the gathering of data. In order to get the needed data for this study, the foremost source of data for this research was the primary source. Primary data are concerned with the data that the researcher generate for the purpose of inquiry. The study employed the combination of structured and unstructured questionnaire for the collection of primary data, while the secondary data were derived from journals, newspapers, magazines, on-line libraries and related sources. The data gathering instrument (questionnaire) used comprised thoroughly formulated questions created to tackle the related research problem and was given out to the respondents. The fieldwork took place between 15th February, 2016 and 2nd May, 2016 in

the study area. Copies of the instrument were personally administered by the researcher and two trained research assistants. The data for this research study were collected in two segments. The data for the first segment were collected from customers of the four selected private hospitals in Lagos metropolis considered to be the best private hospitals in Nigeria (Toriola, 2014). The data were collected via questionnaire in the four private hospitals. In the second segment of the research, data were collected from the healthcare managers. Out of the 160 copies of questionnaires administered, 134 were returned. After screening of the questionnaires retrieved, 124 were found usable and suitable for further analysis.

3.10 Method of Data Analysis

The data generated in the field work were analyzed using IBM Statistical Package for Social Science (SPSS) software package Version 22. Two key analyses were conducted. Firstly, the descriptive statistics were employed to determine the sum, mean, standard deviation and the relative importance index of the dependent and independent variables. Secondly, for hypothesis 1- 4 the study used the categorical regression analysis with optimal scaling method otherwise regarded as CATREG analysis in SPSS, which accommodate nominal and ordinal variables. The CATREG analysis was considered suitable and employed in this research because the data gathered via survey is the combination of nominal, ordinal and interval data (Ibem and Aduwo, 2013), while for hypothesis 5, the hierarchical multiple regressions were used to explore the role of moderating variables.

The following paragraph is the presentation of data characteristics, data sources and data analysis by objectives.

3.9.1 Objective 1: To determine the role of functional clues in eliciting repeat purchase actions from customers of health care service firms in selected private hospitals in Lagos, Nigeria.

Data Characteristics: The data for this objective is quantitative in nature. The quantitative data consists of the socio-economic characteristics of customers and healthcare experts sampled as well as their responses on the role of functional clues in repeat purchase.

Data Source: The data for this objective were derived from the selected private healthcare organisations, customers of the hospitals and the healthcare service experts. Data from the healthcare customers and the healthcare experts of the organisations on the role of functional

clues on repeat purchase were sourced via the administration of structured and unstructured questionnaire.

The questionnaire in Appendix I and II were administered to the healthcare customers and the healthcare experts of the four private hospitals during the working hours of the week days. The total quality manager of the organisations assisted in the identification of the healthcare experts. Accidental sampling techniques was adopted in administering the questionnaire to the healthcare customers during the waiting time of the week days. Four hundred (400) questionnaires that is 100 questionnaires were administered to the customers of each of the four private hospitals, and 365 copies of questionnaires representing about 91.25% were retrieved. The response rate is deemed reasonably high for surveys of this type, and thus regarded satisfactory. It is worthy to note that the help of the total quality department of the healthcare organisations in giving approval to the researcher as well as the administration of the questionnaire contributed to the high response rate achieved in the surveys. On functional clues, respondents were asked to respond to the statements on a 5-point Likert scale, where 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree and 1=strongly disagree.

Data Analysis: The data collected from the respondents were subjected to descriptive statistics in order to determine the sum, mean, standard deviation and the relative importance index. Tables were used to present the frequencies and percentages so as to give adequate understanding of the respondents' characteristics and their view on the role of functional clues in eliciting repeat purchase. The categorical regression analysis with optimal scaling technique otherwise regarded as CATREG in SPSS which accommodate nominal and ordinal variables, was used to investigate the influence of functional clues on repeat purchase.

3.9.2 Objective 2: To investigate whether mechanic clues of the health care service influence brand insistence in the healthcare sector in the selected private hospitals in Lagos, Nigeria.

Data Characteristics: The data for this objective are quantitative in nature. The quantitative data are the socio-economic characteristics of customers and healthcare experts sampled and their ratings of the influence of mechanic clues on brand insistence.

Data Source: The data for this objective were derived from the selected private healthcare organisations, customers of the hospitals and the healthcare service experts. The data from the healthcare customers and the healthcare experts of the organisations on the influence of

mechanic clues on brand insistence were sourced via the administration of structured and unstructured questionnaires.

The questionnaire as shown in Appendix I and II were administered to the healthcare customers and the healthcare experts of the four private hospitals during the working hours of the week days. The total quality manager of the organisations assisted in the identification of the healthcare experts. Accidental or convenience sampling technique was adopted in administering the questionnaire to the healthcare customers during the waiting time of the week days. Four hundred (400) questionnaires that is, 100 questionnaires were administered to the customers of each of the four private hospitals sampled and 365 copies of questionnaires representing about 91.25% of the distributed questionnaire were retrieved. The response rate is deemed reasonably high for surveys of this type, and thus regarded satisfactory. It is worthy of note that the help of the total quality department of the healthcare organisations in granting approval to the researcher as well as the administration of the questionnaire contributed to the high response rate achieved in the surveys. On the influence of mechanic clues on brand insistence, the respondents were asked to respond to the statements on a 5-point Likert scale, where 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree and 1=strongly disagree.

Data Analysis: The data collected from the respondents were subjected to descriptive statistics in order to determine the sum, mean, standard deviation and the relative importance index of the variables investigated. Tables were used to compute the frequencies and percentages so as to give adequate understanding of the respondents' characteristics and their view on how mechanic clues influence brand insistence. Again, the categorical regression analysis with optimal scaling technique otherwise regarded as CATREG in SPSS was used to investigate the influence of mechanic clues on brand insistence among the respondents.

3.9.3 Objective 3: To examine the extent to which humanic clues affect the switching restraint of customers in selected private hospitals in Lagos, Nigeria.

Data Characteristics: The data for this objective are quantitative in nature. The quantitative data are mainly the socio-economic characteristics of customers and healthcare experts sampled, as well as their perception of the extent to which humanic clues influence switching restraint of the customers in the four hospitals sampled.

Data Source: The data for this objective were derived from the selected private healthcare organisations, customers of the hospitals and the healthcare service experts. The data from

the healthcare customers and the healthcare experts of the organisations on the extent to which humanic clues affect switching restraint of customers were sourced via the administration of structured and unstructured questionnaire.

The questionnaire shown in Appendix I and II were administered to the healthcare customers and the healthcare experts of the four private hospitals during the working hours of the week days. The total quality manager of the organisations assisted in the identification of the healthcare experts. Accidental or convenience sampling technique was adopted in administering the questionnaire to the healthcare customers during the waiting time of the week days. Although, four hundred (400) questionnaires comprising 100 questionnaires administered to the customers of each of the four private hospitals, and 365 copies of questionnaires representing about 91.25% of the questionnaire distributed were retrieved.

Data Analysis: The extent to which humanic clues affect the switching restraint of customers was investigated by asking the respondents to indicate the degree of agreement with the statement relating to the objective based on a 5-point Likert scale, where 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree and 1=strongly disagree. The data were subjected to descriptive statistics, and this was used to compute the sum, mean, standard deviation and the relative importance index of the variables used in assessing mechanic clues. Tables were used to present the results, the frequencies and percentages to povide adequate understanding of the respondents' characteristics and their view on the extent to which humanic clues affect the switching restraint of customers. The categorical regression analysis with optimal scaling technique otherwise regarded as CATREG in SPSS was also used to investigate the influence of humanic clues on the switching restraint by customers in th four private hospitals sampled.

3.9.4 Objective 4: To examine the relationship between customer experience and customer satisfaction in the healthcare sector in Lagos, Nigeria.

Data Characteristics: The data for this objective are quantitative in nature. The quantitative data are mainly scores in variables used to measure customer experience ans satisfaction with healthcare services.

Data Source: The data for this objective were derived from the customers (patients) of the selected private healthcare organisations in Lagos, Nigeria. Data from the healthcare customers of the organisations on the relationship between customer experience and customer satisfaction were sourced via the administration of structured and unstructured questionnaire.

The questionnaire in Appendix I was administered to the healthcare customers of the four private hospitals during the working hours of the week days. The accidental or convenience sampling technique was adopted in administering the questionnaire to the healthcare customers during the waiting time of the week days. A total of four hundred (400) questionnaires that is 100 questionnaires for each of the four private hospitals. However, 365 copies of questionnaires representing about 91.25% of the total administered questionnaires were retrieved.

Data Analysis: The relationship between customer experience and customer satisfaction, respondents was investigated by asking them to indicate the extent to which they agree with the statements related to customer experience and satisfaction on a 5-point Likert scale, where 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree and 1=strongly disagree. The data collected from the respondents were subjected to descriptive statistics including the computation of the sum, mean, standard deviation. Tables were used to compute the frequencies and percentages were also used to present the results. The categorical regression analysis with optimal scaling technique otherwise regarded as CATREG in SPSS was also used to investigate which aspect of the customer experience influence customer satisfaction with healthcare services in the four hospitals investigated.

3.9.5 Objective 5: To ascertain whether buyers' psychological factors moderate the relationship between customer experience management and customer loyalty in the healthcare sector in selected private hospitals in Lagos, Nigeria.

Data Characteristics: The data for this objective are quantitative in nature. The quantitative data are centered on the socio-economic features of the healthcare customers sampled,

Data Source: The data for this objective were derived from the customers (patients) of the selected private healthcare organisations in Lagos, Nigeria. Data from the healthcare customers of the organisations on the relationship between customer experience and customer satisfaction were sourced via the administration of structured and unstructured questionnaire.

The questionnaire shown in Appendix I was administered to the healthcare customers of the four private hospitals during the working hours of the week days. The same sampling techniques as reported in objective 4 was used. Also, the same response rate reported in the objectives 1-4 was recorded.

Data Analysis: To examine how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty in the healthcare sector. The respondents in the survey were asked to rate the extent to which they agree with a set

of the statements on a 5-point Likert scale, where 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree and 1=strongly disagree. The data collected from the respondents were subjected to descriptive statistics involving the computation of sum, mean, standard deviation. Tables were used to present the result in the forms of frequencies and percentages. In addition, the hierarchical multiple regression analysis was employed to appraise the influence of buyer's psychological factors in predicting the levels of customer loyalty, after controlling the influence of customer experience. Preliminary analyses were carried out so as to be sure no infringement of the assumptions of linearity, homoscedasticity, normality and multi-collinearity. Customer experience was keyed in at step 1, in order to determine the variance in customer loyalty. Thereafter, the buyer's psychological factors scale was keyed in at step 2 in order to determine the additional variance in customer loyalty after controlling for customer experience. The hierarchical multiple regression analysis was considered appropriate because, it is employed to determine the relationship of the independent variables, mediating variable and moderating variables on the dependent variable.

3.10 Summary

The basic objective of this chapter was to discuss the research methods used in carrying out this study. As noted, the survey research methods were employed in this study. In collecting data, the sample size for the healthcare organisations is made up of four private hospitals in Lagos State, while the sample size for the healthcare customers' survey was 365 respondents and 124 healthcare experts. Structured and unstructured questionnaires was employed as the instrument for data collection. The data collected were analyzed using IBM Statistical Package for Social Science (SPSS) software package Version 22. The analysis were centered on six classes of variables which are demographical characteristics; and those used in describing functional clues; mechanic clues, humanic clues, customer experience and buyers' psychological factors. In analyzing the data, the descriptive statistics and categorical regression analyses were used. The findings of the analyses and tests are presented in subsequent chapters of this thesis.

CHAPTER FOUR

RESULTS

4.0 Preamble

This chapter starts with the interpretation of data based on the responses recorded in the questionnaires distributed to the respondents, followed by the description of the respondents' demographic data using tables. The hypotheses formulated for this research informed the organisation of the findings. Each hypothesis is focused on the variables identified i.e. using (customer loyalty as the dependent variable and customer experience management as the independent variable). The result of the analysis of each of the hypothesis was interpreted; and where necessary, the findings from the demographical data were employed to buttress and compare the findings of the hypotheses stated in this thesis.

4.1 Presentation of Data

The data gathered for this study were presented using tables showing relevant information on the total number of questionnaires distributed and retrieved from the respondents. Details of these can be seen in Table 4.1a.

4.1.1 The Response Rate of the Survey

Data for the first phase were collected from customers of the four private hospitals in Lagos Metropolis considered to be the best private hospitals in Nigeria (Toriola, 2014). The data were collected via questionnaire in the four private hospitals. A total of four hundred questionnaires were administered to the customers of the four hospitals, that is, one hundred (100) questionnaires for each of the hospital to confirm whether customer experience management strategies can actually lead to customer loyalty. A total of 365 copies were retrieved and found to be valid and were used in the analysis. The number of questionnaires useable represents 91.25% response rate. The high response rate was due to the continuous visit and several calls made by the researcher to the respondents and probably because of the high interest the sampled respondents had in the study. This response rate is deemed reasonably high when compared to the response rate employed by previous studies. For example Nwokah and Nwokah (2013) examined the delivery of customer experience management practices in the UK and Nigeria Aviation Industry and of the 500 copies of questionnaires administered in that study 406 were retrieved, representing (81.2%).

Table 4.1: Response rate of the questionnaires administered and retrieved from the customers

S/N	Hospitals	Questions Distributed	Num Retrieved and analyzed	Num. not Retrieved	Response Rate (%)
1	Lagoon Hospital (LGH)	100	91	9	22.75
2	Reddington Hospital (RDTH)	100	89	11	22.25
3	Eko Hospital (EKOH)	100	92	8	23
4	St.Nicholas Hospital (STNH)	100	93	7	23.25
	Total	400	365	35	91.25

Source: Researcher's Field Survey, 2016

4.2 Data Analysis and Interpretation

Table 4.2: Sample Characteristics of Healthcare Customers

	LGH	RDTH	EKOH	STNH	Total
Number of target respondents	100	100	100	100	400
Share of actual respondents	91	89	92	93	365
Share of response rate (%)	91	89	92	93	91.25
Share of Male Respondents (in %)	42.9	39.3	44.6	49.5	44.1
Share of Female Respondents (in %)	57.1	60.7	55.4	50.5	55.9
Average age of the respondents in years (in %)	64.8	38.2	51.1	38.7	42.2
Respondents who completed a University education (in %)	82.4	69.7	42.4	64.5	64.7
Respondents who are married (in %)	62.6	64.0	78.3	67.7	68.2
Respondents by patronage experience	56.0	69.7	69.6	46.2	60.3

Source: Researcher's Field Survey, 2016

KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,
EKOH = EKO Hospital; STNH = St. Nicholas Hospital

Table 4.2.1: Demographic Characteristics of the Healthcare Customers in the four Hospitals

GENDER	**Frequency**	**Percent**
Male	161	44.1
Female	204	55.9
Total	365	100.0
AGE		
18-30	102	27.9
31-40	176	48.2
41-50	70	19.2
51-ABOVE	17	4.7
Total	365	100.0
Highest Educational Qualification		
O' Level WAEC, GCE	39	10.7
B.Sc.	236	64.7
M.Sc/MBA	67	18.4
OTHERS	23	6.3
Total	365	100.0
Marital Status		
Single	110	30.1
Married	249	68.2
Divorced/separated	6	1.6
Total	365	100.0
Occupation		
Student	95	26.0
Employer	67	18.4
Employee	203	55.6
Total	365	100.0
Type of Customer		
Corporate Customer	216	59.2
Private Individual	149	40.8
Total	365	100.0

Hospital Patronized		
Lagoon Hospital	91	24.9
Reddington Hospital	89	24.4
EKO Hospital	92	25.2
St. Nicholas Hospital	93	25.5
Total	365	100.0
Years of Patronage Experience		
1 - 5 years	220	60.3
6 – 10 years	106	29.0
11 – 15 years	22	6.0
16 years and above	17	4.7
Total	365	100.0

Source: Researcher's Field Survey, 2016

Table 4.2.1a: Gender and Hospital Patronized

		Hospitals Patronized				
		Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
MALE	Count	39	35	41	46	161
	% within Gender	24.2	21.7	25.5	28.6	100.0
	% within Which of the hospitals do you patronize?	42.9	39.3	44.6	49.5	44.1
	% of Total	10.7	9.6	11.2	12.6	44.1
FEMALE	Count	52	54	51	47	204
	% within Gender	25.5	26.5	25.0	23.0	100.0
	% within Which of the hospitals do you patronize?	57.1	60.7	55.4	50.5	55.9
	% of Total	14.2	14.8	14.0	12.9	55.9
Total	Count	91	89	92	93	365
	% within Gender	24.9	24.4	25.2	25.5	100.0
	% within Which of the hospitals do you patronize?	100.0	100.0	100.0	100.0	100.0
	% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(I) **The Respondents' Gender:** Table 4.2.1a shows the frequency distribution of the gender of the respondents who are customers of the hospitals sampled. It is evident in Table 4.2.1a that male respondents constituted 161(44.1%) and females were 204 (55.9%) of the respondents. This result shows that there are more female respondents than the male in the surveys.

Table 4.2.1b : Age of Customer and Hospital Patronized

		Hospitals Patronized				
		Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
18-30	Count	27	33	16	26	102
	Age	26.5	32.4	15.7	25.5	100.0
	Hospital's patronized	29.7	37.1	17.4	28.0	27.9
	% of Total	7.4	9.0	4.4	7.1	27.9
31-40	Count	59	34	47	36	176
	Age	33.5	19.3	26.7	20.5	100.0
	Hospital's patronized	64.8	38.2	51.1	38.7	48.2
	% of Total	16.2	9.3	12.9	9.9	48.2
41-50	Count	4	15	24	27	70
	Age	5.7	21.4	34.3	38.6	100.0
	Hospital's Patronized	4.4	16.9	26.1	29.0	19.2
	% of Total	1.1	4.1	6.6	7.4	19.2
51-ABOVE	Count	1	7	5	4	17
	Age	5.9	41.2	29.4	23.5	100.0
	Hospital's patronized	1.1	7.9	5.4	4.3	4.7
	% of Total	0.3	1.9	1.4	1.1	4.7
Total	Count	91	89	92	93	365
	Age	24.9	24.4	25.2	25.5	100.0
	Hospital's patronized	100.0	100.0	100.0	100.0	100.0
	% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(II) **Age Distribution of the Respondents:** Table 4.2.1b shows the distribution of the respondents by age. The result (Table 4.2.1b) reveals that 102 (27.9%) of the respondents were between the ages of 18years and 30years, 176(48.2%) were respondents between ages of 31years and 40years, 70 (19.2%) were respondents between ages of 41years and 50years and 17(4.7%) of the respondents were of the 51years and above. This result indicates that customers between the ages of 31years and 40years the hospitals patronized most. This is followed by those between 18years and 30years and those between 41years and 50years as well as those of 51years and above.

Table 4.2.1c: Highest Educational Qualification of the Customers and Hospital Patronized

	Hospitals Patronized				
WAEC O' Level	Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n (%)
Educational Qualification	11	10	7	11	39
Hospital's patronized?	28.2	25.6	17.9	28.2	100
% of Total	12.1	11.2	7.6	11.8	10.7
B.SC.	3.0	2.7	1.9	3.0	10.7
Highest Educational Qualification	75	62	39	60	236
Hospital's patronized	31.8	26.3	16.5	25.4	100
% of Total	82.4	69.7	42.4	64.5	64.7
MSC/MBA	20.5	17.0	10.7	16.4	64.7
Educational Qualification	4	12	31	20	67
Hospital's patronized	6.0	17.9	46.3	29.9	100
% of Total	4.4	13.5	33.7	21.5	18.4
OTHERS	1.1	3.3	8.5	5.5	18.4
Highest Educational Qualification	1	5	15	2	23
Hospital's patronized	4.3	21.7	65.2	8.7	100
% of Total	1.1	5.6	16.3	2.2	6.3
Educational Qualification	0.3	1.4	4.1	0.5	6.3
Hospital's patronized	91	89	92	93	365
% of Total	24.9	24.4	25.2	25.5	100
	100	100	100	100	100
	24.9	24.4	25.2	25.5	100

Source: Researcher's Field Survey, 2016

(III) **Highest Educational Qualification of the Respondents:** Table 4.2.1c shows the highest educational qualification of the customers in the four hospitals sampled. It can be seen in Table 4.2.1c that 39(10.7%) of the respondents had WAEC, 236 (64.7%) had B.Sc,

67(18.4%) had M.Sc/MBA while the remaining 23(6.3%) had others educational qualifications apart from those listed in Table 4.2.1c. This result reveals that a majority of the respondents are well educated and able to provide the required information needed for this study. Further analysis of the result in Table 4.2.1c reveals that a majority of those who participated in the surveys as customers in the four hospitals had Bachelor degree as their highest educational qualification. This is followed by those with Master's degree and those with WAEC O' Level as their highest educational qualifications.

Table 4.2.1d: Marital Status of the Customers and Hospital Patronized

			Hospitals Patronized				
			Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
Marital status	Single	Count	33	30	19	28	110
		Marital status	30.0	27.3	17.3	25.5	100.0
		Hospital's patronized	36.3	33.7	20.7	30.1	30.1
		% of Total	9.0	8.2	5.2	7.7	30.1
	Married	Count	57	57	72	63	249
		Marital status	22.9	22.9	28.9	25.3	100.0
		Hospital's patronized	62.6	64.0	78.3	67.7	68.2
		% of Total	15.6	15.6	19.7	17.3	68.2
	Divorced/separate	Count	1	2	1	2	6
		Marital status	16.7	33.3	16.7	33.3	100.0
		Hospitals patronized	1.1	2.2	1.1	2.2	1.6
		% of Total	0.3	0.5	0.3	0.5	1.6
Total		Count	91	89	92	93	365
		Marital status	24.9	24.4	25.2	25.5	100.0
		Hospital's patronized	100.0	100.0	100.0	100.0	100.0
		% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(IV) Marital Status of the Respondents: The result in Table 4.2.1d shows the marital status of the respondents. This result reveals that 110 (30.1%) were single, 249 (68.2%) were married, while 6 (1.6%) were divorced/separated. This means that there are more married respondents that patronized the hospitals than the singles.

Table 4.2.1e: Occupation of the Customers and the Hospitals Patronized

		Hospitals Patronized				
		Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
Student	Count	43	22	3	27	95
	% within Occupation	45.3	23.2	3.2	28.4	100.0
	% within Which of the hospitals do you patronize?	47.3	24.7	3.3	29.0	26.0
	% of Total	11.8	6.0	0.8	7.4	26.0
Employe	Count	8	17	22	20	67
	% within Occupation	11.9	25.4	32.8	29.9	100.0
	% within Which of the hospitals do you patronize?	8.8	19.1	23.9	21.5	18.4
	% of Total	2.2	4.7	6.0	5.5	18.4
Employe	Count	40	50	67	46	203
e	% within Occupation	19.7	24.6	33.0	22.7	100.0
	% within Which of the hospitals do you patronize?	44.0	56.2	72.8	49.5	55.6
	% of Total	11.0	13.7	18.4	12.6	55.6
Total	Count	91	89	92	93	365
	% within Occupation	24.9	24.4	25.2	25.5	100.0
	% within Which of the hospitals do you patronize?	100.0	100.0	100.0	100.0	100.0
	% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(V) Occupation of the Customers: The distribution of respondents according to their occupation shown in Table 4.2.1e. it is evident in Table 4.2.1e that 95 (26.0%) of the customers who participated in the survey were student, 67 (18.4%) were employers of labour, while 203(55.6%) were employees. This result suggests a majority of customer of the four private hospitals sampled are employees.

Table 4.2.1f : Type/class of customers and the hospitals patronized							
			Hospitals Patronized				
			Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
Respondent status with the firm	Corporate Customer	Count	54	41	66	55	216
		Status with the firm	25.0	19.0	30.6	25.5	100.0
		Hospital's patronized?	59.3	46.1	71.7	59.1	59.2
		% of Total	14.8	11.2	18.1	15.1	59.2
	Private Individual	Count	37	48	26	38	149
		Status with the firm	24.8	32.2	17.4	25.5	100.0
		Hospital's patronized?	40.7	53.9	28.3	40.9	40.8
		% of Total	10.1	13.2	7.1	10.4	40.8
Total		Count	91	89	92	93	365
		% within Status with the firm	24.9	24.4	25.2	25.5	100.0
		Hospital's patronized?	100.0	100.0	100.0	100.0	100.0
		% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(VI) Types/Classes of Customers: Table 4.2.1f shows the different types or classes of customers of the hospitals that took part in the survey. It showed that 216(59.2%) were corporate customers, while the remaining 149 representing (40.8%) were private individuals. This result tends to suggest that more corporate than private customers patronized the four private hospitals investigated in this study.

Table 4.2.1g : Years of Patronage Experience and Hospital Patronized

		Hospitals Patronized				
		Lagoon Hospital	Reddington Hospital	EKO Hospital	St. Nicholas Hospital	Total n(%)
1 - 5 years	Count	51	62	64	43	220
	Patronage Experience	23.2	28.2	29.1	19.5	100.0
	Hospital's patronized	56.0	69.7	69.6	46.2	60.3
	% of Total	14.0	17.0	17.5	11.8	60.3
6 – 10 years	Count	27	19	19	41	106
	Patronage Experience	25.5	17.9	17.9	38.7	100.0
	Hospital's patronized	29.7	21.3	20.7	44.1	29.0
	% of Total	7.4	5.2	5.2	11.2	29.0
11 – 15 years	Count	8	6	3	5	22
	Patronage Experience	36.4	27.3	13.6	22.7	100.0
	Hospital's patronized	8.8	6.7	3.3	5.4	6.0
	% of Total	2.2	1.6	0.8	1.4	6.0
16 years and above	Count	5	2	6	4	17
	Patronage Experience	29.4	11.8	35.3	23.5	100.0
	Hospital'spatronized	5.5	2.2	6.5%	4.3	4.7
	% of Total	1.4	0.5	1.6	1.1	4.7
Total	Count	91	89	92	93	365
	Patronage Experience	24.9	24.4	25.2	25.5	100.0
	Hospital's patronized	100.0	100.0	100.0	100.0	100.0
	% of Total	24.9	24.4	25.2	25.5	100.0

Source: Researcher's Field Survey, 2016

(VII) Years of Patronage Experience: Table 4.2.1g is the presentation of the result on the customers' years of patronage experience with the four hospitals. The result as presented in Table 4.2.1g reveals that 220 representing (60.3%) of the respondents had been patronizing the hospitals between the period of 1year and 5 years, 106(29.0%) had been using the hospitals for between 6years and 10years, 22 representing (6.0%) had patronized the hospitals for between 11years and 15years while 17(4.7%) of the respondents have been customers to the hospitals for 16 years and above. The result indicated that the majority of

the respondent had been patronizing the hospital for at least five years and therefore qualified to provide reliable information for the current research.

4.2.2 Demographic Characteristics of the Healthcare Experts/Managers

In the second phase of the research, data were collected from the healthcare managers. Out of the 160 copies of a questionnaire administered, 134 were returned. However, 124 were found usable and suitable for further analysis. This translates to 77.5% response rate.

Table 4.2.2a: Response rate of questionnaires administered to the Healthcare Experts.

S/N	Hospitals	Num. Dist.	Number Retrieved	Num. not Retrieved	Num. Fully Completed	Percent fully completed	Uncompleted
1	LAGOON HOSPITAL	49	36	13	33	20.6	3
2	REDDINGTON HOSPITAL	36	30	6	27	16.9	3
3	EKO HOSPITAL	40	37	3	37	23.1	0
4	ST. NICHOLAS HOSPITAL	35	31	4	27	16.9	4
	TOTAL	160	134	26	124	77.5	10

Source: Researcher's Field Survey, 2016

Table 4.2.2b Sample Characteristics of Healthcare Experts/Managers

	LGH	RDTH	EKOH	STNH	Total
Number of target respondents	49	36	40	35	160
Share of actual respondents	33	27	37	27	124
Share of response rate **(%)**	67.3	75.0	92.5	77.1	77.5
Share of male **(in %)**	21.2	88.9	44.6	59.5	56.5
Share of female **(in %)**	78.8	11.1	40.5	37.0	43.5
Average age in years **(%)**	64.8	38.2	51.1	38.7	42.2
Share of respondents by patronage experience **(%)**	56.0	69.7	69.6	46.2	60.3

Source: Researcher's Field Survey, 2016
KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,
EKOH = EKO Hospital; STNH = St. Nicholas Hospital

Table 4.2.2c: Biographical Data of the Healthcare Experts/Managers

Gender	**Frequency**	**Percent**
Male	70	56.5
Female	54	43.5
Total	124	100.0
AGE		
18-30	18	14.5
31-40	60	48.4
41-50	37	29.8
51 and above	9	7.3
Total	124	100.0
Highest Educational Qualification		
B.Sc.	48	38.7
M.Sc	32	25.8
MBA	10	8.1
Others	34	27.4
Total	124	100.0
Marital Status		
Single	20	16.1
Married	102	82.3
Divorced/separated	2	1.6

Total	124	100.0
Name of the Organisation		
Lagoon Hospital	33	26.6
Reddington Hospital	27	21.8
EKO Hospital	37	29.8
St. Nicholas Hospital	27	21.8
Total	124	100.0
Position in the Organisation		
Medical Doctors	27	21.8
Manager/Supervisor	64	51.6
Matron	10	8.1
Nurse	16	12.9
Others	7	5.6
Total	124	100.0
Length of Service in the Organisation		
1-5 years	62	50.0
6-10	45	36.3
11-15	7	5.6
16 years and above	10	8.1
Total	124	100.0

Source: Researcher's Field Survey, 2016

(I) **Gender:** From the data in Table 4.2.2c, the following can be seen. The distribution of the healthcare experts and managers shows that 70(56.5%) of the respondents were male, while 54 (43.5%) were female. This result suggests that there are more males than female healthcare expert/managers in these four private hospitals

(II) **Age:** Table 4.2.2c also shows distribution of the healthcare experts/managers according to their age. The result (Table 4.2.2c) shows that 18 (14.5%) of the healthcare experts/manager sampled were between 18years and 30years of ages, 60(48.4%) were between the ages of 31years and 40 years, 37(29.8%) were between 41 years and 50 years, while 9(7.3%) of them were 51years and above. This suggests that a high majority of the healthcare experts that participated in the research are between 31years and 40 years of age.

(III) Highest Educational Qualification: The highest educational qualifications of the healthcare experts as displayed in Table 4.2.2c that 48(38.7%) had B.Sc, 23(25.8) had M.Sc, 10(8.1%) had MBA while the remaining 34(27.4) had others educational qualifications. This shows that most of the healthcare experts/managers in the four hospitals are degree holders

(IV) Marital Status: Table 4.2.2c also shows the marital status of the respondents who are healthcare experts. It is evident from the Table that 20 (16.1%) were single, 102(82.3%) were married and 2(1.6%) of them were divorced/separated. This means that there are more married respondents among the healthcare experts of the hospitals than the singles. Therefore, a high majority of the healthcare experts/managers were family men and women.

(V) Name of the organisation: The Table 4.2.2c shows the distribution of the healthcare experts by the hospital name. It is evident that 33(26.6%) were staff of Lagoon Hospital, 27 representing 21.8% were staff of Reddington and St. Nicholas Hospital and the remaining 37 representing (29.8%) were staff of EKO Hospital. This means that there are more respondents from EKO hospital than the other hospitals.

(VI) Role in the organisation: The data in Table 4.2.2c reveal the different roles of the staff in the hospitals sampled. It can be seen from the result also that 27(21.8%) of them were Medical Doctors, 64 representing 51.6% were managers/supervisors, 10 representing 8.1% were Matron of the hospitals 16 representing 12.9 were nurses and the remaining 7 representing 5.6% indicated other categories of staff. This means that the managers/supervisors in the hospital had the highest number of the respondents in the survey, and the key healthcare services providers in the hospitals were sampled.

(VII) Length of Service in the Organisation: From Table 4.2.2c it is also evident that 62(50.0%), of staff sampled have been working with the hospitals for between 1year and 5 years, 45 representing 36.3% of the respondents have been working with the hospital for between 6years and 10 years, 7 representing 5.6% of the respondents have been working with the hospital for between 11years and 15 years, while 10 representing the 8.1% of them indicate that they had worked in the hospital for 16year and above. This means that a majority of the sampled respondents have been working with the at least 5years, and therefore considered qualified to provide information on customer experience management in their respective hospitals.

4.2.3 Healthcare Experts' Perception of the Objectives of the Study

TABLE 4.2.3a: The Role of Functional Clues on Repeat Purchase

Components of Functional Clues	N	Sum	RII	Rank
The competence of our health care team	124	560	0.903	1
The quality of our health care services	124	558	0.900	2
The reliability of our health care facilities	124	553	0.892	3
The efficacy of our health care product	124	545	0.879	4
The commitment of our health care team to right diagnosis	124	544	0.877	5
The efficacy of the drugs dispensed to patients	124	526	0.848	6
Valid N (listwise)	124			

Source: Researcher's Field Survey, 2016

Table 4.2.3a shows result of the descriptive statistics of the roles of functional clues on repeat purchase based on the views of the healthcare experts. Using the relative important index or RII formula, The Relative Importance Index (RII) for each of the variables used to investigate the role of functional clues on repeat purchase was computed.

$$RII = \frac{(\Sigma^{5}i_{=1}\, W_i \times f_{xi})}{N\,(A)}$$

where,

w = The weight age of the respondents

A= 1, 2, 3, 4, 5

f_{xi} = The frequency of every respondent

N = Total number of respondents (Hamzah, Khoiry, Ali, Zaini & Arshal, 2011, Tawil, Hamzah, Khoiry, Ani & Basri, 2011).

According to several scholars, the standard deviations and mean are not dependable measurements for weighing overall ranking of the elements (Doloi, 2008). RII provides a descriptive interpretation of the most important element (Doloi and Young, 2009). Therefore, in this study, the RII was considered appropriate in examining which components of the functional clues are ranked highest in eliciting repeat purchase of healthcare services among the customers of the four private hospitals investigated.

Functional clue in this context refers to the reliability and competence of the services provided by the health care organisations. The RII gotten from the formula was employed to determine the highest score of all the responses listed. The highest ranked for each of the

responses has been decided based on the opinions of the respondents. Going by the result, as shown in Table 4.2.3a the competence of the healthcare team has the highest RII, followed by the quality of healthcare services and the reliability of healthcare facilities. This means that the healthcare expert in the hospitals sampled agreed or strongly agreed that the competence of the healthcare team, the quality of healthcare services and the reliability of healthcare facilities contribute most to customers' willingness to patronize the organisation again. However, looking at the RII in Table 4.2.3a, it is evident that there is a slight difference between the efficacy of the healthcare product and the commitment of the healthcare team with the RII value of (0.879 and 0.877). Also, based on this result, it can be inferred that the respondents positively agreed or strongly agreed with all the variables concerning the roles of functional clues on repeat purchase actions. It is however important to note that the competence of the healthcare team appears to contribute most to repeat purchase actions by the customers of the health institutions investigated in this research.

TABLE 4.2.3b: Healthcare Experts' Perception of the Effect of Mechanic Clues on Brand Insistence

Components of Mechanic Clues	N	Sum	RII	Rank
The cleanliness of our health care offices	124	546	0.881	1
The adequacy of our health care facilities	124	531	0.856	2
The suitability of the location of our health care institutions	124	525	0.847	3
The conducive ambience of our health care organisation	124	504	0.813	4
The lighting system of health care organisation	124	486	0.784	5
The physical esthetics of our health care facility	124	485	0.782	6
The furniture and fitting of health care facility	124	481	0.776	7

Source: Researcher's Field Survey, 2016

Table 4.2.3b shows the descriptive statistics of the influence of mechanic clues on brand insistence using the relative important index. The data in Table 4.2.3b was designed to find out healthcare experts' view about the influence of physical environments such as furnishings, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care organisation on brand insistence. From result, four of seven

components, namely: The cleanliness of the healthcare offices, the adequacy of the healthcare facilities, the suitability of the location of the institution and the conducive ambience of the health care organisation were establish to be amongst the major contributors to brand insistence in this study. This means that the respondents of the sampled hospital agreed that the cleanliness of the healthcare organisation, the adequacy of the healthcare facilities, the suitability of the location of health care institutions and the conducive ambience of our health care organisation influenced customers' patronage. Specifically, all other statement related to the mechanic clues also revealed positive response but with a slight difference in the RII value of the other items (0.784, 0.782 and 0.776). This is due to the fact that the respondents agreed to the statements on mechanic clues. Based on these results, it is evident that the respondents agreed or strongly agreed with all the statements concerning the mechanic clues and that the cleanliness of the environment of the healthcare institutions contribute most to brand insistence by customers in the healthcare sector.

TABLE 4.2.3c: Healthcare Experts' Perception of Humanic Clues on Switching Restraint

Components of Humanic Clues	N	Sum	RII	Rank
The health care service providers show respect and courtesy to their patients (customers)	124	532	0.858	1
Friendliness of the health care service providers to their customers	124	523	0.844	2
The behaviour of the health care service provider is consistently positive towards the patients (customers).	124	518	0.835	3
The health care service providers are consistently caring	124	516	0.832	4
The tone of voice of the health care service providers are pleasant	124	503	0.811	5
The body language of the health care service providers is encouraging to the patients (customers).	124	480	0.774	6

Source: Researcher's Field Survey, 2016

The Table 4.2.3c shows result of the descriptive statistics of the influence of humanic clues on customer's switching restraint using the relative important index. It can be seen from Table 4.2.3c that respect and courtesy to the customer had the highest RII value of 0.858, followed by the friendliness of the healthcare service provider with the RII value of 0.844, while the caring behaviour of the healthcare service provider and their consistent caring

have RII value with slight difference of 0.835 and 0.832. In addition, the tone of voice of the healthcare service providers with RII value of 0.811and lastly the body language of the healthcare service providers has RII value of 0.774. This means that the respondents' agreed that the respect and courtesy shown by the health care service providers has the strongest influence on switching restraints. From this result, it is clear that the respondents in the survey agreed with all the statements concerning the influence of humanic clues on switching restraint. Therefore, it can be inferred that humanic clues influence the switching restraint of customers in the four private hospitals sampled.

4.2.4: CUSTOMERS' PERCEPTION OF THE OBJECTIVES OF THE STUDY

Table 4.2.4a: The Role of Functional Clues on Repeat Purchase

Component of Functional Clues	Total Score	RII	Rank
The competence of the health care service provider	1513	0.829	1
The right diagnosis by the health care organisation.	1486	0.816	2
Administration of the right treatment by the health care organisation	1478	0.810	3
The reliability of the health care services	1473	0.807	4
The assured service of the health care organisation	1473	0.807	4
The reliability of the services by the healthcare institutions.	1464	0.802	5
The self-reliance of the health care service	1450	0.795	6
The efficacy of the health care services	1447	0.793	7
The practicality of the healthcare services	1417	0.776	8
The procedures of the health care services	1403	0.769	9

Source: Researcher's Field Survey, 2016

Table 4.2.4a shows the descriptive statistics of the role of functional clues on repeat purchase actions based on the customers' perspective using the relative important index. Functional clue in this context refers to the reliability and competence of the services provided by the health care organisation. This aspect of the research was designed to measure the customers' perspective opinion on the role of functional clues on their repeat purchase actions. From the result (Table 4.2.4a) it is evident that the competence of the health care service providers has the highest RII value of 0.829 and ranked as the first. The right diagnosis is ranked the second with the RII value of 0.816, while the administration of

the right treatment is ranked the third with the RII value of 0.810. Meanwhile, both the reliability of the healthcare service and the assured services of the healthcare services have equal RII value of 0.807. In addition, Table 4.2.4a also reveals that there is a slight difference among the RII values of the remaining four items (0.795, 0.793, 0.776 and 0.769). Further, a critical review of the RII values in Table 4.2.4a will show all the statements on the functional clues play important roles in eliciting repeat purchase actions of customers in the healthcare sector. Generally, the result is an indication that the respondents agreed with all the statements concerning the roles functional clues on the repeat purchase actions.

Table 4.2.4b: The Influence of Mechanic Clues on Brand Insistence

Components of Mechanic Clues	Total Score	RII	Rank
The cleanliness of the health care organisation	1550	0.849	1
The physical appearance of the health care organisation	1479	0.810	2
The facilities of the health care organisation	1478	0.809	3
The comfort of the health care lobby/reception area	1465	0.803	4
The lighting of the health care organisation	1454	0.797	5
The conducive ambience of the health care organisation	1449	0.794	6
The convenient location of the health care organisation	1444	0.791	7
The furniture and fitting of the health care organisation	1332	0.730	8
The aroma of the health care organisation	1265	0.693	9

Source: Researcher's Field Survey, 2016

Table 4.2.4b shows result of the descriptive statistics of the influence of mechanic clues, that is the physical environments such as furnishings, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care facilities on brand insistence using the relative important index. The result reveals that the cleanliness of the healthcare organisation has the highest RII value of 0.849, followed by the physical appearance and the facilities of the healthcare organisation, which emerged with RII value of 0.810 and 0.809 respectively. The comfort of the healthcare lobby/reception has the RII value of 0.803. This means that the respondents in the hospitals sampled strongly agreed that the cleanliness of the healthcare organisation, the physical appearance, the facilities of the healthcare organisation and the comfort of the healthcare lobby/reception contribute positively in making the customers insist on the services of the organisation, while all other statements related to the mechanic clues on brand insistence also revealed positive

responses but with a slight difference among the RII value of the remaining items. Given these results, it is obvious that the respondents agreed or strongly agreed with all the statements concerning the influence of mechanic clues on brand insistence.

Table 4.2.4c: The Effects of Humanic Clues on Switching Restraints

Components of Humanic Clues	N	Sum	RII	Rank
The friendly actions of the health care service providers	364	1509	0.829	1
The neatness of the health care service providers	365	1512	0.828	2
The respect and courtesy from the health care service providers	365	1488	0.815	3
The caring expression of the health care service providers	365	1486	0.814	4
The understanding of the health care service providers	365	1480	0.811	5
The mindfulness of the health care service providers	365	1455	0.797	6
The tone of voice of the health care service providers	364	1449	0.796	7
The responsiveness of the health care service providers	365	1419	0.778	8
The body language of the health care service providers	365	1367	0.749	9

Source: Researcher's Field Survey, 2016

The data in Table 4.2.4c shows the descriptive statistics of the effects of humanic clues on switching restraint. This aspect of the research was designed to examine the customers' views on the influence of the actions, behaviour and expressions of the employees of the healthcare organisation on switching restraint using the relative important index. The RII values of the respondents on whether the actions, behaviour and expressions of the employees of the healthcare organisations make them continually patronize the organisations revealed 0.829, 0.828, 0.815, 0.814 and 0.811 for the different components of humanic clues. This result tends to show that the respondents of the hospitals sampled agreed that the friendly actions, neatness, respect and courtesy, expressions and the understanding of the employees of the healthcare organisations make them continually restrain switching to the healthcare organisations. Similarly, other statements related to the humanic clues namely: the mindfulness of the health care service provider, the tone of voice

of the health care service providers, the responsiveness of the health care service providers and the body language of the health care service providers also revealed positive response but with a slight difference among the RII value of the remaining items. This is due to the fact that the sampled respondents agreed with the stateme\\nts on the effects of humanic clues on switching restraint. Generally speaking, the result is an indication that the respondents agreed or strongly agreed with all the statements concerning the effects of humanic clues on switching restraint.

Table 4.2.4d: The Relationship between Customer Experience and Customer Satisfaction

Components of Customer Experience and Customer Satisfaction	N	Mean(Satisfaction score)	Std. Deviation	Rank
	Statistic	Statistic	Statistic	
Showing professionally appropriate behaviour	365	4.17	.825	1
Maintaining patient privacy	365	4.17	.881	1
Right treatment of illness	365	4.16	.771	2
Reliability of the health care services.	365	4.12	.838	3
Cleanliness of the health care organisation	365	4.10	.881	4
Right diagnosis of illness	365	4.08	.806	5
Effective verbal communication.	365	4.06	.864	6
Respecting my wishes	365	3.96	.953	7
Aroma of the health care organisation	365	3.75	1.150	8
Non-verbal communication.	365	3.66	1.074	9
Valid N (listwise)	365			

Source: Researcher's Field Survey, 2016

Table 4.2.4d shows result of the analysis on customer experience and customer satisfaction. On a 5-linkert scale, the mean score of the respondents on showing professionally appropriate behaviour and maintaining their privacy revealed equal means score of 4.17 which is the highest. This suggests that the respondents in the hospitals sampled are most satisfied with professionally appropriate behaviour and maintaining their privacy. These are followed by the right treatment of illness which revealed mean scores of 4.16, reliability of the health care services with a mean scores of 4.12, cleanliness of the health care organisation with mean scores of 4.10, the right diagnosis of illness (4.08), and the effective verbal communication (4.06). The result revealed higher mean scores at different degrees

compared to the other statement like respecting my wishes which showed mean scores of 3.96, while, the aroma of the health care organisation had mean score of 3.75 and lastly, the non-verbal communication, which had mean score of 3.66. This means that the respondents sampled in the hospitals have a positive response to all the statements concerning the relationship between customer experience and customer satisfaction. A further examination of the mean scores in Table 4.2.4d will show that no variable mean score is less than 3.01 on a 5-linkert point scale. This is an indication that the respondents agreed or strongly agreed that customer experience has a significant relationship with customer satisfaction.

Table 4.2.4e: Buyer's Psychological Factors on the Relationship between Customer Experience Management and Loyalty

Components of Psychological factors, CEM and Loyalty	N	Mean	Std. Deviation	Rank
	Statistic	Statistic	Statistic	
My perception about the reliability of services.	365	4.17	.846	1
My personality determines how I view the health care services.	364	4.13	.818	2
My motivation about the quality of health care	365	4.08	.831	3
My knowledge about the cleanliness of heath care	365	4.07	.804	4
My interpretation of the right diagnosis of illness.	365	4.06	.818	5
My experience with the behaviour of the health care service provider.	365	4.04	.862	6
The belief I have concerning the right treatment of illness.	365	4.03	.916	7
My view about the effective verbal communication	365	4.01	.879	8
The maintenance of patient privacy.	365	4.00	.885	9
My interpretation of the tone of voice of the health care service provider.	365	3.86	1.000	10
The aroma/odor of the hospital.	365	3.68	1.112	11
Valid N (listwise)	364			

Source: Researcher's Field Survey, 2016

The data in Table 4.2.4e shows the descriptive statistics of the respondents' opinion on whether their perception, motivation, learning and belief & attitudes (i.e. the psychological factors) moderate the relationship between their experience with the organisation and loyalty. The result (Table 4.2.4e) reveals positive responses concerning all the statements related to buyers' psychological factors as seen in the mean scores, which are more than 3.01 on a 5-likert type scale. This table revealed 4.17, 4.13, 4.08, 4.07, 4.06, 4.04, 4.03, 4.01, 4.00, 3.86 and 3.68 respectively. Given the totality of the above result, it is an indication that the respondents agreed or strongly agreed that buyers' psychological factors moderate the relationship between customer experience and customer loyalty.

4.2.5 CONSUMER'S PERCEPTION OF RESEARCH VARIABLES BASED ON DEMOGRAPHIC CHARACTERISTICS

Descriptive analysis of research objectives based on the gender of the respondents

This section deals with the descriptive analysis of the research objectives based on respondents' perception of the roles of functional clues on repeat purchase. These analyses were executed with the aim of examining whether there exists any difference in respondents perception of the roles of functional clues on repeat purchase based on the demographic characteristics of the customers.

TABLE 4.2.5a : Roles of Functional Clues on Repeat Purchase

Components of Functional Clues and Repeat Purchase	Mean Scores for Males	Mean Scores for Females
The reliability of the health care services.	3.97	4.09
The competence of the health care service.	4.02	4.24
The right diagnosis of the health care organisation.	4.01	4.14
Administration of the right treatment by the health care organisation.	3.92	4.15
The assured service of the health care organisation.	3.92	4.13
The procedures of the health care services.	3.65	4.00
The reliability of the continuous services.	3.91	4.09
The efficacy of the health care service.	3.89	4.02
The self-reliance of the health care service.	3.91	4.02
The practicality of the healthcare services.	3.81	3.94

Source: Researcher's Field Survey, 2016

Table 4.2.5a shows the mean score of respondents' rating of the roles of functional clues on repeat purchase by gender. This descriptive analysis was executed to assess whether there is any difference in respondents rating on the roles of functional clues on repeat purchase between male and female customers. From Table 4.2.5a, it is obvious that both male and female respondent share similar views on the roles of functional clues on repeat purchase. The result in fact also reveals positive responses on all the statements related to the roles of functional clues in eliciting repeat purchase as all the variables mean scores investigated have more than the 3.01 on a 5-Likert point scale. These findings point out that both male and female customers are likely to make a repeat purchase as a result of the reliability and the

competence of the healthcare service delivery. The result also indicates that there are no significant differences in the role functional clues play in ensuring repeat purchase behaviour of male and female customers. Both male and female customers are likely to react similarly to functional clues when it comes to healthcare services.

TABLE 4.2.5b: The Influence of Mechanic Clues on Brand Insistence

Components of Mechanic Clues and Brand Insistence	**Mean Scores for Males**	**Mean Scores for Females**
The physical appearance of the health care organisation.	4.06	4.04
The conducive ambience of the health care organisation.	4.06	3.90
The furniture and fitting of the health care organisation.	3.65	3.65
The facilities of the health care organisation.	4.02	4.07
The lighting of the health care organisation.	3.86	4.08
The cleanliness of the health care organisation.	4.17	4.31
The comfort of the health care lobby/reception area.	3.99	4.03
The convenient location of the health care organisation.	3.92	3.99
The aroma of the health care organisation.	3.45	3.48

Source: Researcher's Field Survey, 2016

The data in Table 4.2.5b is the result of the respondents' opinion on the influence on mechanic clues on brand insistence across both sexes. From the result in Table 4.2.5b, it is evident that both the male and female customers have similar views on the influence of mechanic clues on brand insistence. This is because the result reveals positive responses on all the statements related to the effect of mechanic clues on brand insistence as all the mean scores are more than the 3.01 on a 5-linkert point scale. These findings indicate that both genders are likely to insist on brand as a result of the physical environments such as furnishing, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care facilities. Based on the result, it can be inferred that there are no gender differences in the perceptions of the influence of mechanic clues on brand insistence. This suggests that both male and female customers are likely to respond in the same way to mechanic clues associated with healthcare services.

TABLE 4.2.5c: The Influence of Humanic Clues on Switching Restraint

Components of Mechanic Clues and Switching Restraint	Mean Scores for Males	Mean Scores for Females
The friendly actions of the health care service providers.	4.15	4.14
The caring expression of the health care service providers.	4.03	4.10
The tone of voice of the health care service provider pleases me.	3.82	4.11
The body language of the health care service provider.	3.75	3.75
The respect and courtesy from the health care service provider.	4.13	4.03
The neatness of the health care service provider fascinates me.	4.09	4.19
The responsiveness of the health care service provider.	3.85	3.92
The mindfulness of the health care service provider.	3.94	4.02
The understanding of the health care service provider.	4.10	4.02

Source: Researcher's Field Survey, 2016

The result in Table 4.2.5c shows the responses by the male and female customers on how humanic clues influence switching restraint. From the result, it is evident that both the male and female customers have similar responses on the influence of humanic clues on switching restraint. The result revealed positive responses concerning all the statements related to the influence of humanic clues on switching restraint as all the mean scores of the variables investigated are more than the 3.01 on a 5-likert type scale. These findings indicate that both genders are likely to be loyal to healthcare organisations as a result of the actions, behaviour and expressions of their employees. The findings presented in Table 4.2.5c also suggest that there are no gender differences in the perception of the influence of humanic clues on switching restraint as both male and female are likely to respond similarly to the influence of humanic clues when it comes to switching restraint.

TABLE 4.2.5d: The Relationship between Customer Experience and Customer Satisfaction

Components of Customer Experience and satisfaction with healthcare services	Mean Scores for Males	Mean Scores for Females
The reliability of the health care services makes me contented.	4.17	4.08
The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.	3.99	4.15
The right treatment of illness by the health care organisation enhances my relief.	4.17	4.16
The effective verbal communication of the health care service enhances my gratification.	3.98	4.12
The non-verbal communication of the health care service enhances my gratification.	3.47	3.81
Respecting my wishes makes me satisfied.	3.87	4.04
Showing professionally appropriate behaviour by the health care service provider delights me	4.12	4.21
Maintaining patient privacy enhances customer's trust.	4.14	4.19
The aroma of the health care organisation makes me satisfied	3.64	3.84
The cleanliness of the health care organisation satisfies me	4.11	4.09

Source: Researcher's Field Survey, 2016

The result of respondents' perception of the relationship between their experience and satisfaction with healthcare services in the four hospitals is presented in Table 4.2.5d. From the result, it is obvious that both the male and female customers have similar views on the relationship between their experience and satisfaction. The Table also revealed positive responses concerning all the statements related to the relationship between customer experience and customer satisfaction as all the mean scores are more than the 3.01 on a 5-likert type scale. These findings signify that both male and female customers are likely to be satisfied with the services of healthcare organisations as a result of customer experience management strategies engaged in by the organisations. Further, findings in Table 4.2.5d also reveal that there are no gender differences in the perception of the relationship between customer experience and customer satisfaction with healthcare services. As both male and

female are likely to respond in the same way to the relationship between customer experience and customer satisfaction.

TABLE 4.2.5e: How Buyers' Psychological Factors Moderate the Relationship between CEM & Loyalty.

Components of Psychological factors, CEM and Loyalty	Mean Scores for Males	Mean Scores for Females
My perception about the reliability of services provided	4.22	4.12
My interpretation of the right diagnosis of illness.	4.05	4.07
My motivation about the quality of health care services.	4.10	4.07
My experience with the behaviour of the health care service provider.	4.08	4.01
The belief I have concerning the right treatment of illness provided by the organisation.	3.96	4.09
The maintenance of patient privacy by the healthcare organisation.	3.96	4.03
The aroma/odor of the healthcare organisation.	3.60	3.74
My view about the effective verbal communication of the healthcare service provider.	4.00	4.02
My knowledge about the cleanliness of heath care organisation surroundings.	4.04	4.09
My interpretation of the tone of voice of the health care service provider.	3.77	3.93
My personality determines how I view the health care services provided.	4.14	4.12

Source: Researcher's Field Survey, 2016

Regarding the perception of how the customers' psychological factors moderate the relationship between customer experience management and customer loyalty, the result in Table 4.2.5e reveals that both the male and female customers have similar response pattern on this. Specifically, the results indicate positive responses concerning all the statements related to how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty. This Table revealed that the perception of customer about the reliability of services provided contributes most in moderating the relationship between customer experience management and customer loyalty as it reveals the highest mean scores of 4.22 for male and female 4.12, meanwhile the female are of the opinion that both perception and personality contribute most as it gives the mean scores of 4.12. The findings show that the gender of the respondents makes no significant difference

on how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty when it comes to healthcare services delivered by the four private hospitals investigated.

4.2.6 CUSTOMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON AGE OF THE RESPONDENTS

TABLE 4.2.6a: Roles of functional clues on repeat purchase

S/N	Components of Functional Clues and Repeat Purchase	(18-30)yrs	(31-40)yrs	(41-50)yrs	(51yrs +)
		Mean scores	Mean scores	Mean scores	Mean scores
1	The reliability of the health care services.	3.96	3.99	4.26	4.06
2	The competence of the health care service.	4.19	4.10	4.19	4.24
3	The right diagnosis of the health care organisation.	4.06	4.10	4.04	4.24
4	Administration of the right treatment by the health care organisation.	3.99	3.99	4.21	4.35
5	The assured service of the health care organisation.	3.94	4.02	4.17	4.18
6	The procedures of the health care services.	3.74	3.84	3.99	4.00
7	The reliability of the continuous services.	3.97	4.01	4.04	4.18
8	The efficacy of the health care service.	3.97	3.93	4.00	4.12
9	The self-reliance of the health care service organisation.	4.06	3.90	4.01	4.06
10	The practicality of the healthcare services.	3.89	3.80	4.01	4.18

Source: Field Survey, 2016

Based on the result in Table 4.2.6a, it is clear that the customers' responses on the role of functional clues on repeat purchase actions across the different age of the respondents are positive on all the statements as all the mean scores are more than the 3.01 on a 5-Likert type scale. The findings show that age of the respondents makes no significant difference on their perception of the role of functional clues on repeat purchase when it comes to healthcare services provided by the four private hospitals investigated.

TABLE 4.2.6b: Customers' perception of the influence of mechanic clues on brand insistence

S/N	Components of mechanic Clues and Brand Insistence	18-30 years	31-40 years	41-50 years	51 years +
		Mean scores	Mean scores	Mean scores	Mean scores
1	The physical appearance of the health care organisation	3.95	4.09	4.16	3.82
2	The conducive ambience of the health care organisation	4.00	3.93	4.01	4.00
3	The furniture and fitting of the health care organisation	3.53	3.60	3.94	3.71
4	The facilities of the health care organisation.	4.06	4.05	4.00	4.24
5	The lighting of the health care organisation.	4.03	3.95	3.94	4.18
6	The cleanliness of the health care organisation.	4.20	4.29	4.23	4.18
7	The comfort of the health care lobby/reception area.	3.96	3.96	4.21	4.06
8	The convenient location of the health care organisation.	3.91	3.93	4.11	3.88
9	The aroma of the health care organisation	3.16	3.53	3.74	3.53

Source: Field Survey, 2016

The data in Table 4.2.6b show respondents' opinion on the influence on mechanic clues on brand insistence across the four age groupings. From the result in Table 4.2.6b, it is evident that all the age groups of the respondents have similar response pattern on the influence of mechanic clues on brand insistence. The result also reveals positive responses concerning all the statements related to the influence of mechanic clues on brand insistence as the mean scores for each of the nine items are more than the 3.01 on a 5-Likert type scale. These findings indicate that the respondents in all age group are likely to insist on a brand as a result of the physical environments such as furnishings, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care facilities of the organisations.

TABLE 4.2.6c: Influence of humanic clues on switching restraint

S/N	**Components of Mechanic Clues and Brand Insistence**	**18-30 years**	**31-40 years**	**41-50 years**	**51 years+**
		Mean scores	**Mean scores**	**Mean scores**	**Mean scores**
1	The friendly actions of the health care service providers.	4.16	4.03	4.39	4.24
2	The caring expression of the health care service providers.	4.10	4.02	4.10	4.35
3	The tone of voice of the health care service provider pleases me.	3.70	4.10	4.04	4.12
4	The body language of the health care service provider.	3.77	3.69	3.83	3.82
5	The respect and courtesy from the health care service provider.	4.00	4.12	4.01	4.35
6	The neatness of the health care service provider fascinates me.	4.06	4.18	4.17	4.12
7	The responsiveness of the health care service provider.	3.85	3.82	4.00	4.29
8	The mindfulness of the health care service provider.	3.97	3.93	4.09	4.29
9	The understanding of the health care service provider.	4.07	4.00	4.09	4.41

Source: Field Survey, 2016

The result in Table 4.2.6c show the customers rating of how humanic clues influence switching restraint across the four age groups of the respondents. From the result as shown in Table 4.2.6c, it is evident that all the respondents have similar response pattern on the levels of agreement on statements relating to the influence of humanic clues on switching restraint. Notably, the result reveal positive responses concerning all the statements related to the influence of humanic clues on switching restraint as each of the nine statements has mean scores greater than 3.01 on a 5-Likert type scale. These indicate that all the age groups of the respondents are likely to be loyal to the organisation as a result of the actions, behaviour and expressions of their employees in the delivery of healthcare services. Findings from Table 4.2.6c also reveal that there are slight differences in the responses of the respondents in all age groups on the influence of humanic clues on switching restraint. However, it would appear that all age groups sampled are likely to respond similarly to the influence of humanic clues on switching restraint when it comes to healthcare services.

TABLE 4.2.6d: The relationship between their experience and customer satisfaction

S/N	Components of the Relationship between Customer Experience and Satisfaction	18-30 Years	31-40 Years	41-50 years	51 years+
		Mean scores	Mean scores	Mean scores	Mean scores
1	The reliability of the health care services makes me contented.	4.18	4.09	4.07	4.35
2	The right diagnosis of illness by the health care organisation	4.01	4.06	4.16	4.35
3	The right treatment of illness by the health care organisation enhances my relief.	4.19	4.12	4.20	4.29
4	The effective verbal communication of the health care service .	3.99	4.03	4.09	4.59
5	The non-verbal communication of the health care service enhances my gratification.	3.54	3.64	3.79	4.12
6	Respecting my wishes makes me satisfied.	4.00	3.89	4.11	3.88
7	Showing professionally appropriate behaviour by the health care service provider	4.12	4.12	4.37	4.18
8	Maintaining patient privacy enhances customer's trust.	4.09	4.15	4.29	4.29
9	The aroma of the health care organisation makes me satisfied	3.64	3.74	3.94	3.76
10	The cleanliness of the health care organisation satisfies me	4.17	4.03	4.13	4.29

Source: Field Survey, 2016

Ten items were used to investigate customers' perception of the relationship between their experience and satisfaction with healthcare services offered by the four hospitals sampled based on the age of the respondents. From the result in Table 4.2.6d, it is obvious that the respondents in the four age brackets sampled have similar response pattern on the relationship between customer experience and satisfaction with healthcare services. The result also revealed positive responses concerning all the ten statements related to the relationship between customer experience and customer satisfaction as each of the statements has mean scores greater than the 3.01 on a 5-likert type scale.

TABLE 4.2.6e: Buyers' psychological factors moderate the relationship between CEM & customer loyalty in health care.

S/N	**Buyers' Psychological Factors and the Relationship between CEM & Loyalty**	**18-30 years**	**31-40 Years**	**41-50 years**	**51 years+**
		Mean scores	**Mean scores**	**Mean scores**	**Mean scores**
1	My perception about the reliability of services.	4.13	4.14	4.30	4.18
2	My interpretation of the right diagnosis of illness.	4.10	3.98	4.16	4.29
3	My motivation about the quality of health care services.	4.16	3.97	4.20	4.29
4	My experience with the behaviour of the health care service provider.	4.04	3.98	4.13	4.35
5	The belief I have concerning the right treatment of illness provided.	4.07	3.95	4.13	4.24
6	The maintenance of patient privacy by the healthcare organisation	3.86	4.04	4.07	4.18
7	The aroma/odor of the healthcare organisation.	3.61	3.62	3.94	3.53
8	My view about the effective verbal communication of the healthcare service provider.	4.02	3.95	4.16	4.06
9	My knowledge about the cleanliness of heath care organisation.	3.95	4.11	4.16	4.00
10	My interpretation of the tone of voice of the health care service provider.	3.82	3.82	4.00	3.94
11	My personality determines how I view the health care services provided	4.15	4.11	4.16	4.12

Source: Field Survey, 2016

The result in Table 4.2.6e shows the customers' view on how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty across the four age groups of the respondents. The result generally shows positive responses on all the statements related to how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty. Table 4.2.6e also reveals that the perception by those within the age bracket of (41-50) years have the highest mean scores of 4.30, this was followed by the respondents interpretation of the right diagnosis of illness and the motivation of customers about the quality of services with mean score of 4.29. This result is an indication that all age groupings of the respondents are in agreement on all the eleven statements concerning how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty.

4.2.7 CUSTOMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON EDUCATIONAL BACKGROUND OF THE RESPONDENTS

TABLE 4.2.7a: Customers' Perception roles of functional clues on repeat purchase actions according to educational qualification

S/N	Components of Functional Clues on Repeat Purchase	WAEC	B.Sc	M.Sc/MBA	Others
		Mean scores	Mean scores	Mean scores	Mean scores
1	The reliability of the health care services.	4.13	4.07	4.12	3.30
2	The competence of the health care service.	4.33	4.22	3.99	3.57
3	The right diagnosis of the health care organisation.	4.21	4.13	4.04	3.52
4	Administration of the right treatment by the health care organisation.	4.13	4.11	4.06	3.26
5	The assured service of the health care organisation.	4.21	4.08	4.01	3.30
6	The procedures of the health care services.	4.05	3.87	3.84	3.26
7	The reliability of the continuous services.	4.03	4.07	3.99	3.43
8	The efficacy of the health care service.	4.03	3.99	4.00	3.52
9	The self-reliance of the health care service organisation.	4.10	4.03	3.90	3.43
10	The practicality of the healthcare services.	3.90	3.92	3.93	3.35

Source: Field Survey, 2016

Table 4.2.7a shows the result of customers' responses on the roles of functional clues on repeat purchase actions based on the educational background of the respondents. It is obvious from Table 4.2.7a that there are positive responses concerning all the statements related to the roles of functional clues on repeat purchase actions as each of the ten statements has mean scores greater than 3.01 on a 5-likert type scale. The findings indicate that the customers of all the hospitals sampled gave positive responses to all the statements. Going by the result, it can be inferred that functional clues play significant role in eliciting repeat purchase actions from customers of health institutions investigated.

TABLE 4.2.7b: Customers' perception of the influence of mechanic clues on brand insistence of healthcare services

S/N	Components of Mechanic Clues and Brand Insistence	WAEC	B.Sc	M.Sc/MBA	Others
		Mean scores	Mean scores	Mean scores	Mean scores
1	The physical appearance of the health care organisation	3.85	4.13	3.87	4.13
2	The conducive ambience of the health care organisation	3.90	3.99	4.00	3.83
3	The furniture and fitting of the health care organisation	3.46	3.70	3.70	3.30
4	The facilities of the health care organisation.	4.10	4.06	4.06	3.83
5	The lighting of the health care organisation.	3.95	3.94	4.28	3.65
6	The cleanliness of the health care organisation.	4.15	4.31	4.21	3.91
7	The comfort of the health care lobby/reception area.	3.85	4.04	4.07	3.83
8	The convenient location of the health care organisation.	4.13	3.96	3.99	3.57
9	The aroma of the health care organisation	3.15	3.49	3.57	3.43

Source: Field Survey, 2016

Nine items constructed in statement formats were used to investigate the respondents' opinion on the influence of mechanic clues on brand insistence across the four groups of customers with different educational qualifications. The result as presented in Table 4.2.7b shows that the respondents of different educational qualifications have similar response pattern on the effect of mechanic clues on brand insistence. The result also reveals positive responses on all the statements related to the influence of mechanic clues on brand insistence as each of the nine statements has mean score greater than 3.01 on a 5-likert type scale. The findings here indicate that exceptional consideration should be given to the cleanliness of the healthcare organisation as it has the highest mean scores for the respondents with O' Level, Bachelor and Masters degrees, for those with other qualifications, they were of the view that the physical appearance of the health facilities has more influence on brand insistence.

TABLE 4.2.7c: Customers' perception of the influence of humanic clues on switching restraint

S/N	Components of Humanic Clues and Switching Restraint	WAEC	B.Sc	M.Sc/MBA	Others
		Mean scores	Mean scores	Mean scores	Mean scores
1	The friendly actions of the health care service providers.	4.33	4.14	4.10	3.96
2	The caring expression of the health care service providers.	4.13	4.11	3.99	3.78
3	The tone of voice of the health care service provider pleases me.	4.03	4.03	3.93	3.52
4	The body language of the health care service provider.	3.92	3.71	3.87	3.43
5	The respect and courtesy from the health care service provider.	4.28	4.09	4.04	3.65
6	The neatness of the health care service provider fascinates me.	4.15	4.17	4.07	4.04
7	The responsiveness of the health care service provider.	4.10	3.90	3.91	3.35
8	The mindfulness of the health care service provider.	4.03	4.03	3.96	3.61
9	The understanding of the health care service provider.	4.18	4.06	4.09	3.65

Source: Field Survey, 2016

Table 4.2.7c is the presentation of the result of the analysis of data how humanic clues influence switching restraint as perceived by the respondents of different educational background of the respondents. From the result presented in Table 4.2.7c, it is evident that all the respondents have similar response pattern on the influence of humanic clues on switching restraint and that positive responses were obtained in the statements related to this. As can be seen in the result, all the mean scores for each statement are more than the 3.01 on a 5-likert type scale. The findings (Table 4.2.7c) reveal that there are slight differences in the responses of the respondents across the different educational qualification as they relate to the influence of humanic clues on switching restraint. For example the respondents with the highest educational qualifications of O' Level WAEC, B.Sc and M.Sc/MBA were of the view that the friendly actions of the healthcare service providers with the highest mean scores of 4.33, 4.14 and 4.10 respectively, has the most influence on switching. On the other hand, the respondents with other qualifications indicated that the

neatness of the healthcare service providers with mean score of 4.04 has the most influence on switching restraints.

TABLE 4.2.7d: Customers' perception of the relationship between customer experience and customer satisfaction in health care services

S/N	**Components of Customer Experience and Satisfaction**	**WAEC**	**B.Sc**	**M.Sc/MBA**	**Others**
		Mean scores	**Mean scores**	**Mean scores**	**Mean scores**
1	The reliability of the health care services makes me contented.	4.31	4.16	4.06	3.61
2	The right diagnosis of illness by the health care organisation	4.15	4.13	4.01	3.65
3	The right treatment of illness by the health care organisation enhances my relief.	4.28	4.23	4.04	3.65
4	The effective verbal communication of the health care service .	4.33	4.05	4.03	3.74
5	The non-verbal communication of the health care service enhances my gratification.	3.82	3.67	3.70	3.13
6	Respecting my wishes makes me satisfied.	4.05	4.02	3.94	3.35
7	Showing professionally appropriate behaviour by the health care service provider	4.13	4.17	4.30	3.91
8	Maintaining patient privacy enhances customer's trust.	4.23	4.18	4.19	3.87
9	The aroma of the health care organisation makes me satisfied	3.62	3.75	3.90	3.57
10	The cleanliness of the health care organisation satisfies me	4.21	4.09	4.16	3.83

Source: Field Survey, 2016

The study also investigated the customers' views on the relationship between their experience and satisfaction with healthcare services based on their educational qualifications. The result in Table 4.2.7d reveals that the respondents with different educational backgrounds have similar response pattern on the relationship between their experience and satisfaction with the healthcare services. The result shows positive responses concerning all the statements on this as all the mean scores are more than the 3.01 on a 5-likert type scale. However, Table 4.2.7d indicates that those with O'Level (WAEC) as their highest educational qualification were of the view that effective verbal communication of

the healthcare service providers with the mean score of 4.33 was the most visible evidence of the relationship between their experience and satisfaction with healthcare service. Those with bachelor degree indicated that it was the right treatment of illness (4.23) and those with master's degrees and other qualification said it was showing professionally appropriate behaviour by the healthcare service providers.

TABLE 4.2.7e: Customers' perception of how psychological factors moderate the relationship between CEM & loyalty.

S/N	**Components of Psychological Factors, CEM and Loyalty**	**WAEC**	**B.Sc**	**M.Sc/MBA**	**Others**
		Mean scores	**Mean scores**	**Mean scores**	**Mean scores**
1	My perception about the reliability of services.	4.10	4.23	4.18	3.61
2	My interpretation of the right diagnosis of illness.	3.97	4.11	4.09	3.61
3	My motivation about the quality of health care services.	4.26	4.09	4.09	3.70
4	My experience with the behaviour of the health care service provider.	4.18	4.04	4.12	3.57
5	The belief I have concerning the right treatment of illness provided.	4.00	4.03	4.16	3.78
6	The maintenance of patient privacy by the healthcare organisation	4.00	3.98	4.15	3.83
7	The aroma/odor of the healthcare organisation.	3.56	3.65	3.90	3.52
8	My view about the effective verbal communication of the healthcare service provider.	4.21	4.01	4.00	3.74
9	My knowledge about the cleanliness of heath care organisation.	4.05	4.09	4.10	3.78
10	My interpretation of the tone of voice of the health care service provider.	3.97	3.85	3.90	3.65
11	My personality determines how I view the health care services provided	4.23	4.12	4.20	3.83

Source: Field Survey, 2016

Table 4.2.7e shows the result of the analysis of how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty across the different levels of qualifications of the respondents. Generally, the result reveals positive responses on all the statements related to this. However, Table 4.2.7e reveals that the consumers' motivation about the quality of services for those respondents with WAEC has the highest mean score of 4.26, followed by the consumer perception about the reliability

of healthcare services for those respondents with B.Sc degree and M.Sc/MBA with mean scores of 4.23 and 4.18 respectively. In all, this result is an indication that the respondents of different educational background agree with all the statements concerning how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty in the healthcare organisations investigated in this research.

4.2.8 CONSUMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON MARITAL STATUS OF THE CUSTOMERS

TABLE 4.2.8a: Consumers' perception of the roles of functional clues on repeat purchase of healthcare services

S/N	Components of Functional Clues and repeat Purchase	Single	Married	Divorced
		Mean scores	Mean scores	Mean scores
1	The reliability of the health care services.	4.01	4.04	4.50
2	The competence of the health care service.	4.25	4.10	4.33
3	The right diagnosis of the health care organisation.	4.11	4.07	4.00
4	Administration of the right treatment by the health care organisation.	3.98	4.08	4.00
5	The assured service of the health care organisation.	4.03	4.02	4.67
6	The procedures of the health care services.	3.76	3.88	4.00
7	The reliability of the continuous services.	4.02	4.00	4.17
8	The efficacy of the health care service.	4.00	3.94	4.17
9	The self-reliance of the health care service organisation.	3.93	3.99	4.17
10	The practicality of the healthcare services.	3.95	3.85	4.17

Source: Field Survey, 2016

Ten items in statements format were used to investigate the customers' perception of the roles of functional clues on repeat purchase of healthcare services. Table 4.2.8a, shows the analysis of customers' responses on the role of functional clues on repeat purchase actions based on their marital status. The result reveals positive responses on all the statements related to this as all the mean scores for the ten items are more than the 3.01 on a 5-likert type scale. The findings on Table 4.2.8a show that the customers of all the hospitals who are in marriage and those not in marriage relationships gave positive responses to the statements. Going by this result, it is evident that functional clues play significant role in

eliciting repeat purchase actions from customers of the four hospitals irrespective of their marital status.

TABLE 4.2.8b: Customers' perception of the influence of mechanic clues on brand insistence in healthcare services

S/N	Components of Mechanic Clues and Brand Insistence	Single	Married	Divorced
		Mean scores	Mean scores	Mean scores
1	The physical appearance of the health care organisation	4.04	4.05	4.50
2	The conducive ambience of the health care organisation	4.03	3.94	4.17
3	The furniture and fitting of the health care organisation	3.48	3.71	4.00
4	The facilities of the health care organisation.	4.10	4.02	4.17
5	The lighting of the health care organisation.	4.10	3.93	4.00
6	The cleanliness of the health care organisation.	4.22	4.27	4.00
7	The comfort of the health care lobby/reception area.	3.95	4.03	4.33
8	The convenient location of the health care organisation.	3.91	3.97	4.17
9	The aroma of the health care organisation	3.23	3.55	4.33

Source: Field Survey, 2016

Table 4.2.8b shows the result on the respondents' opinion on the influence of mechanic clues on brand insistence based on the marital status of the respondents. The result (Table 4.2.8b) clearly show that the respondents of different marital status have similar views on the influence of mechanic clues on brand insistence. Although positive responses were obtained on all the statements investigated as each of the nine items emerged with the mean scores greater than the 3.01 on a 5-likert type scale, the respondents who had never married before and those in marriage relationships at the time of the survey opined that the cleanliness of healthcare facilities with mean scores of 4.22 and 4.27, respectively had the most influence on brand insistence in healthcare services. On the other hand, the respondents who were divorced viewed the physical appearance of the healthcare facilities as having the most influence on brand insistence in healthcare services.

TABLE 4.2.8c: Consumers' perception of the influence of humanic clues on switching restraint

S/n	Components of Humanic Clues and Switching Restraint	Single	Married	Divorced
		Mean scores	Mean scores	Mean scores
1	The friendly actions of the health care service providers make me loyal to the organisation	4.13	4.14	4.83
2	The caring expression of the health care service providers.	4.05	4.08	4.33
3	The tone of voice of the health care service provider pleases me	3.75	4.10	3.50
4	The body language of the health care service provider encourages me to patronize.	3.75	3.75	3.67
5	The respect and courtesy from the health care service provider reinforces my patronage.	4.07	4.09	3.67
6	The neatness of the health care service provider fascinates me.	4.09	4.17	3.83
7	The responsiveness of the health care service provider makes me restrain switching from the organisation.	3.94	3.87	3.67
8	The mindfulness of the health care service provider makes me satisfied	3.91	4.03	3.50
9	The understanding of the health care service provider enhances my commitment to the organisation.	4.03	4.08	3.50

Source: Researcher's Field Survey, 2016

The result in Table 4.2.8c highlight the customers' perception of how humanic clues influence switching restraint among married and unmarried respondents. From the result presented in Table 4.2.8c, it is evident that all the respondents irrespective of their marital status have similar views on the influence of humanic clues on switching restraint. This based on the fact that positive responses were obtained on all the statements related to the influence of humanic clues on switching restraint and the items mean scores have more than the 3.01 on a 5-likert type scale. Further, the result in Table 4.2.8c revealed that there are slight differences in the responses of the respondents on the influence of humanic clues on switching restraint across the three groups of customers who took part in the survey. Specifically, whereas, those who were in marriage relationship viewed the neatness of the healthcare service providers (4.17) as having the most influence on switching restraint, those who were not in marriage relationship considered the friendly actions of the healthcare

service providers with mean scores of 4.13 for the singles and 4.83 for the divorced as the aspect of humanic clues with the most influence on switching restraints.

TABLE 4.2.8d: Relationship between customer experience and customer satisfaction in the health care sector

S/N	**Components of Customer Experience and Customer Satisfaction**	**Single**	**Married**	**Divorced**
		Mean scores	**Mean scores**	**Mean scores**
1	The reliability of the health care services makes me contented.	4.18	4.08	4.67
2	The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.	4.04	4.09	4.33
3	The right treatment of illness by the health care organisation enhances my relief.	4.22	4.14	4.33
4	The effective verbal communication of the health care service.	3.97	4.09	4.17
5	The non-verbal communication of the health care service enhances my gratification.	3.65	3.65	4.33
6	Respecting my wishes makes me satisfied.	4.01	3.92	4.83
7	Showing professionally appropriate behaviour by the health care service provider	4.23	4.13	4.67
8	Maintaining patient privacy enhances customer's trust.	4.15	4.16	5.00
9	The aroma of the health care organisation makes me satisfied	3.74	3.75	4.33
10	The cleanliness of the health care organisation satisfies me	4.20	4.04	4.67

Source: Field Survey, 2016

The views of the respondents in marriage and those not in marriage relationships on the relationship between customer experience and customer satisfaction are presented in Table 4.2.8d. Going by the result (Table 4.2.8d). It is obvious that the respondent have similar pattern of responses on the relationship between customer experience and satisfaction with healthcare services. The result revealed positive responses on all the statements related to the relationship between customer experience and satisfaction with healthcare services as mean scores of the ten items are more than the 3.01 on a 5-likert type scale. However, there are differences among the three categories of respondents on which aspects of captures most the relationship between customer experience and satisfaction with healthcare services in the four private hospitals investigated in this study.

TABLE 4.2.8e: Customers; perception of how their psychological factors moderate the relationship between CEM and loyalty

S/n	**Components of Buyers' Psychological Factors and the Relation-ship between CEM and Loyalty**	**Single**	**Married**	**Divorced**
		Mean scores	**Mean scores**	**Mean scores**
1	My perception about the reliability of services provided	4.21	4.14	4.50
2	My interpretation of the right diagnosis of illness.	4.06	4.06	4.33
3	My motivation about the quality of health care services.	4.18	4.03	4.33
4	My experience with the behaviour of the health care service provider.	4.12	3.99	4.67
5	The belief I have concerning the right treatment of illness provided by the organisation.	4.11	3.99	4.50
6	The maintenance of patient privacy by the healthcare organisation.	3.95	4.02	4.50
7	The aroma/odor of the healthcare organisation.	3.55	3.73	3.83
8	My view about the effective verbal communication of the healthcare service provider.	4.01	4.02	3.83
9	My knowledge about the cleanliness of heath care organisation surroundings.	4.03	4.08	4.33
10	My interpretation of the tone of voice of the health care service provider.	3.85	3.86	4.17
11	My personality determines how I view the health care services provided.	4.18	4.10	4.17

Source: Researcher's Field Survey, 2016

Table 4.2.8e shows the result of the level of agreement by the customers of how the buyers' psychological factors moderate the relationship between customer experience management and loyalty based on their marital status. This result reveals that experience with the behaviour of the health care service providers for those respondents in the divorced category has the highest mean scores of 4.67, followed by the perception of customers about the reliability of the services provided, belief about right treatment, and maintenance of patient privacy with mean scores of 4.50 for the same category of respondents. Those that were married and the singles' were of the opinion that the perception of customers about the

reliability of the services provided with mean scores of 4.14 and 4.21, respectively moderated most this relationship. This result is an indication that in spite of the marital status of the respondents, they all agreed with the statements concerning how buyers' psychological factors moderate the relationship between customer experience management and loyalty in the healthcare sector of the study area.

4.2.9 CUSTOMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON THE EMPLOYMENT STATUS OF RESPONDENTS

TABLE 4.2.9a: Customers' perception of the roles of functional clues on repeat purchase across employment status of the respondents

S/N	Components of Functional Clues and Repeat Purchase	Student	Employer	Employee
		Mean scores	Mean scores	Mean scores
1	The reliability of the health care services.	3.96	4.03	4.07
2	The competence of the health care service.	4.15	4.06	4.17
3	The right diagnosis of the health care organisation.	4.08	4.11	4.07
4	Administration of the right treatment by the health care organisation.	4.09	4.07	4.02
5	The assured service of the health care organisation.	3.99	3.97	4.08
6	The procedures of the health care services.	3.81	3.88	3.85
7	The reliability of the continuous services.	3.87	4.01	4.07
8	The efficacy of the health care service.	3.97	4.07	3.93
9	The self-reliance of the health care service organisation.	3.96	3.94	3.99
10	The practicality of the healthcare services.	4.01	3.99	3.79

Source: Field Survey, 2016

The analysis of customers' responses on the role of functional clues on repeat purchase actions based on the employment status of the respondents is presented in Table 4.2.9a. The result (Table 4.2.9a.) reveals positive responses on all the statements related to this and all the statements show mean scores greater than the 3.01 on a 5-likert type scale. The findings on this show that the customers of all the hospitals irrespective of their employment status gave positive responses to the statements on the roles functional clues in eliciting repeat purchase actions from customers. However, there are differences on which aspect of functional clues have the most influence on repeat purchase actions among the students,

employers and employees. Whereas the student and the employees viewed the competence of the healthcare service providers as playing the most significant role, the employers rated the right diagnosis as playing the most important role in eliciting repeat purchase actions from healthcare customers.

TABLE 4.2.9b: Customers' perception of the influence of mechanic clues on brand insistence of healthcare service

S/N	**Components of Mechanic Clues and Brand Insistence**	**Student**	**Employer**	**Employee**
		Mean scores	**Mean scores**	**Mean scores**
1	The physical appearance of the health care organisation	4.05	4.07	4.04
2	The conducive ambience of the health care organisation	4.01	4.03	3.93
3	The furniture and fitting of the health care organisation	3.57	3.73	3.66
4	The facilities of the health care organisation.	4.16	4.12	3.98
5	The lighting of the health care organisation.	4.03	3.81	4.02
6	The cleanliness of the health care organisation.	4.19	4.33	4.25
7	The comfort of the health care lobby/reception area.	3.94	4.16	4.00
8	The convenient location of the health care organisation.	3.89	4.07	3.95
9	The aroma of the health care organisation	3.34	3.55	3.50

Source: Field Survey, 2016

The perceptions of the customers on the influence of mechanic clues on brand insistence was also investigated across the three categories of respondents based on their employment status. Based on the result presented in Table 4.2.9b, it is evident that irrespective of the occupation of respondents, they share views on the influence of mechanic clues on brand insistence. The result shows positive responses on all the nine statements related to the influence of mechanic clues on brand insistence and all the items mean scores have more than the 3.01 on a 5-likert type scale. Interestingly, among the students, employers and employees' respondents, cleanliness of the healthcare facilities with mean scores of 4.19, 4.33 and 4.25, respectively, emerged as the component of mechanic clues that has the most influence on brand insistence in healthcare services in the four hospitals sampled in this study.

TABLE 4.2.9c: Customers' perception of the influence of humanic clues on switching restraint

S/N	Components of Humanic Clues and Switching Restraint	Student	Employer	Employee
		Mean scores	Mean scores	Mean scores
1	The friendly actions of the health care service providers.	4.20	4.12	4.13
2	The caring expression of the health care service providers.	4.09	4.22	4.01
3	The tone of voice of the health care service provider pleases me.	4.16	3.84	3.95
4	The body language of the health care service provider.	3.77	3.61	3.78
5	The respect and courtesy from the health care service provider.	4.08	4.10	4.06
6	The neatness of the health care service provider fascinates me.	4.08	4.22	4.14
7	The responsiveness of the health care service provider.	4.07	3.91	3.79
8	The mindfulness of the health care service provider.	4.13	4.03	3.91
9	The understanding of the health care service provider.	4.27	4.09	3.94

Source: Field Survey, 2016

The result in Table 4.2.9c reveals the influence of humanic clues on switching restraints. The result shows positive responses on all the nine statements related to this. In fact, all the nine items have greater mean scores than the 3.01 on a 5-likert type scale. Findings in Table 4.2.9c concerning the students' view reveal that healthcare service providers should pay special attention to understanding their patient as it has a mean score of 4.27. For the employers, they need to give special attention to the caring expression and the neatness of the healthcare service providers, both of which has mean scores of 4.22; and for the employees, emphasis should be given to friendly attitudes by the service providers to prevent this category of customers from switching to other healthcare service providers.

TABLE4.2.9d: Customers' perception of the relationship between customer experience and customer satisfaction

S/N	Components of Customer Experience and Satisfaction	Student	Employer	Employee
		Mean scores	Mean scores	Mean scores
1	The reliability of the health care services makes me contented.	4.21	4.21	4.05
2	The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.	4.14	4.22	4.00
3	The right treatment of illness by the health care organisation.	4.32	4.27	4.06
4	The effective verbal communication of the health care service enhances my gratification.	4.00	4.22	4.03
5	The non-verbal communication of the health care service enhances my gratification.	3.64	3.60	3.69
6	Respecting my wishes makes me satisfied.	4.08	4.00	3.90
7	Showing professionally appropriate behaviour by the health care service provider delights me	4.14	4.19	4.18
8	Maintaining patient privacy enhances customer's trust.	4.20	4.36	4.09
9	The aroma of the health care organisation makes me satisfied	3.68	3.87	3.75
10	The cleanliness of the health care organisation satisfies me	4.19	4.22	4.01

Source: Field Survey, 2016

The study also investigated the customers' views on the relationship between their experience and satisfaction with healthcare services based on their employment status. The result in Table 4.2.9d reveals that the respondents with different educational backgrounds have similar response pattern on the relationship between their experience and satisfaction with the healthcare services. The result shows positive responses concerning all the statements on this as all the mean scores are more than the 3.01 on a 5-likert type scale. However, Findings in Table 4.2.9d show that there are differences among the three categories of respondents on which aspects of captures most the relationship between customer experience and satisfaction with healthcare services in the four private hospitals investigated in this study.

TABLE 4.2.9e: Customers' perception of how their psychological factors moderate the relationship between CEM & loyalty.

S/N	Components of Buyers' Psychological Factor on the Relationship between CEM and Loyalty	Student	Employer	Employee
		Mean scores	Mean scores	Mean scores
1	My perception about the reliability of services provided	4.20	4.24	4.13
2	My interpretation of the right diagnosis of illness.	4.08	4.19	4.01
3	My motivation about the quality of health care services.	4.25	4.06	4.01
4	My experience with the behaviour of the health care service provider.	4.12	4.09	3.99
5	The belief I have concerning the right treatment of illness provided by the organisation.	4.14	3.99	4.00
6	The maintenance of patient privacy by the healthcare organisation.	3.89	4.09	4.02
7	The aroma/odor of the healthcare organisation.	3.53	3.72	3.73
8	My view about the effective verbal communication of the healthcare service provider.	3.98	4.03	4.02
9	My knowledge about the cleanliness of heath care organisation surroundings.	4.03	4.16	4.05
10	My interpretation of the tone of voice of the health care service provider.	3.88	3.81	3.87
11	My personality determines how I view the health care services provided.	4.24	4.09	4.09

Source: Researcher's Field Survey, 2016

Table 4.2.9e shows the result of the level of agreement by the customers of how the buyers' psychological factors moderate the relationship between customer experience management and loyalty based on their employment status. This result (Table 4.2.9e) reveals that the employer and the employee category of respondents were of the opinion that the perception of customers about the reliability of the services provided with mean scores of 4.24 and 4.13, respectively moderated most this relationship. Furthermore, this result reveals that their motivation about the quality of health care services for those respondents in the students' category has the highest mean scores of 4.25. This result is an indication that in spite of the employment status of the respondents, they all agreed with the statements concerning how buyers' psychological factors moderate the relationship between customer experience management and loyalty in the healthcare sector of the study area.

4.2.10 CONSUMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON CLASS OF CUSTOMERS

TABLE 4.2.10a: Customers' perception of the roles of functional clues on repeat purchase

Components of Functional Clues and Repeat Purchase	Corporate Customer	Private Individual
	Mean scores	Mean scores
The reliability of the health care services.	3.94	4.17
The competence of the health care service.	4.04	4.30
The right diagnosis of the health care organisation.	4.04	4.15
Administration of the right treatment by the health care organisation.	4.03	4.07
The assured service of the health care organisation.	3.99	4.11
The procedures of the health care services.	3.84	3.85
The reliability of the continuous services.	3.94	4.12
The efficacy of the health care service.	3.91	4.05
The self-reliance of the health care service organisation.	3.92	4.05
The practicality of the healthcare services.	3.80	4.00

Source: Researcher's Field Survey, 2016

Table 4.2.10a shows that both the corporate customer and private individual have a similar response pattern to the roles of functional clues on repeat purchase. The Table also reveals positive responses concerning all the statements related to the roles of functional clues on repeat purchase as all the mean scores are more than the 3.01 on a 5-likert type scale. These findings pointed out that the class of customers with the organisation makes no significant difference as they are likely to make a repeat purchase as a result of the competence of the healthcare service delivery. Findings from the Table 4.2.10a reveal that class of customers with the organisation have the same view on the roles functional clues plays in eliciting repeat purchase behaviour of the customers. As both corporate customer and private individual are likely to react similarly to functional clues as delivered by the organisation.

TABLE 4.2.10b: Customers' perception of the influence of mechanic clues on brand insistence

Components of Mechanic Clues and Brand Insistence	Corporate Customer	Private Individual
	Mean scores	Mean scores
The physical appearance of the health care organisation	4.05	4.06
The conducive ambience of the health care organisation	3.94	4.01
The furniture and fitting of the health care organisation	3.69	3.59
The facilities of the health care organisation.	3.98	4.15
The lighting of the health care organisation.	4.07	3.85
The cleanliness of the health care organisation.	4.19	4.32
The comfort of the health care lobby/reception area.	4.00	4.03
The convenient location of the health care organisation.	3.96	3.95
The aroma of the health care organisation	3.47	3.46

Source: Researcher's Field Survey, 2016

The Table 4.2.10b was designed to measure respondents' opinion on the effect on mechanic clues on brand insistence based on class of customers. From the result revealed and shown in Table 4.2.10b, it is obvious that both corporate customers and private individuals have a similar response pattern on the influence of mechanic clues on brand insistence. The Table also reveals positive responses concerning all the statements related to the influence of mechanic clues on brand insistence as all the mean scores are more than the 3.01 on a 5-likert type scale. These findings in (Table 4.2.10b) indicate that both classes of customers are likely to insist on brand as a result of the cleanliness of the healthcare organisation as both corporate and private customers viewed it as playing the most significant influence on brand insistence with the highest mean scores of 4.19 and 4.32 respectively.

TABLE 4.2.10c: Customers' perception of the influence of humanic clues on switching restraint

Components of Humanic Clues and Switching Restraint	Corporate Customer	Private Individual
	Mean scores	Mean scores
The friendly actions of the health care service providers.	4.09	4.23
The caring expression of the health care service providers.	4.02	4.14
The tone of voice of the health care service provider pleases me.	4.11	3.79
The body language of the health care service provider.	3.73	3.77
The respect and courtesy from the health care service provider.	4.08	4.07
The neatness of the health care service provider fascinates me.	4.12	4.18
The responsiveness of the health care service provider.	3.89	3.88
The mindfulness of the health care service provider.	3.90	4.11
The understanding of the health care service provider.	4.05	4.07

Source: Researcher's Field Survey, 2016

Result in Table 4.2.10c underscore how humanic clues influence switching restraint based on respondents' status with the firm. The result reveals positive responses on all the statements related to the influence of humanic clues on switching restraint as all the mean scores are greater than 3.01 on a 5-likert type scale. These findings show that the corporate customer are of the opinion that the neatness of the health care service providers plays most significant role with a mean score of 4.12, while the private customers viewed the friendly actions of the healthcare service providers as playing the most significant role in influencing their switching restraint to the organisation with the highest mean score of 4.23.

TABLE 4.2.10d: Relationship between customer experience and customer satisfaction in the health care sector

Components of Customer Experience and Satisfaction	Corporate Customer	Private Individual
	Mean scores	Mean scores
The reliability of the health care services makes me contented.	4.04	4.25
The right diagnosis of illness by the health care organisation makes me completely happy	4.00	4.20
The right treatment of illness by the health care organisation enhances my relief.	4.05	4.34
The effective verbal communication of the health care service enhances my gratification.	3.97	4.19
The non-verbal communication of the health care service enhances my gratification.	3.63	3.70
Respecting my wishes makes me satisfied.	3.85	4.13
Showing professionally appropriate behaviour by the health care service provider delights me	4.14	4.21
Maintaining patient privacy enhances customer's trust.	4.13	4.22
The aroma of the health care organisation makes me satisfied	3.75	3.76
The cleanliness of the health care organisation satisfies me	4.00	4.24

Source: Researcher's Field Survey, 2016

The result in Table 4.2.10d highlight the customers' perception of the relationship between customer experience and satisfaction based on category of customers with the firm. The result in Table 4.2.10d reveals positive responses concerning all the statements related to the relationship between customer experience and satisfaction as all the mean scores are more than the 3.01 on a 5-likert type scale. However, These findings signify that the corporate customers are of the view that showing professionally appropriate behaviour by the health care service providers (4.14) has the most influence on satisfaction whereas, the private customers considered the reliability of the healthcare services with mean scores of 4.25 as an aspect of customer experience with the most influence on satisfaction. This is an indication that both categories of customers are likely to be satisfied with the service of the organisation as a result of customer experience strategies employ by the organisation.

TABLE 4.2.10e: How buyers' psychological factors moderate the relationship between CEM & customer loyalty.

Components of Buyers' Psychological Factors on the Relationship between CEM and Loyalty	Corporate Customer	Private Individual
	Mean scores	Mean scores
My perception about the reliability of services provided	4.11	4.26
My interpretation of the right diagnosis of illness.	3.99	4.17
My motivation about the quality of health care services.	3.97	4.25
My experience with the behaviour of the health care service provider.	4.03	4.06
The belief I have concerning the right treatment of illness provided by the organisation.	3.98	4.11
The maintenance of patient privacy by the healthcare organisation.	3.94	4.10
The aroma/odor of the healthcare organisation.	3.64	3.72
My view about the effective verbal communication of the healthcare service provider.	3.94	4.12
My knowledge about the cleanliness of heath care organisation surroundings.	4.02	4.13
My interpretation of the tone of voice of the health care service provider.	3.84	3.89
My personality determines how I view the health care services provided.	4.10	4.18

Source: Researcher's Field Survey, 2016

The Table 4.2.10e was designed to find out how the buyers' psychological factors moderate the relationship between customer experience management and customer loyalty based on respondents' status with the firms. From the result revealed and presented, it is obvious that both corporate customer and private individual have similar response pattern on how the buyers' psychological factors moderate the relationship between customer experience management and customer loyalty as the Table also revealed positive responses concerning all the statements related to how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty. Based on the result presented in Table 4.2.10e, it is evident that both customers considered their perception about the reliability of the services provided by the organisation as most significant in moderating their experience and loyalty. The survey research indicates that buyers' psychological factors moderate the relationship between customer experience management and loyalty with customers' perception as the highest predictor.

4.2.11: CONSUMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON THE HOSPITAL OF THE RESPONDENT (SUMMARY OF MEAN)

4.2.11a: The Role of Functional Clues in Eliciting Repeat Purchase Actions from Customer of Healthcare Service Firm

Functional clues have been described as the technical quality of the healthcare offering, revealing the reliability and competence of the service (Berry *et al.*, 2006). In order to ascertain the role of functional clues on repeat purchase actions, this research study specify the first objective of examining the role of functional clues on repeat purchase actions, that is, *"to determine the role of functional clues in eliciting repeat purchase actions from customer of healthcare service firms".*

In order to actualize this objective, the study raised the first research question which can be restated as follows:

Research Question 1: *"What role do functional clues play in eliciting repeat purchase actions from customers in healthcare service firms".* In order to obtain answers this question, responses were requested from the healthcare customers and experts.

Table 4.2.11a: Role of functional clues on repeat purchase

S/N	Statements	LGH	RDTH	EKOH	STNH
		Mean Score	Mean Score	Mean Score	Mean Score
1	The reliability of the health care services.	3.93	4.38	3.66	4.17
2	The competence of the health care service.	4.24	4.49	3.73	4.13
3	The right diagnosis of the health care organisation.	4.12	4.18	3.89	4.14
4	Administration of the right treatment by the health care organisation.	4.09	4.31	3.66	4.14
5	The assured service of the health care organisation.	4.11	4.26	3.72	4.06
6	The procedures of the health care services.	3.78	4.20	3.51	3.89
7	The reliability of the continuous services.	3.99	4.36	3.67	4.03
8	The efficacy of the health care service.	3.88	4.37	3.59	4.03
9	The self-reliance of the health care service organisation.	4.11	4.22	3.53	4.03
10	The practicality of the healthcare services.	3.91	4.09	3.52	4.01

Source: Field Survey, 2016
KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,
EKOH = EKO Hospital; STNH = St. Nicholas Hospital

The analysis of the customers' responses on the role of functional clues on repeat purchase actions reveals positive responses concerning all the statements related to the roles of functional clues on repeat purchase actions as all the mean scores are more than the 3.01 on a 5-linkert point scale. The findings on the above table show that the customer of all the hospitals gave positive responses to the statement. Based on the reliability of the health care services, the mean score range from 3.93 for Lagoon hospital, 4.38 for Reddington Hospital, 3.66 for EKO Hospital and 4.17 for St. Nicholas Hospital. Although they all have a positive response, however, Reddington Hospital has the highest mean score of 4.38, followed by St. Nicholas hospital, this means that the respondents of Reddington and St. Nicholas highly consider the reliability of the healthcare services received from the organisation as the bases for their repeat purchase actions. The survey research finding is in harmony with prior study carried out by Donnelly *et al.* (2008), who revealed that functional clues has a significant association with customer loyalty in the tourism industry. The current state of healthcare services in Nigeria entails that conscious and plan efforts be established to maintain the role which functional clues play in enhancing repeat patronage of the healthcare organisation.

Table 4.2.11b: Influence of mechanic clues on brand insistence

S/N	Statements	LGH	RDTH	EKOH	STNH
		Mean Score	Mean Score	Mean Score	Mean Score
2	The conducive ambience of the health care organisation	3.98	4.01	3.88	4.01
3	The furniture and fitting of the health care organisation	3.59	3.82	3.43	3.75
4	The facilities of the health care organisation.	4.09	4.16	3.93	4.02
5	The lighting of the health care organisation.	4.11	3.94	4.00	3.88
6	The cleanliness of the health care organisation.	4.27	4.48	4.00	4.24
7	The comfort of the health care lobby/reception	3.99	4.21	3.72	4.14
8	The convenient location of the health care organisation.	3.91	4.15	3.84	3.94
9	The aroma of the health care organisation	3.38	3.85	3.42	3.22

Source: Field Survey, 2016

KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,
EKOH = EKO Hospital; STNH = St. Nicholas Hospital

The Table 4.2.11b was designed to measure respondents' opinion on the effect of mechanic clues on brand insistence based on the hospital of the respondents. From the result presented in Table 4.2.11b, it is evident that all the sampled respondents from the four hospitals gave positive responses concerning all the statements related to the effect of mechanic clues on brand insistence as all the mean scores are more than the 3.01 on a 5-linkert point scale. As clearly seen from the table above, every of the mean scores is on the high side of the measure signifying that, on the average, the respondents viewed the cleanliness, conducive ambience, the physical appearance of the healthcare organisation, furnishings, building design, displays, equipment, colours, smells, sounds, and lighting during their stay in the hospital very positive.

TABLE 4.2.11c: Influence of humanic clues on switching restraint

S/N	Statements	LGH	RDTH	EKOH	STNH
		Mean Score	Mean Score	Mean Score	Mean Score
2	The caring expression of the health care service providers.	3.98	4.26	3.83	4.23
3	The tone of voice of the health care service provider pleases me.	4.33	4.19	3.68	3.73
4	The body language of the health care service provider.	3.66	4.01	3.54	3.77
5	The respect and courtesy from the health care service provider.	4.20	4.24	3.72	4.16
6	The neatness of the health care service provider fascinates me.	4.13	4.27	3.92	4.25
7	The responsiveness of the health care service provider.	3.97	4.03	3.57	3.99
8	The mindfulness of the health care service provider.	4.07	4.20	3.64	4.04
9	The understanding of the health care service provider.	4.12	4.22	3.75	4.13

Source: Field Survey, 2016

KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,

EKOH = EKO Hospital; STNH = St. Nicholas Hospital

Result in Table 4.2.11c underscores how humanic clues influence switching restraint based on the hospital of the respondents. From the result presented in Table 4.2.11c, it is evident that the respondents have positive responses concerning all the statements related to the influence of humanic clues on switching restraint as all the mean scores are more than 3.01

on a 5-linkert point scale. These findings show that the customers of the organisation restrain switching to another organisation as a result of the actions, behaviour and expressions of the employees of the health care organisation in all the hospitals.

TABLE 4.2.11d: Relationship between customer experience and customer satisfaction in the health care sector

S/N	Statements	LGH	RDTH	EKOH	STNH
		Mean Score	Mean Score	Mean Score	Mean Score
2	The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.	4.03	4.42	3.83	4.05
3	The right treatment of illness by the health care organisation enhances my relief.	4.18	4.39	3.83	4.27
4	The effective verbal communication of the health care service enhances my gratification.	4.01	4.26	3.83	4.14
5	The non-verbal communication of the health care service enhances my gratification.	3.60	3.88	3.50	3.67
6	Respecting my wishes makes me satisfied.	3.97	4.21	3.60	4.09
7	Showing professionally appropriate behaviour by the health care service provider delights me	4.09	4.36	3.92	4.31
8	Maintaining patient privacy enhances customer's trust.	4.14	4.30	4.00	4.23
9	The aroma of the health care organisation makes me satisfied	3.64	4.04	3.70	3.65
10	The cleanliness of the health care organisation satisfies me	4.01	4.35	3.88	4.16

Source: Field Survey, 2016

KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,

EKOH = EKO Hospital; STNH = St. Nicholas Hospital

The above table 4.2.11d was designed to find out the relationship between customer experience and customer satisfaction based on the hospital of the respondents. From the result revealed and presented on the above table, it is evident that all the sampled respondents have a similar response pattern of the relationship between customer experience and customer satisfaction. The table also revealed positive responses concerning all the statements related to the relationship between customer experience and customer

satisfaction as all the mean scores are more than 3.01 on a 5-linkert point scale. These findings indicate that the reliability of the healthcare service delivery has a straight relationship with customer satisfaction showing the highest mean score of 4.44 out of all the statement and in all the hospitals. Therefore, the relationship between customer experience and customer satisfaction is direct..

TABLE 4.2.11e: How buyers' psychological factors moderate the relationship between CEM & customer loyalty.

S/N	Statements	LGH	RDTH	EKOH	STNH
		Mean Score	Mean Score	Mean Score	Mean Score
2	My interpretation of the right diagnosis of illness.	4.16	4.31	3.72	4.06
3	My motivation about the quality of health care services.	4.08	4.30	3.82	4.14
4	My experience with the behaviour of the health care service provider.	4.05	4.27	3.80	4.04
5	The belief I have concerning the right treatment of illness provided by the organisation.	4.02	4.29	3.82	4.01
6	The maintenance of patient privacy by the healthcare organisation.	3.97	4.18	3.95	3.92
7	The aroma/odor of the healthcare organisation.	3.51	3.90	3.65	3.66
8	My view about the effective verbal communication of the healthcare provider.	3.95	4.24	3.78	4.10
9	My knowledge about the cleanliness of heath care organisation surroundings.	4.04	4.24	3.91	4.09
10	My interpretation of the tone of voice of the health care service provider.	3.87	4.11	3.77	3.70
11	My personality determines how I view the health care services provided.	4.18	4.28	3.86	4.21

Source: Field Survey, 2016

KEY: LGH = Lagoon Hospital; RDTH= Reddington Hospital,

EKOH = EKO Hospital; STNH = St. Nicholas Hospital

The above Table 4.2.11e was designed to find out how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty based on the hospital of the respondents. From the findings on the above table, it is obvious that all the sampled respondents have similar response pattern. The Table also revealed positive responses concerning all the statements related to all to the research objective as the mean scores are more than 3.01 on a 5-linkert point scale. The findings show that buyers'

psychological factors moderate the relationship between customer experience management and customer loyalty in all the hospitals. It must be noted here that despite the fact that all other variable moderate the relationship between customer experience management and loyalty. Perception serve as the strongest predictor of the relationship because it has the highest mean score of 4.35 compare to all other statements.

4.2.12: CONSUMERS' PERCEPTION OF RESEARCH OBJECTIVES BASED ON PATRONAGE EXPERIENCE (SUMMARY OF MEAN)

TABLE 4.2.12a: Roles of functional clues on repeat purchase

S/N	Statements	1-5yrs	6-10yrs	11-15yrs	16yrs+
		Mean Score	Mean Score	Mean Score	Mean Score
1	The reliability of the health care services.	4.01	4.19	3.64	3.94
2	The competence of the health care service.	4.12	4.18	4.18	4.24
3	The right diagnosis of the health care organisation.	4.08	4.13	3.91	4.00
4	Administration of the right treatment by the health care organisation.	4.02	4.09	4.09	4.12
5	The assured service of the health care organisation.	4.02	4.02	4.23	4.12
6	The procedures of the health care services.	3.78	4.00	3.77	3.82
7	The reliability of the continuous services.	4.05	4.03	3.68	3.82
8	The efficacy of the health care service.	3.89	4.11	3.82	4.24
9	The self-reliance of the health care service organisation.	3.88	4.11	4.09	4.12
10	The practicality of the healthcare services.	3.79	4.08	3.86	3.88

Source: Field Survey, 2016

Based on the table 4.2.12a, it is clear that the analysis of customers' responses on the role of functional clues on repeat purchase actions based on patronage experience of the respondents revealed positive responses concerning all the statements related to the roles of functional clues on repeat purchase actions as all the mean scores are more than the 3.01 on a 5-linkert point scale. The findings on the Table showed that the customer of all the hospitals gave positive responses to all the statement but with special reference to the competence of the healthcare and the efficacy of the healthcare services which gave the highest mean score of 4.24 for 16 and above patronage experience, followed by the assured services of the healthcare organisation which gave a mean score of 4.23 for 11-15 years

patronage experience. This findings pointed out that those customers with more patronage experience responded in similar way to the role of functional clues on repeat purchase.

TABLE 4.2.12b: Influence of mechanic clues on brand insistence

S/N	Statements	1-5yrs	6-10yrs	11-15yrs	16yrs+
		Mean Score	Mean Score	Mean Score	Mean Score
1	The physical appearance of the health care organisation	4.06	4.07	3.95	4.00
2	The conducive ambience of the health care organisation	4.02	3.86	3.95	4.06
3	The furniture and fitting of the health care organisation	3.73	3.57	3.50	3.29
4	The facilities of the health care organisation.	4.05	4.11	3.77	4.00
5	The lighting of the health care organisation.	3.94	3.90	4.82	4.00
6	The cleanliness of the health care organisation.	4.25	4.25	3.95	4.47
7	The comfort of the health care lobby/reception area.	4.01	4.08	3.59	4.18
8	The convenient location of the health care organisation.	3.95	4.01	3.82	3.94
9	The aroma of the health care organisation	3.53	3.42	3.36	3.06

Source: Field Survey, 2016

The above Table 4.2.12b was designed to measure respondents' opinion on the effect on mechanic clues on brand insistence based on patronage experience. From the result revealed and presented in the above table, it is evident that the patronage experience of the rsepondents have similar response pattern on the effect of mechanic clues on brand insistence. The Table also reveals positive responses concerning all the statements related to the effect of mechanic clues on brand insistence as all the mean scores are more than the 3.01 on a 5-linkert point scale. These findings indicated that the lighting of the healthcare organisation should be focused upon as it gave the highest mean score of 4.82 based on the respondents that have been with the organisation for 11-15 years, followed by the cleanliness of the healthcare organisation with a mean score of 4.47 from the respondents that have been with the organisation for 16 years and above.

TABLE 4.2.12c: Influences of humanic clues on switching restraint

S/N	Responses	1-5yrs	6-10yrs	11-15yrs	16yrs+
		Mean Score	Mean Score	Mean Score	Mean Score
1	The friendly actions of the health care service providers.	4.15	4.15	4.27	3.88
2	The caring expression of the health care service providers.	4.08	4.06	4.09	4.06
3	The tone of voice of the health care service provider pleases me.	4.07	3.81	3.95	3.88
4	The body language of the health care service provider.	3.73	3.70	4.09	3.76
5	The respect and courtesy from the health care service provider.	4.01	4.18	4.09	4.29
6	The neatness of the health care service provider fascinates me.	4.11	4.23	4.09	4.12
7	The responsiveness of the health care service provider.	3.87	4.01	3.50	3.82
8	The mindfulness of the health care service provider.	4.00	4.00	3.73	4.00
9	The understanding of the health care service provider.	4.02	4.16	3.95	4.00

Source: Field Survey, 2016

Result in Table 4.2.12c highlighted how humanic clues influence switching restraint based on the patronage experience of the respondents. From the result revealed and shown in the Table, it is evident that all the respondents have similar response pattern on the influence of humanic clues on switching restraint. The Table also revealed positive responses concerning all the statements related to the influence of humanic clues on switching restraint as all the mean scores are more than the 3.01 on a 5-linkert point scale. Findings from the Table 4.2.12c concerning those customers that have patronized the hospital for 16 years above revealed that healthcare service provider should have respect and courtesy for their customers as it revealed a mean score of 4.29, followed by the view of those customers that have patronized the hospital for 11 to 15 years, which state that the health care service providers should be friendly as it revealed a mean scores of 4.27.

TABLE 4.2.12d: Relationship between customer experience and customer satisfaction in the health care sector

S/N	Statements	1-5yrs	6-10yrs	11-15yrs	16yrs+
		Mean Score	Mean Score	Mean Score	Mean Score
1	The reliability of the health care services makes me contented.	4.16	4.15	3.82	3.88
2	The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.	4.07	4.12	3.95	4.12
3	The right treatment of illness by the health care organisation enhances my relief.	4.20	4.17	4.00	3.82
4	The effective verbal communication of the health care service enhances my gratification.	4.07	4.04	4.00	4.06
5	The non-verbal communication of the health care service enhances my gratification.	3.74	3.49	3.36	4.12
6	Respecting my wishes makes me satisfied.	3.99	3.97	3.82	3.82
7	Showing professionally appropriate behaviour by the health care service provider delights me	4.18	4.19	3.86	4.35
8	Maintaining patient privacy enhances customer's trust.	4.15	4.29	4.00	3.88
9	The aroma of the health care organisation makes me satisfied	3.81	3.70	3.68	3.47
10	The cleanliness of the health care organisation satisfies me	4.08	4.15	3.95	4.24

Source: Field Survey, 2016

The above Table 4.2.12d was designed to investigate the relationship between customer experience and customer satisfaction based on patronage experience of the respondents. Going by the result revealed, it is evident that all the respondents have similar response pattern on the relationship between customer experience and customer satisfaction. The Table also revealed positive responses concerning all the statements related to the relationship between customer experience and customer satisfaction as all the mean scores are more than the 3.01 on a 5-linkert point scale. These findings showed that those customers that have patronized the hospital for 6-10 years are of the opinion that maintaining patient privacy enhances their customers' trust, followed by those that have patronized the hospital for 16 years and above stating that the cleanliness of the healthcare service organisation lead to satisfaction.

TABLE 4.2.12e: How buyers' psychological factors moderate the relationship between CEM & customer loyalty.

S/N	Statements	1-5yrs Mean Score	6-10yrs Mean Score	11-15yrs Mean Score	16yrs+ Mean Score
1	My perception about the reliability of services provided	4.19	4.18	4.05	4.00
2	My interpretation of the right diagnosis of illness.	4.03	4.13	4.18	3.88
3	My motivation about the quality of health care services.	4.09	4.06	4.09	4.18
4	My experience with the behaviour of the health care service provider.	4.03	4.08	3.91	4.12
5	The belief I have concerning the right treatment of illness provided	4.03	4.04	4.05	4.00
6	The maintenance of patient privacy by the healthcare organisation.	3.97	4.12	3.77	3.94
7	The aroma/odor of the healthcare organisation.	3.74	3.62	3.64	3.24
8	My view about the effective verbal communication of the healthcare provider	4.02	4.07	3.91	3.76
9	My knowledge about the cleanliness of heath care organisation surroundings.	4.08	4.05	4.00	4.12
10	My interpretation of the tone of voice of the health care service provider.	3.85	3.88	3.82	3.88
11	My personality determines how I view the health care services provided.	4.12	4.18	4.05	4.00

Source: Field Survey, 2016

The Table 4.2.12e was designed to find out how the buyers' psychological factors moderate the relationship between customer experience management and customer loyalty based on patronage experience of the respondents. This Table revealed that the consumer perception about the reliability of healthcare services provided for those respondents that have patronized the hospital for 1-5 years have the highest mean score of 4.19, this was followed by the motivation of customer with a mean score of 4.18. Given the totality of the result, it is an indication that the patronage experience of the respondents agreed or strongly agreed with all the variables concerning how buyers' psychological factors moderate the relationship between customer experience management and customer loyalty.

4.2.13 VARIATION IN PERCEPTION ACROSS DEMOGRAPHIC CHARCTERISTCS OF RESPONDENTS BASED ON THE OBJECTIVES

Table 4.2.13a: Variation in Perception of the Customers on the Role of Functional Clues on Repeat Purchase by the Respondents

Test Statistics[a,b]

	Gender	Age	Educational Qualification	Marital status	Employment status	Class of customers	Hospitals patronized	Years of Patronage Experience
Chi-Square	12.351	13.149	14.299	10.710	6.009	5.080	5.267	11.102
Df	4	4	4	4	4	4	4	4
Asymp. Sig.	.015	.011	.006	.030	.198	.279	.261	.025

a. Kruskal Wallis Test

b. Grouping Variable: Repeat purchase

Using repeat purchase as the dependent variable and the personal profiles (attribute) of the respondents (gender, age, educational qualification, marital status, employment status, class of customers, hospitals patronized and patronage experience of the customer) as the independent variables, Kruskal Wallis Test was carried out to examine factors responsible for the observed result on the role of functional clues on repeat purchase. The test showed that difference in the perception of the customers on the role of functional clues on repeat purchase by employment status (λ^2 = 6.009, df=4, P>0.05), class of customers (λ^2 = 5.080, df=4, P>0.05), hospital patronized (λ^2 = 5.267, df=4, P>0.05) are not statistically significant. This means that the difference in the perception of the customers on the role of functional clues on repeat purchase actions are not due to employment status, class of customers and the hospital patronized by the customers. The result also revealed that the variance in the opinion of the consumers on the role of functional clues on repeat purchase by gender (λ^2 = 12.351, df=4, P<0.05), age (λ^2 = 13.149, df=4, P<0.05), educational background (λ^2 = 14.299, df=4, P<0.05), marital status (λ^2 = 10.710, df=4, P<0.05), and patronage experience (λ^2 = 11.102, df=4, P<0.05) are statistically significant. This implies that the differences in the perception of the customer on the role of functional clues on repeat purchase can be linked to differences in gender, age, educational qualifications and years of patronage experience of the respondents.

Table 4.2.13b: Variation in Perception of the Customers on the Influence of Mechanic Clues on Brand Insistence by the Respondents

Test Statistics[a,b]

	Gender	Age	Educational Qualification	Marital status	Employment status	Class of customers	Hospitals patronized	Years of Patronage Experience
Chi-Square	3.567	8.667	10.208	7.090	8.188	4.058	1.250	2.753
Df	4	4	4	4	4	4	4	4
Asymp. Sig.	.468	.070	.037	.131	.085	.398	.870	.600

a. Kruskal Wallis Test

b. Grouping Variable: Brand insistence

Using brand insistence as the dependent variable and the personal profile (attributes) of the respondents (gender, age, educational qualification, marital status, employment status, class of customers, hospitals patronized and years of patronage experience of the customer) as the independent variables. Kruskal Wallis Test was carried out to investigate and identify what accounted for the variation in the customers' perception of the influence of mechanic clues on brand insistence. The test showed that difference in the perception of customer on the effect of mechanic clues on brand insistence by gender ($\lambda^2 = 3.567$, df=4, P>0.05), age ($\lambda^2 = 8.667$, df=4, P>0.05), marital status ($\lambda^2 = 7.090$, df=4, P>0.05), employment status ($\lambda^2 = 8.188$, df=4, P>0.05), class of customers ($\lambda^2 = 4.058$, df=4, P>0.05), hospital patronized ($\lambda^2 = 1.250$, df=4, P>0.05) and years of patronage experience ($\lambda^2 = 2.753$, df=4, P>0.05) are not statistically significant. This means that the variance in the opinion of consumers on the influence of mechanic clues on brand insistence are not due to the variation in gender, age, marital status, employment status, class of customers, hospitals patronized and years of patronage experience of the customers. However, the result also revealed that the difference in the perception of the customers on the influence of mechanic clues on brand insistence by educational qualification ($\lambda^2 = 10.208$, df=4, P<0.05) is statistically significant. This implies that the differences in the perception of the customers on the influence of mechanic clues on brand insistence can be linked to the different levels of educational qualifications of the respondents that participated in the surveys.

Table 4.2.13c: Variation in Perception of the Customers on the Influence of Humanic Clues on Switching Restraint

Test Statistics[a,b]

	Gender	Age	Educational Qualification	Marital status	Employment status	Class of customers	Hospitals patronized	Years of Patronage Experience
Chi-Square	1.315	16.391	15.856	10.986	7.673	3.259	5.623	1.488
Df	4	4	4	4	4	4	4	4
Asymp. Sig.	.859	.003	.003	.027	.104	.516	.229	.829

a. Kruskal Wallis Test

b. Grouping Variable: Switching restraint

Using switching restraint as the dependent variables and the personal attributes of the respondents (gender, age, educational qualifications, marital status, employment status, class of customers, hospitals patronized and years of patronage experience of the customer) as the independent variables. Kruskal Wallis Test was carried out to investigate differences in the perception of the influence of humanic clues on switching restraints. The test showed that difference in the perception of customer on the influence of humanic clues on switching restraint by gender (λ^2 = 1.315, df=4, P>0.05), employment status (λ^2 = 7.673, df=4, P>0.05), class of customers (λ^2 = 3.259, df=4, P>0.05), hospital patronized (λ^2 = 5.623, df=4, P>0.05) and years of patronage experience (λ^2 = 1.488, df=4, P>0.05) are not statistically significant. This means that the difference in the perception of customers on the influence of humanic clues on switching restraint of customers are not due to the differences in gender, employment status, class of customers, hospital patronized and the years of patronage experience of the customers. On the other hand, the result revealed that the variance in the opinion of consumers on the influence of humanic clues on switching restraint by age (λ^2 = 16.391, df=4, P<0.05), educational qualifications (λ^2 = 15.856, df=4, P<0.05), and marital status (λ^2 = 10.986, df=4, P<0.05) are statistically significant. This implies that the difference in the perception of the customers on the influence of humanic clues on switching restraint can be linked to the variation in age, educational qualifications and marital status of the customer.

Table 4.2.13d: Variation in Perception of the Customers on the Relationship between Customer Experience and Satisfaction

Test Statistics[a,b]

	Gender	Age	Educational Qualification	Marital status	Employment status	Class of customers	Hospitals patronized	Years of Patronage Experience
Chi-Square	6.165	11.007	1.308	4.832	5.889	7.416	5.892	4.144
Df	4	4	4	4	4	4	4	4
Asymp. Sig.	.187	.026	.860	.305	.208	.115	.207	.387

a. Kruskal Wallis Test

b. Grouping Variable: Customer satisfaction

Using customer satisfaction as the dependent variable and the personal characteristics of the respondents (gender, age, educational qualifications, marital status, employment status, class of customers, hospitals patronized and years of patronage experience of the customer) as the independent variables. Kruskal Wallis Test was carried out to examine what might have accounted for the variation in perception of the relationship between customer experience and satisfaction with healthcare services in the four hospitals sampled. The test showed that difference in the perception of the customers on the relationship between customer experience and satisfaction by gender ($\lambda^2 = 6.165$, df=4, P>0.05), educational qualifications ($\lambda^2 = 1.308$, df=4, P>0.05), marital status ($\lambda^2 = 4.832$, df=4, P>0.05), employment status ($\lambda^2 = 5.889$, df=4, P>0.05), class of customers ($\lambda^2 = 7.416$, df=4, P>0.05), hospital patronized ($\lambda^2 = 5.892$, df=4, P>0.05) and years of patronage experience ($\lambda^2 = 4.144$, df=4, P>0.05) are not statistically significant. This means that the difference in the perception of customers on the relationship between customer experience and customer satisfaction are not due to differences in gender, educational qualifications, marital status, employment status, class of customers, hospitals patronized and the years of patronage experience of the customer. The result however revealed that the variances in the opinion of the consumers on the relationship between customer experience and customer satisfaction by age ($\lambda^2 = 11.007$, df=4, P<0.05) is statistically significant. This implies that the differences in the perception of customer on the relationship between customer experience and customer satisfaction can be linked to the age differences of the consumers.

Tables 4.2.13e: Variation in Perception of the Customers on the Moderating role of Buyers' Psychological Factors in the Relationship between Customer Experience Management and Loyalty

Test Statistics[a,b]

	Gender	Age	Educational Qualification	Marital status	Employment status	Class of customers	Hospitals patronized	Years of Patronage Experience
Chi-Square	5.127	5.010	16.454	1.194	7.599	8.148	.741	4.299
Df	4	4	4	4	4	4	4	4
Asymp. Sig.	.274	.286	.002	.879	.107	.086	.946	.367

a. Kruskal Wallis Test

b. Grouping Variable: buyer's psychological factor

Using buyers' psychological factors as the dependent variable and the personal characteristics of the respondents (gender, age, educational qualifications, marital status, employment status, class of customers, hospitals patronized and years patronage experience of the customers) as the independent variables. Kruskal Wallis Test was carried out to investigate the factors responsible for the variation in perception on the moderation role of buyers' psychological factors on the relationship between CEM and loyalty. The test shows that difference in the perception of the customers on the moderating role of buyers' psychological factors in the relationship between customer experience management and customer loyalty by gender (λ^2 = 5.127, df=4, P>0.05), age (λ^2 = 5.010, df=4, P>0.05), marital status (λ^2 = 1.194, df=4, P>0.05), employment status (λ^2 = 7.599, df=4, P>0.05), class of customers (λ^2 =8.148, df=4, P>0.05), hospital patronized (λ^2 = .741, df=4, P>0.05) and the years of patronage experience (λ^2 = 4.299, df=4, P>0.05) are not statistically significant. This means that the difference in the perception of customers on the moderating role of buyers' psychological factors in the relationship between customer experience management and customer loyalty are not due to differences in gender, age, marital status, employment status, class of customers, hospitals patronized and the years of patronage experience of the customers. The result also revealed that the difference in the perception of customer on the moderating role of buyers' psychological factors in the relationship between customer experience management and customer loyalty by educational background (λ^2 = 16.454, df=4, P<0.05) is statistically significant. This implies that the differences in the perception of the customers on the moderating role of buyers' psychological factors in the relationship between customer

experience management and customer loyalty can be linked to the differences educational qualifications among the respondents in the survey.

4.2.14 Analysis of the Responses to Open Ended Questions

The open ended questions aspect of the questionnaire was analyzed using descriptive statistics. The respondents were asked to indicate other ways healthcare organisations can improve the experience of their customers that will lead to customer loyalty. The result is presented in Table 4.2.14a.

Table 4.2.14a: How to Improve the Experiences of Customers by Healthcare Organisation that will lead to Customer Loyalty

s/n	Themes	Frequency	Percent(%)	Ranking
1.	Timely/quick response to customers	40	14.2	1
2.	Good relationship with customers	32	11.3	2
3.	Respect for customers by service provider	27	9.6	3
4.	Ensure delivery of maximum customer satisfaction	26	9.2	4
5.	Consistence cleanliness of the environment	21	7.5	5
6.	Saving life before money should be the healthcare organisation's priority	17	6.1	6
7.	Patience and listening to customers	15	5.3	7
8.	Adequate quality control measures	13	4.7	8
9.	Creating conducive environment	11	3.9	9
10.	Adequate modern healthcare facilities	10	3.5	10
11.	Private keeping of customer's information	9	3.2	11
12.	Effective communication	9	3.2	11
13.	Doing it right the first time	9	3.2	11
14.	Reduction of hospital bills	8	2.8	12
15.	Training and retraining of service providers	8	2.8	12
16.	Regular check up on patient via phone calls	7	2.5	13
17.	Introduction of e-healthcare modern equipment	6	2.1	14
18.	Free medicine to children from 1-5 years	6	2.1	14

19.	Avoidance of favouritism in service delivery	4	1.4	15
20.	Provision of dedicated toll free numbers for customers to call	4	1.4	15

Source: Researcher's Field Survey, 2016

The result presented in Table 4.2.14a reveals that a majority of the customers 40(14.2%) indicated that timely and quick response to customers can help healthcare organisations to improve the experience of their customers leading to customer loyalty. This is followed by good relationship with customers 32(11.3 %), respect for customers by service provider 27(9.6%), ensuring delivery of maximum customer satisfaction 26(9.2%), and consistency in cleanliness of the environment 21(7.5%).

4.3 TEST OF HYPOTHESES

Research hypotheses are seen as answers to the research questions, and as such, they have to be tested to know if they should be accepted or rejected. There are five hypotheses stated and tested in this study. Testing of theses hypotheses and their final interpretation helped the researcher to know what final decision should be taken.

Test of Hypothesis No 1

The first hypothesis of this study was formulated based on the research question and objective no 1

Research Question One (RQ1) is:

What roles do functional clues play in eliciting repeat purchase actions of customers in healthcare service firms in Nigeria?

Research Objective One (RO1) is:

To determine the roles of functional clues in eliciting repeat purchase actions from consumer of healthcare service firms in Nigeria.

Research Hypothesis One (H_1) is:

Functional clues do not play any significant role in eliciting repeat purchase actions of customers in the healthcare service firms in Nigeria.

The categorical regression analysis and analysis of variance were employed to test the hypothesis. This study employed the categorical regression analysis because the data is the combination of ordinal and nominal data. This was used to examine the predictive capabilities of functional clues on repeat purchase actions of customers in the four private hospitals investigated in this research.

Decision Rule for the Analysis

The significance level below 0.05 illustrates the confidence level of 95%. Hence, under this condition, we reject the null (H_0) hypothesis once P-value is less than or equals to 0.05, while we accept the alternate (H_1) hypothesis.

Table 4.3.1a is the regression model summary of the roles of the functional clues in eliciting repeat purchase actions by customers in the healthcare organisations sampled.

From the result as presented in Table 4.3.1a, it is evident that the model having $R^2 = 0.705$ explains around 71% of variance in the respondents' perception of the role of functional clues in eliciting repeat purchase of healthcare services in the four hospitals sampled.

TABLE 4.3.1a: Model Summary[a] of the Role of Functional Clues in Repeat Purchase

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.840	.705	.692	.295

Predictors: (Constant), Functional Clues: The assured service ,the reliability of the health care services, the right diagnosis, administration of the right treatment and the competence of the health care service

Dependent variable: Repeat purchase

Source: Researcher's Field Survey, 2016

Table 4.3.1b is the ANOVA of the regression analysis of the roles of functional clues on repeat purchase. It is evident from the result (Table 4.3.1b) that the regression model has F (16,348) = 52.029 and P < 0.000. This means that the null hypothesis (H_0) is rejected since P-value is less than 0.05. Consequently, from Table 4.3.1b the functional clues are statistically significant to repeat purchase actions.

Table 4.3.1b : ANOVA[b] of the Role of Functional Clues in Repeat Purchase

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	257.398	16	16.087	52.029	.000
Residual	107.602	348	.309		
Total	365.000	364			

Predictors: (Constant), Functional clues

Dependent Variable: Repeat purchase

Table 4.3.1c: Regression Coefficients of the Role of Functional Clues in Repeat Purchase

Table 4.3.1c: Coefficients					
	Standardized Coefficients				
Independent Variables	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The reliability of the health care services	.083	.113	1	.536	.465
The competence of the health care service	.328	.152	4	4.636	.001*
The right diagnosis of the health care organisation	.296	.157	3	3.564	.014*
Administration of the right treatment by the health care organisation	.130	.109	4	1.418	.227
The assured service of the health care organisation	.249	.143	4	3.018	.018*
Dependent Variable: Repeat Purchase					

* Significant predictors

Source: Researcher's Field Survey, 2016

Examination of the results in Table 4.3.1c revealed that three factors emerged as the significant predictors and contributed most to explaining the role of functional clues in eliciting repeat purchase actions by the customers sampled. These predictors are the competence of the healthcare services providers, the right diagnosis by the healthcare service providers and the assured services of the healthcare organisation. These three predictors have the following p-value (0.001, 0.014 and 0.018, respectively). Table 4.3.1c, also shows that the competence of the healthcare service organisation having the highest beta value of (β = .328) contribute most to explaining the role of functional clues in repeat purchase of healthcare services. This is followed by the right diagnosis of the healthcare organisation (*beta* = .296) and the assured service of the healthcare organisation (*beta* = .249) respectively. This means that the competence of the healthcare service makes the strongest unique contribution to explaining repeat purchase actions of customers than the other variables investigated in this research.

The research also investigated which aspects of functional clues predict repeat purchase actions by customers from the perspective of the healthcare experts and managers. This was done by carrying out CATREG analysis and the model summary is shown in Table 4.3.1d. It is evident from Table 4.3.1d that with $R^2 = 0.615$ explained around 62% of variance in the experts' views on the role of functional clues on repeat purchase of healthcare services by the customers.

Table 4.3.1d: Model Summary

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.784	.615	.588	.385

Predictors: (Constant), The competence of our health care team, The efficacy of the drugs dispensed to patients, The quality of our health care services, The reliability of our health care

Dependent variable: Repeat purchase

Source: Researcher's Field Survey, 2016

The ANOVA of the regression model is also presented in Table 4.3.1e. It is also evident from the result (Table 4.3.1e) that the regression model has $F(8,115) = 22.921$ is significant with $P < 0.005$. Again, this means that the null hypothesis (H_0) is rejected as we accept the alternative hypothesis.

Table 4.3.1e: ANOVA[a]

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	76.207	8	9.526	22.921	.000
Residual	47.793	115	.416		
Total	124.000	123			

a. Predictors: (Constant), Functional clues

Dependent Variable: Repeat purchase

Source: Researcher's Field Survey, 2016

Table 4.3.1f: Coefficients of Regression Analysis of the Role of Functional Clues on Repeat Purchase by Health Care Experts

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The reliability of our health care facilities	.156	.153	2	1.029	.361
The efficacy of the drugs dispensed to patients	.455	.098	3	21.388	.000*
The quality of our health care services	.261	.100	2	6.828	.002*
The competence of our health care team.	.307	.078	1	15.604	.000*
Dependent Variable: Repeatpurchase					

* Significant predictors

Source: Researcher's Field Survey, 2016

Table 4.3.1f shows the coefficients of the regression analysis of the healthcare experts opinion on the roles of functional clues on repeat purchase by customers of the four hospitals investigated. The result in Table 4.3.1f reveals that three factors, namely: the efficacy of the drugs dispensed to patients, the quality of healthcare services and the competence of the healthcare team emerged as the aspects of functional clues to predict the repeat purchase actions of customers of the healthcare organisations. Further, based on the beta values of those predictors as shown in Table 4.3.1f it is also evident that the efficacy of the drugs dispensed to patients with the highest beta value of (β = .455) contributes mostly in explaining repeat purchase actions by customers. This is followed by the competence of the healthcare team (*beta* = .307) and the quality of our health care services (*beta* = .261). This means that healthcare experts in the hospital believe that the efficacy of the drugs dispensed to patients by the healthcare organisation makes the strongest unique contribution in influencing the repeat purchase actions of customers.

Test of Hypothesis 2

The second hypothesis was formulated based on the research question and research objective two of the study

Research Question 2 is:

How does the mechanic clue influence the brand insistence of customers in the health care service sector of Nigeria?

Research Objective 2:

To investigate whether mechanic clues of health care service influence the brand insistence of customers in the health care sector of Nigeria.

Research Hypothesis 2

Mechanic clues do not have significant influence on the brand insistence of customers in the health care sector in Nigeria.

Decision rule for analysis

The significance level below 0.05 illustrates the confidence level of 95%. Hence, under this condition the null (H_0) hypothesis is rejected once P-value is less than or equals to 0.05 while we accept the alternate (H_1) hypothesis.

In testing this hypothesis from the customers' perspective CATREG analysis was conducted using brand insistence as the dependent variable and mechanic clues as the independent variables. The result in Table 4.3.2a shows that the model has $R^2 = 0.517$, F (16,348) = 23.284 and P < 0.000. This means that model explains around 52% of the variance on the customers' perception of the influence of mechanic clues on brand insistence in the four private hospitals investigated.

Table 4.3.2a: Regression effects of mechanic clues on brand insistence of customers in the healthcare service firms in Nigeria (Customers' perspective)

Table 4.3.2a: Model Summary of Mechanic Clues on Brand Insistence

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.719	.517	.495	.483

Predictors: (Constant), Mechanic Clues: The lighting of the health care organisation, the conducive ambience, the facilities of the health care organisation, the furniture and fitting and the physical appearance of the health care organisation.
Dependent Variable: Brand Insistence

Source: Researcher's Field Survey, 2016

Table 4.3.2b is the ANOVA of the regression analysis of the influence of mechanic clues on brand insistence. It is evident from the result (Table 4.3.2b) that the regression model has F (16,348) = 23.284 and P < 0.000. This means that the null hypothesis (H_0) is rejected since P-value is less than 0.05. Consequently, from Table 4.3.2b the mechanic clues are statistically significant to brand insistence.

Table 4.3.2b: ANOVA of Mechanic Clues on Brand Insistence

Model	Sum of Squares	Df	Mean Square	F	ig.
Regression	188.718	16	11.795	23.284	.000
Residual	176.282	348	.507		
Total	365.000	364			

Predictors: (Constant), Mechanic Clues

Dependent Variable: Brand Insistence

Source: Researcher's Field Survey, 2016

Table 4.3.2c: Coefficients of Regression Analysis of the Influence of Mechanic Clues on Brand Insistence of healthcare customers

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The physical appearance of the health care organisation.	.180	.095	3	3.605	.014*
The conducive ambience of the health care organisation	.242	.239	3	1.026	.381
The furniture and fitting of the health care organisation	.251	.117	3	4.655	.003*
The facilities of the health care organisation.	.216	.121	4	3.167	.014*
The lighting of the health care organisation.	.207	.104	3	3.999	.008*
Dependent Variable: Brand insistence					

* Significant predictors

Source: Researcher's Field Survey, 2016

The model in Table 4.3.2c, revealed that the furniture and fitting of the health care organisation had more statistical significance in predicting brand insistence of customers, recording the highest beta value of (β = .251) contributes most in explaining brand insistence by customers. This is followed by the facilities of the health care organisation (*beta* = .216), the physical appearance of the health care organisation (*beta* = .180) and the lighting of the health care organisation (*beta* = .207). This means that the customers of the healthcare organisations believe that furniture and fitting of the health care organisation makes the strongest unique contribution in explaining brand insistence.

Table 4.3.2: Regression effects of mechanic clues on brand insistence of customers in the healthcare service firms in Nigeria (Healthcare Experts' Perspective)

Table 4.3.2d shows the combined influence of the independent variables (the adequacy of our health care facilities, the physical esthetics of our health care facility, the furniture and fitting of the healthcare organisation, the conducive ambience of our health care organisation.) on brand insistence (the dependent variable) of healthcare service customers. Based on the result, the mechanic clues made significant joint influence on the brand insistence of healthcare service customers (R=0.926). Also, the Table gives the R^2value to be 0.858 indicating that the total contribution or influence made by all the independent variables was 85.8%. This signifies that the mechanic clues had significant joint influence on the brand insistence of healthcare service customers.

Table 4.3.2d: Model Summary

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.926	.858	.845	.142

a. Predictors: (Constant), The adequacy of our health care facilities The physical esthetics of our health care facility, The furniture and fitting of the healthcare organisation, The conducive ambience of our health care organisation.

Dependent Variable: Brand Insistence

Source: Researcher's Field Survey, 2016

The result in the Table 4.3.2e establishes that the composite influence of the functional clues did not occur by chance as it gives the F-ratio value of 68.092 which signifies the strength of the three independent variables (under the mechanic clues) as potent predictors of brand insistence of healthcare service customers.

Table 4.3.2e:ANOVA

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	106.351	10	10.635	68.092	.000
Residual	17.649	113	.156		
Total	124.000	123			

Predictors: (Constant), Mechanic Clues

Dependent Variable: Brand Insistence

Source: Researcher's Field Survey, 2016

Table 4.3.2f: Coefficients

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The physical esthetics of our health care facility.	-.226	.186	2	1.480	.232
The conducive ambience of our health care organisation.	.672	.290	3	5.379	.002*
The furniture and fitting of our health care organisation	.694	.217	3	1.840	.001*
The adequacy of our health care facilities.	.210	.252	2	.697	.500
Dependent Variable: Brand Insistence					

* Significant predictors

Source: Researcher's Field Survey, 2016

The result in the Table 4.3.2f shows the healthcare experts opinion on the influence of mechanic clues on brand insistence and it reveals that the furniture and fitting of the health care organisation had more statistical significance in predicting brand insistence of customers, recording the highest beta value of (β = .694) contributes mostly in explaining the influence of mechanic clues on brand insistence of customers. This is followed by the conducive ambience of the health care organisation (*beta* = .674). This means that the furniture and fitting of the health care organisation makes the strongest unique contribution in explaining brand insistence of customers.

Test of Hypothesis 3

The third hypothesis was formulated based on research question and research objective

Research Question 3

In what ways do humanic clues affect customers switching restraint in health care sector of Nigeria?

Research Objective 3

To examine the extent to which the humanic clues affect the switching restraint of customers in the health care sector of Nigeria.

Research Hypothesis 3

Humanic clues do not have significant effect on switching restraints of customers in the health care sector of Nigeria.

Decision rule for analysis

The significance level below 0.05 illustrates the confidence level of 95%. Hence, under this condition the null (H_0) hypothesis is rejected once P-value is less than or equals to 0.05 while we accept the alternate (H_1) hypothesis.

Table 4.3.3a: Is the regression model summary of the role of the humanic clues on switching restraint of customers in the healthcare organisation sampled.

From the result presented in Table 4.3.3a, the R Square tells how much of the variance in the dependent variable (Switching restraint) is explained by the model (Humanic Clues: the respect and courtesy, tone of voice, friendly actions, body language, caring expression). Here, the R Square value of .994 is stated as a percentage; this implies that the model (humanic clues) elucidates 99.4% of the variance on brand insistence. This is very reasonable result when compare to some outcome that are reported in the journals

Table 4.3.3a: Model Summary of the Influence of Humanic Clues on Switching Restrain

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.997	.994[a]	.993	.006

Predictors: (Constant), Humanic clues: the respect and courtesy, tone of voice, friendly actions, body language, caring expression

Dependent variable: Switching Restraint

Source: Researcher's Field Survey, 2016

The Table 4.3.3b shows the ANOVA of the regression analysis of the influence of humanic clues on switching restraints. It is evident from the result (Table 4.3.3b) that the regression model have F (19, 345) = 2852.966 and P < 0.000. This means that the null hypothesis (H_0) is rejected since P-value is less than 0.05. Consequently, from Table 4.3.3b the humanic clues are statistically significant to switching restraint.

Table 4.4.3b: ANOVA[a] of the Influence of Humanic Clues on Switching Restraint

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	362.692	19	19.089	2852.966	.000
Residual	2.308	345	.007		
Total	365.000	364			

Predictors: (Constant), Humanic clues

a. Dependent Variable: Switchingrestraint

Source: Researcher's Field Survey, 2016

Table 4.3.3c: Regression Coefficients[a] of the Influence of Humanic Clues on Switching Restraint

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	df	F	Sig.
The friendly actions of the health care service providers.	.284	.057	4	25.085	.000*
The caring expression of the health care service providers.	.290	.108	4	7.273	.000*
The tone of voice of the health care service provider.	.341	.041	5	67.889	.000*
The body language of the health care service provider.	.320	.046	4	47.400	.000*
The respect and courtesy from the health care service provider.	-.006	.018	2	.102	.903
Dependent Variable: Switchingrestraint					

* Significant predictors

Source: Researcher's Field Survey, 2016

The result of the model in Table 4.3.3c, shows that the tone of voice of the healthcare service provider having the highest beta value of (β = .341) contribute mostly to explaining the influence of humanic clues on switching restraints of healthcare services. This is followed by the body language of the healthcare service provider (*beta* = .320), the caring expression of the service providers (*beta* = .290) and the friendly actions of the service providers scale (*beta* = .284). This means that the healthcare customers of the organisations believe that the tone of voice of the healthcare service provider makes the strongest unique contribution to explaining switching restraint of customers.

Table 4.3.3: The effects of humanic clues on switching restraint of customers in the healthcare service firms in Nigeria (Healthcare Experts Perspective)

Table 4.3.3d shows the combined effect of the independent variables (The tone of voice of the health care service provider, the health care service providers are friendly, the behaviour of the health care service provider is consistently positive, the health care service providers are consistently caring) on switching restraint (the dependent variable) of healthcare service customers. Based on the result (Table 4.3.3d), the Table gives the R^2value to be 0.779 indicating that the total contribution or influence made by all the independent variables is 77.9%. This signifies that the humanic clues had significant joint influence on the switching restraint of healthcare service customers.

Table 4.3.3d: Model Summary

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.883	.779	.762	.221

Predictors: (Constant), The tone of voice of the health care service provider, The health care service providers are friendly, The behaviour of the health care service provider is consistently positive, The health care service providers are consistently caring
Dependent Variable: Switchingrestraint
Source: Researcher's Field Survey, 2016

The ANOVA of the regression model is also presented in Table 4.3.3e. It is evident from the result (Table 4.3.3e) that the regression model has F (9,114) = 44.646 is significant with P-value 0.005. This means that the null hypothesis is rejected as we accpt the alternate hypothesis. Again, the result in the Table 4.3.3e further establishes that the composite influence of the functional clues did not occur by chance as it gives the F-ratio value of 44.646 which signifies the strength of the three independent variables (under the humanic clues) as potent predictors of switching restraint of healthcare service customers.

Table 4.3.3e: ANOVA

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	96.595	9	10.733	44.646	.000
Residual	27.405	114	.240		
Total	124.000	123			

Predictors: (Constant), Humanic clues
Dependent Variable: Switchingrestraint
Source: Researcher's Field Survey, 2016

Table 4.3.3f:Coefficients

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The behaviour of the health care service provider.	.294	.171	2	2.952	.056
The health care service providers are friendly	.012	.120	1	.010	.920
The health care service providers are consistently caring	.317	.193	3	2.698	.049*
The tone of voice of the health care service providers.	.486	.231	3	4.442	.005*
Dependent Variable: switching restraint					

* Significant predictors
Source: Researcher's Field Survey, 2016

The result in the Table 4.3.3f shows the healthcare experts opinion on the influence of humanic clues on switching restraint. The result (Table 4.3.3f) reveals that the tone of voice of the healthcare service provider had more statistical significance in predicting switching restraint of customers, recording the highest beta value of (β = .486) than other variables: the healthcare service provider consistent caring (*beta* = .317). This means that the

healthcare experts are of the opinion that the tone of voice of the healthcare service provider makes the strongest unique contribution to explaining switching restraint of customers.

Test of Hypothesis 4

The fourth hypothesis was formulated based on the research question and research objective

Research Question 4

Is there any significant relationship between customer experience and customer satisfaction in the health care sector in Nigeria?

Research Objective 4

To examine the relationship between customer experience and customer satisfaction in the health care sector in Lagos, Nigeria

Derived from the above research question and research objective is the stated hypothesis in null form

Research Hypothesis 4

H_o: There is no significant relationship between customer experience and customer satisfaction.

In order to test for the trend and strength of the relationships between the two variables in hypothesis four above, Categorical Regression (CATREG) analysis was employed to find out the degree of relationship that exists between customer experience and customer satisfaction.

Table 4.3.4a: The R Square tells how much of the variance in the dependent variable (customer satisfaction) is described by the model (Customer experience: The reliability of services; the right diagnosis of illness; the right treatment of illness; the effective verbal communication and the non-verbal communication). Here, the R Square value .555 is stated as a percentage; this means that the model (Customer experience) explains 55.5% of the variance on customer satisfaction. This is very reasonable result when compare to some outcome that are reported in the journals

Table 4.3.4a: Model Summary of the Relationship between Customer Experience and Satisfaction

Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
.745	.555	.535	.445

Predictors: The reliability of the health care services; the right diagnosis of illness by the health care organisation; the right treatment of illness by the health care organisation; the effective verbal communication of the health care service and he non-verbal communication of the health care service.

Dependent Variable: Customer satisfaction

The ANOVA of the regression model is also presented Table 4.3.4b. It is evident from the result (Table 4.3.4b) that the regression model has F (16,348) = 27.176 is significant with P<0.0005. This means that the null hypothesis (H_0) is rejected as we accept the alternate hypothesis.

Table 4.3.4b: ANOVA of the Relationship between Customer Experience and Satisfaction

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	202.740	16	12.671	27.176	.000
Residual	162.260	348	.466		
Total	365.000	364			

Predictors: (Constant), Customerexperience
Dependent Variable: Customersatisfaction
Source: Researcher's Field Survey, 2016

Table 4.3.4c: Coefficients of Regression Analysis of the Relationship between Customer Experience and Satisfaction

	Standardized Coefficients				
	Beta	Bootstrap (1000) Estimate of Std. Error	Df	F	Sig.
The reliability of the health care services.	.196	.093	3	4.432	.004*
The right diagnosis of illness by the health care organisation.	.260	.095	4	7.488	.000*
The right treatment of illness by the health care organisation.	.135	.221	3	1.136	.034*
The effective verbal communication of the health care service provider.	.153	.105	3	2.125	.097
The non-verbal communication of the health care service provider.	.248	.088	3	7.986	.000*
Dependent Variable: Customersatisfaction					

*Significant predictors

Source Researcher's Field Survey, 2016

The Table 4.3.4c shows the coefficients of the regression analysis of the relationship between customer experience and satisfaction by customers of the four hospitals investigated. The result in Table 4.3.2c reveals that four factors namely: the right diagnosis of illness, the non-verbal communication of the health care service provider, the reliability of the health care services and the right treatment of illness emerged as the aspects of customer experience that have positive relationship with customer satisfaction. Furthermore, based on the beta values of those predictors as shown in Table 4.3.4c. It is evident that right diagnosis of illness by the health care organisation with the highest beta value of (β = .260) contributes most in the relationship between customer experience and satisfaction. This is followed by non-verbal communication of the health care service provider (*beta* = .248), the reliability of the health care services (*beta* = .196) and the right treatment of illness by the health care organisation (*beta* = .135). This means that the healthcare customers believe that the right diagnosis of illness by the health care organisation makes the strongest unique contribution in predicting customer satisfaction.

Test of Hypothesis 5

The fifth hypothesis was formulated based on research question and research objective

Research Question 5

To what extent can buyer's psychological characteristics moderate the relationship between customer experience management and customer loyalty.

Research Objective 5

To ascertain whether buyer's psychological characteristics moderate the relationship between customer experience management and customer loyalty in the healthcare sector.

Research Hypothesis 5

There is no significant moderating effect of buyers' psychological factors on the relationship between customer experience management and customer loyalty

Decision rule for analysis

The significance level below 0.05 illustrates the confidence level of 95%. Hence, under this condition, we reject the null (H_0) hypothesis once P-value is less than or equals to 0.05 while we accept the alternate (H_1) hypothesis.

4.3.5: Regression effects of the moderating role of buyer's psychological characteristics

Table 4.3.5a: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.679[a]	.461	.460	.47228	.461	310.464	1	363	.000
2	.772[b]	.596	.594	.40933	.135	121.245	1	362	.000

Predictors: (Constant), Customer Experience

Predictors: (Constant), Customer Experience, Buyers' Psychological Factor

Dependent Variable: Customer Loyalty

Source: Researcher's Field Survey, 2016

Table 4.3.5b: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	69.249	1	69.249	310.464	.000[b]
	Residual	80.967	363	.223		
	Total	150.216	364			
2	Regression	89.564	2	44.782	267.276	.000[c]
	Residual	60.653	362	.168		
	Total	150.216	364			

Dependent Variable: Customer Loyalty

Predictors: (Constant), Customer Experience

Predictors: (Constant), Customer Experience, Buyers' Psychological Factor

Source: Researcher's Field Survey, 2016

Table 4.3.5c: Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
(Constant)	1.147	.166		6.926	.000					
Customerexperience	.718	.041	.679	17.620	.000	.679	.679	.679	1.000	1.000
(Constant)	.352	.161		2.191	.029					
Customerexperience	.355	.048	.336	7.356	.000	.679	.361	.246	.535	1.870
Buyerpsychologicalfactor	.561	.051	.503	11.011	.000	.732	.501	.368	.535	1.870

a. Dependent Variable: Customerloyalty

Source: Researcher's Field Survey, 2016

The hierarchical multiple regression analysis was employed to appraise the influence of buyer's psychological factors to predict the levels of customer loyalty, after controlling the influence of customer experience. Preliminary analyses were carried out so as to be sure no infringement of the assumptions of linearity, homoscedasticity, normality and multi-collinearity. The above Table 4.3.5a, customer experience was keyed in at step 1, describing 46.1% of the variance in customer loyalty. After the keying in of buyer's psychological factors scale in the step 2 in Table 4.3.5b, the overall variance described by the model in total was 59.4%, $F(2,362) = 267,276$, $P < .001$. Buyer's psychological factors described an additional 13.5% of the variance in customer loyalty after controlling for customer experience. R square change = .135, F change (1,362) = 121.245, $p < .001$. In the last model in Table 4.3.5c, buyer's psychological factors was statistically significant, having a scale of beta value of (beta = .503, $P < .001$). This means that buyer's psychological factors made a unique contribution in moderating the relationship between customer experience and

customer loyalty. The implication of this finding is that despite the well-laid plans by the organisation to deliver branded customer experience, there are specific parts of the experience that the organisation cannot control, these are the individual perception, motivation, learning and belief/attitudes because they are the internal variable of the customer which can either alter or accept the customer experience. This findings support the study carried out by Zeithaml and Bitner, (2000) who established that service quality depends totally on the perception of the customer about the service provided during the time of service delivery.

Table 4.4: SUMMARY OF FINDINGS

RESEARCH TOPIC: CUSTOMER EXPERIENCE MANAGEMENT AND LOYALTY IN HEALTHCARE SECTOR: A STUDY OF SELECTED PRIVATE HOSPITALS IN LAGOS STATE, NIGERIA

RESEARCH QUESTION	HYPOTHESES	VARIABLES	STATISTICAL TOOLS USED	FINDINGS	LITERATURE LINK
RQ1: What roles do functional clues play in eliciting repeat purchase actions of customers in healthcare service firms in Nigeria?	**Hypothesis 1** **H_{01}:** Functional clues do not play any significant role in eliciting repeat purchase actions by customers in the healthcare service firms in Nigeria.	**Functional clues** The assured service, the reliability of the healthcare services, the right diagnosis, the administration of the right treatment and the competence of the healthcare service. **Repeat purchase**	Categorical Regression analysis, which measures the nature of relationships and contributions of variables to a system of equation was used to test the hypothesis. This method accommodates the nominal and ordinal variables. .	The findings from hypothesis one reveals that functional clues in healthcare organisation have a positive influence on repeat purchase actions of customers. i.e. 70.5% of the variability in functional clues can be described by factors such as repeat purchase actions. Therefore, the null hypothesis was rejected and the alternate accepted.	This finding agrees with the work of **Sarwar, Abbasi** and **Pervaiz(2012)** who found out that the confidence customers have for the organisation is strongly correlated with customer loyalty in Pakistani cellular service companies. Also a study carried out by **Berry *et al.* (1994)** revealed that reliability is the capacity to accomplish the assured service consistently and correctly. Besides, in choosing services, no consumer is interested in patronizing a service that is considered unreliable.
RQ2: How does the mechanic clue influence the brand insistence of customers in the healthcare service sector of Nigeria	**Hypothesis 2** **H_{02}:** Mechanic clues do not have significant influence on brand insistence of customer in the healthcare sector of Nigeria	M**echanic clues** The lighting , the conducive ambience, the facilities, the furniture and fitting and the physical appearance. **brand insistence**	Categorical Regression analysis, which measures nature of relationship and contributions of variables to a system of equation was used to test the hypothesis.	The result reveals that mechanic clues have positive influence on brand insistence. Therefore, the null hypothesis was rejected and the alternate accepted.	This finding corroborates the finding of various scholars who have agreed based on different studies carried out that mechanic clues have a powerful influence on consumer's behavioural intents and loyalty (Cronin, 2003; Foxall and Greenley, 1999; Foxall and Yani-de- Soriano, 2005).
RQ3: In what ways do humanic clues affect customers switching restraint	**Hypothesis 3** **H_{03}:** Humanic clues do not have a significant effect on switching restraint of customers	**Humanic clues** The respect and courtesy, tone of voice, friendly actions, body	Categorical Regression analysis, which measures the nature of relationship and contributions of	It was found that humanic clues have significant positive effects on switching restraint. Therefore, the null	This findings support the studies carried out by different authors which revealed that service providers' behaviour influence the perception of the

in health care sector in Nigeria?	in the health care sector in Nigeria.	language, caring expression **switching restraint**	variables to a system of equation was used to test the hypothesis.	hypothesis was rejected and the alternate was accepted.	consumer about the service. (Bitner, 1992; Parasuraman *et al.*, 1985; Zeithaml, Berry, and Parasuraman, 1996).
RQ4: Is there any significant relationship between customer experience and customer satisfaction in the health care sector of Nigeria?	**Hypothesis 4** **H_{04}:** There is no significant relationship between customer experience and customer satisfaction	**Customer experience** The reliability of service, the right diagnosis of illness, the right treatment of illness, the effective verbal and nonverbal communication **Customer Satisfaction**	Categorical Regression analysis, which measures nature of relationship and contributions of variables to a system of equation was used to test this hypothesis.	The regression model reveals that a positive relationship exists between customer experience and customer satisfaction. Therefore, the alternate hypothesis was accepted and null rejected	This study agrees with what Richard and Ronald (2008) observed in their work that managing the experience of the customers between the health care service providers and their customer is a very vital tool for ensuring customer satisfaction.
RQ4: To what extent can buyer's psychological characteristics moderate the relationship between customer experience management and customer loyalty.	**Hypothesis 5** **H_{05}:**There is no significant moderating effect of buyers' psychological factors on the relationship between customer experience management and customer loyalty	**Buyer's psychological factors** Perception, motivation, personality, belief/attitudes **Customer Experience Management** **Customer Loyalty**	The hierarchical multiple regression analysis was employed to appraise the influence of buyer's psychological factors to predict the levels of customer loyalty, after controlling the influence of customer experience. This is showed at R^2=.594, df=364 at 0.000 significant level.	The finding from hypothesis five shows that buyer's psychological characteristics moderate the relationship between customer experience and customer loyalty. Therefore, the null hypothesis was rejected and the alternate accepted.	This finding is in support of the theory of buyer behaviour by Howard and Sheth (1969) which proposed that the decision making process of the consumers varies based on the strength of the consumer's perception of the brands/services available. This study also provides support to Zeithaml and Binter (2000) who established that the service quality depends totally on the perception of the customer about the service provided during the time of service delivery.

Source: Researcher's Field Survey, 2016

CHAPTER FIVE
DISCUSSION

5.0 Preamble

The research is focused mainly on identifying and investigating the major determinants of customer loyalty. The review of literature pointed out that customer experience management is a key determining factor of customer loyalty and it can be classified into three, which are: functional clues, mechanic clues and humanic clues. Furthermore, the buyers' psychological characteristics which are also determinants of customer loyalty were discovered to moderate the relationship between customer experience management and customer loyalty. These determinants were used to develop the conceptual model for the study as presented in Fig. 2.6. The general objective of this thesis was to explore the effect of customer experience management on loyalty in the health care sector in Lagos, Nigeria, with a view to examining the moderating role of buyers' psychological characteristics in the relationship between customer experience management and customers' loyalty. This chapter discusses in detail the findings of the study. The discussion is based on the research objectives and hypotheses tested.

5.1 The Roles of Functional Clues in Repeat Purchase by Customers of Healthcare Service Firms

The hypothesis on the role of functional clues was discussed based on the findings of the study and the review of literature.

As noted in chapter one and two of this thesis, "Functional clues are concerned with the technical quality of services offered by the service providers to the customers. Functional clues are the "what" of the service experience, revealing the reliability and competence of the service. Anything that indicates or suggests the technical quality of the service—its presence or absence—is a functional clue" (Berry *et al.*, 2006: 44). As found in the review of literature, functional clues represent the quality of service since they are the reason why the consumer goes to the marketplace (Berry *et al.*, 2006). As no past research have tested empirically, the role of functional clues on repeat purchase actions, the discoveries of the current research present fresh insights on the roles of functional clues on repeat purchase actions customers in the health care sector of Nigeria. The hypothesis formulated was that functional clues play significant role in eliciting repeat purchase actions. The result of the current study supported the hypothesis showing that functional clues play significant role

in eliciting repeat purchase actions. (p = 0.000). The results of this research also show that functional clues model explains roughly 71% of the difference in repeat purchase actions (see Table 4.3.1a).

Employing the relative importance index (RII) it was also found out that the customers viewed the competence of the healthcare team as the highest predictor of repeat purchase actions as it was ranked the highest, which also corroborated the result obtained from the categorical regression analysis. Likewise, the customers of the healthcare organisations also ranked the right diagnosis and the administration of the right treatment second and third, respectively. Therefore, in total, the customers were positive concerning their experiences with the hospitals and their assessment of the role of functional clues in repeat purchase actions. This findings appear to be in line with the previous study by Zafar, Zafar, Asif, Hunjra and Ahmad (2012), which revealed that the competence of service providers perform a significant role in customer loyalty in the Pakistani banking industry.

Hence, the research findings from hypothesis 1 using the categorical regression analysis means that the assured service, the reliability of the health care services, the right diagnosis, the administration of the right treatment and the competence of the health care service providers have a collective impact on repeat purchase actions of healthcare service customers. Also the finding in Table 4.2.10a reveals that the competence of the healthcare service providers makes the strongest unique contribution to explaining repeat purchase actions of customers while the other variable significantly affect repeat purchase actions at different lower levels. Furthermore, from the perspective of the healthcare experts, the study revealed that functional clues play a significant role in eliciting repeat purchase actions from the healthcare service customers. Therefore, it can be inferred from this study that persistent competence of the healthcare service providers will invariably lead to repeat purchase actions of customers. This finding agrees with the work of Sarwar, Abbasi and Pervaiz (2012) who found out that the confidence customers have for the organisation is strongly correlated with their loyalty in Pakistani cellular service companies. In addition, another study carried out by Berry *et al.* (1994) revealed that reliability, which is the capacity to accomplish the assured service consistently and correctly is one of the key factors in choosing services as no consumer is interested in patronizing a service that is considered unreliable. This implies that functional clues play a significantly role in eliciting repeat

purchase actions of customers in the service industry, including the healthcare sector in Nigeria.

5.2: The Influence of Mechanic Clues on the Brand Insistence of Customers in the Health Care Sector.

The Findings on the influence of mechanic clues on brand insistence of the customers are discussed based on the results of the descriptive and inferential statistics as well as the findings from the review of the existing literature.

The existing literature shows that mechanic clues are obtained from non-living things or environments and present a tangible demonstration of the service. For instance, the furnishings, building design, displays, equipment, colours, smells, sounds, lighting and all other physical clues envisage the service, thereby communicating with clients without any words (Haeckel *et al.*, 2003). The importance of mechanic clues cannot be over emphasized as they inform the customers' view about the overall experience and also shape the first impression that the customer gets in consumption setting (Berry and Carbone, 2007). This study also sought to empirically investigate how mechanic clues influence the brand insistence of customers. Hence, the second hypothesis of this study was formulated. This hypothesis states that mechanic clues have no influence on brand insistence of customers in the health care sector of Nigeria.

The result from Hypothesis 2 indicates that mechanic clues significantly influence brand insistence of customers. This contradicts Donnelly *et al.* (2008)'s study in the Ireland tourism industry, which found out that there was no direct relationship between mechanic clues and customer loyalty. This may be as a result of the differences in the contexts of the two studies, the environments and the way the variables were conceptualized and handled. The results of this research also show that the mechanic clues model explains roughly 52% of the variant in brand insistence of customers (Table 4.3.2a).

Similarly, the result of the Relative Importance Index (RII) revealed that the respondents viewed the cleanliness of the healthcare service organisation as the most important factor in ensuring brand insistence of customers in the healthcare sector. The customers of the healthcare organisations sampled also ranked the physical appearance and the facilities of the healthcare organisations second and third in order of importance, respectively. Therefore, based on these findings it is obvious that the customers were positive concerning

their experiences in the hospitals and their perception of the mechanic clues and brand insistence. This finding corroborates the study carried out in Venezuela by Foxall and Yani-de- Soriano (2005), which revealed that there is a strong influence between mechanic clues and customer loyalty.

The findings from the second hypothesis resulting from the categorical regression analysis revealed that the furniture and fitting of the health care organisations is a major predictor of brand insistence from both the customers and the healthcare experts. The implication of this is that healthcare customer insistence on the brand/service of organisations is as a result of good furniture and fittings of the healthcare service firm. On the other hand, all other variables such as the facilities of the health care organisation, the furniture and fittings and the physical appearance of the health care facilities have significantly influence on brand insistence by customer while the lighting and the conducive ambience of healthcare facilities have little significant impact on brand insistence of customer. From the perspective of the healthcare experts and managers, it seem that the physical esthetics of healthcare facilities make no significant contribution on brand insistence by the customers. The implication of this finding is that the facilities of the health care organisations, the furniture and fittings and the physical appearance of the health care and the lighting of the healthcare facilities determine the degree to which customers insist on the brand/service provided by the organisations. Hence, it can be inferred that mechanic clues contribute significantly to consumers brand insistence in the healthcare service industry. This finding corroborates that of various scholars (Foxall and Greenley, 1999; Cronin, 2003; Foxall and Yani-de- Soriano, 2005) who have indicated that mechanic clues have a powerful influence on consumer's behavioural intents and loyalty.

5.3 Humanic clues and the switching restraint of customers in the health care sector

Evidence in the literature reviewed in chapter two of this thesis indicates that humanic clues emanate from the actions and expressions of the employees of firms. These include for instance, their choice of words, level of enthusiasm, tone of voice, body language, neatness, suitable dress and others. In fact, Berry *et al.* (2006) described humanic and mechanic clues as the "how" of the customer service experience, encompassing how the organisation is committed to knowing and satisfying their consumer needs and wants. The existing literature also shows that service provider's actions and presentations in the course of the

service delivery also provide strong clues that inspire the perception of the consumer about the quality of services and customer experience (Berry & Bendapudi, 2003). It was on this premise that this study sought to empirically investigate whether humanic clues affect switching restraint of customers in the Nigerian healthcare industry. In order to achieve this, the third hypothesis of the study was formulated. The hypothesis states that humanic clues have no significant effect on switching restraint of customers in the health care sector of Nigeria. The result obtained from the testing of this particular hypothesis showed that humanic clues significantly affect the switching restraint of customer. This result is in line with the previous study carried by Berry and Carbone (2007), which found out that the relationship between customers and service provider produce a deeper relational bond, which invariably lead to customer loyalty.

In specific terms, the relative importance index (RII) revealed that the respondents regarded the friendly actions of the healthcare service providers as the most important aspect of humanic clues that influence the switching restraint of customers in the healthcare sector. In addition, the customers of the healthcare service firms also ranked the neatness of the healthcare service providers and the respect and courtesy from the healthcare service providers second and third most important components of humanic clues respectively, while the body language of the healthcare service provider was ranked the least. Therefore, in overall, the customers were positive as it relates to their experiences in the hospitals and assessment of the influence of humanic clues on switching restraint. This finding supports Keng *et al.*'s (2007) assertion that all the variables of humanic clues positively affect the behavioural intents of customers in a shopping center setting in Taiwan. This suggests that there is a similarity in customer's perception of the influence of humanic clues on switching restraints in these two sectors and countries.

Again, findings associated with the third hypothesis obtained from the categorical regression analysis also revealed that the tone of voice of the health care service providers is a major reason why customer are restrained from switching to other healthcare organisations. Interestingly, the healthcare experts were also of the opinion that the tone of voice of the health care service providers is a major reason why customers may not easily switch to other healthcare organisations. However, other variables such as friendly actions, body language and caring expression also significantly influenced switching restraint, but

at different degrees, while the respect and courtesy from the healthcare service providers do not make a significant contribution in explaining switching restraint of customers in the healthcare industry. This means that to a large extent humanic clues significantly influence switching restraint. The implications of this, is that the more healthcare service providers mind their tone of voice to their customers, the higher their level of switching restraint the customers will demonstrate. Hence, humanic clues can be said to have significant influence on switching restraint by customers in the Nigeria healthcare sector. This finding supports the studies carried out by different authors (Bitner, 1992; Parasuraman *et al.*, 1985; Zeithaml, Berry, and Parasuraman, 1996), which revealed that service providers' behaviour influenced the perception of the consumer about the services provided by the firm.

5.4. The relationship between customer experience and customer satisfaction with health care services.

The relationship between customer experience and customer satisfaction has for a long time engage the interest of service providers and researchers. This informed the reason why one the objectives of the current research was to investigate this in the Nigerian healthcare industry. From literature, it has been established that customer experience is the inner and personal reaction consumers have to every direct or unplanned interaction with a firm (Meyer & Schwager 2007). It emanates from a series of contacts between a consumer and a product or an organisation, or part of its company, which stimulates a reaction (LaSalle & Britton, 2003; Shaw & Ivens, 2005). Customer experience has two main features: it's personal and means the customer participation at various levels (Schmitt, 1999; LaSalle & Britton, 2003). These two features combine to play a key role in the formation of customer satisfaction, which has been neglected in studies in developing countries like Nigeria. It is against the background that the current study investigated the relationship between customer experience and customer satisfaction. In doing this, fourth hypothesis was formulated, which states that there is no significant relationship between customer experience and customer satisfaction in the Nigerian health care sector.

The hypothesis was tested and the result revealed that there is significant relationship between customer experience and customer satisfaction. This result appears to be consistent with the submission by Richard and Ronald (2008) that managing the experience of the

customers by the health care service providers is a very important tool for achieving a high level of customer satisfaction.

Using the Categorical Regression (CATREG) analysis, it was found that the customer experience model explains around 56% of the variance in customer satisfaction. The result (Table 4.3.4c) also revealed that the right diagnosis of illness by the health care organisations contributes mostly to customer satisfaction, and thus has a positive relationship with customer satisfaction. In addition, other factors such as the reliability of services; the right treatment of illness; and the non-verbal communication also showed significant relationship with customer satisfaction but at different degrees, while the effective verbal communication of the health care service providers did not have any significant relationship with customer satisfaction. These findings show that there is a significant relationship between customer experience and customer satisfaction in the healthcare industry. The implication of this is that consistent right diagnosis of illness by the healthcare experts, the reliability of services; the right treatment of illness and the non-verbal communication, which constitute customer experience have significant relationship with customer satisfaction. Therefore, based on the findings of this study, it can be inferred that customer satisfaction is strongly shaped by the ability of the organisation to strategically manage the experience of their customers during service delivery.

5.5 The Moderating effect of Buyer's Psychological Characteristics on the Relationship between Customer Experience Management and Customer Loyalty.

Recall that in chapter one of this thesis one of the objectives of this research was to investigate the moderating effect of buyers' psychological characteristics in the relationship between the management of their experience and loyalty to the healthcare service firms. Based on this, the fifth hypothesis was stated and tested in this study. This section of the thesis features the discussion of the findings on this.

Consumer behaviour is the rational, sensitive and tangible activities that individuals undertake when choosing, buying, consuming and disposing of goods/services in order to fulfil their needs and wants (Priest, Carter, & Stat, 2013). In the field of healthcare services, a 'consumer' is regarded as a patient, and the healthcare service providers deal with the patient expectations in order to reduce discrepancies between the patients' expectations and

the real experiences (Baker, 1998). However, regardless of the superior plans, there are specific parts of the experience that the organisation cannot control. These include the buyers' psychological factors such as the individual perceptions, emotions and behaviours as they could change the experience of customers (Richardson, 2010). No past studies identified by this author have empirically tested the moderating effect of buyers' psychological factors between customer experience management and customer loyalty. Based on the finding of the literature reviewed in this thesis, hypothesis five was formulated to test whether there exist any significant moderating effect of buyers' psychological factors in the relationship between customer experience management and customer loyalty.

From the result of the hierarchical multiple regression which was used to test the fifth hypothesis, it was found that the overall model explains 46.1% of the variance between customer experience management and customer loyalty, while customer loyalty variable explains around 59.4% after introducing the buyers' psychological variables. To discover how much of the total variance is elucidated by the dependent variable (customer loyalty), the R square change value is .135. This means that the dependent variable (customer loyalty) explained an additional 13.5% of the difference in customer experience even when the influence of the moderating variable (buyers' psychological factor) is statistically measured. This is a statistically **unique** contribution, as specified by the Sig. F change value for this line (.000).

The ANOVA specifies that the whole model (which comprises mutually blocks of variables) is significant [F (2, 362) = 267.3, p<.0005). In order to find out how well each of the variables contributes to the equation, the coefficient Table must be viewed. In scanning through the column for p-value, it was found that all the variables made a statistical unique contribution (P< .05). In order of importance, that customer experience (beta= .68) and Buyers' psychological factors (beta=.50) while customer loyalty (beta=.34) made a unique contribution to explaining the moderating effects of buyers' psychological factors on the relationship between CEM and customer loyalty. This means that buyers' psychological factors made a unique contribution in moderating the relationship between customer experience and customer loyalty. The implication of this finding is that despite the well-laid plans by service organisations to deliver branded customer experience, certain aspects of the experience such as individual perception, motivation, learning and belief/attitudes

cannot be controlled by the organisations as they are the internal variables of the customer which can either alter or accept the customer experience management. This finding provides support to the study carried out by Zeithaml and Binter (2000) which shows that the service quality depends totally on the perception of the customer about the service provided during the time of service delivery.

CHAPTER SIX
CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter is concerned with the summary of this thesis, conclusions and recommendations of the study. The chapter starts with the presentation of the summary of the thesis, followed by the summary of findings of the research. Next are the conclusions, followed by the implication of the findings of the research, recommendations, and contribution to knowledge. The section ends with suggested areas for further research.

6.1 Summary of the Thesis

This thesis is divided into five chapters. It begins with chapter one comprising background to the study through to the definition of terms. The general objective of this study was to examine the roles customer experience management and loyalty in the health care sector in Lagos, Nigeria with specific reference to the moderating role of buyers' psychological characteristics in the customer experience management and customer loyalty. The specific objectives were (i) to determine the roles of functional clues in eliciting repeat purchase actions from consumers of healthcare service firms in Nigeria, (ii) to investigate how mechanic clues of health care service encourage the brand insistence of customers in the health care sector of Nigeria, (iii) to examine the extent to which the humanic clues affect the switching restraint of customers in the health care sector of Nigeria, (iv) to examine the relationship between customer experience and customer satisfaction in the health care sector in Lagos, Nigeria, and (v) to ascertain how buyer's psychological characteristics moderate the relationship between customer experience management and customer loyalty in the healthcare sector. In addition to these research objectives, chapter one also contains the research problem, research questions, research hypotheses, significance and the scope of the study and the definitions of terms used in the study.

Chapter two featured a comprehensive review of relevant literature on the subject investigated in this thesis. This author presented the conceptual, empirical and theoretical frameworks of the study. Among the theories found to be relevant and presented in this chapter were theory of buyers' behaviour, expectancy theory, the comparison level theory,

perception theory, the attribution theory, the equity theory and the learning theory.

In chapter three, the methodology used in this study was presented and discussed. The key issues presented were the research design, data collection instruments and the strategies adopted in carrying out the study. To achieve the objectives set out for this study, it was noted that the study, adopted the survey research design. The choice of the survey research design was based on the fact that it allowed for the selection of sample from a large target population of customers. In addition, it encouraged the use of questionnaire to elicit information from the respondents. It was also stated that the questionnaire was employed to gather the necessary data for the study. The questionnaires were administered to customers and healthcare experts in four private hospitals in Lagos. From the 400 copies administered to the customer, 365 were returned and analyzed. For the healthcare experts, of the 160 copies of questionnaires administered 124 copies were returned and analyzed.

Chapter four of this thesis contains the analysis of data gathered and testing of hypotheses. The data were analyzed using the descriptive and inferential statistics and the result presentation using tables. Specifically, the hypotheses formulated were tested using categorical regression analysis (CATREG) and the hierarchical multiple regression analysis.

In chapter five, findings of the research were discussed by comparing them with the existing literature on the subject. Very insightful inferences were also made in the discussion of the findings.

Chapter six featured the summary of findings, conclusions, recommendations limitation of the study suggestions for further studies and contributions to knowledge are presented.

6.2 Summary of the Findings

Findings of this study were presented in two folds; namely theoretical findings and empirical findings

6.2.1. Theoretical Findings.

From the published literature, it was found out that firms create sturdy emotional bond with their customers, and that emotional bond with customers de-commoditizes a company, moving a brand away from price and facial appearance to a superior level of significance and assurance for consumers (Pine & Gilmore, 1999). Emotional bond with customers entails a service organisation establishing a consistent, reliable and sensory-motivating overall customer experience, which reverberates, delights, corresponds well and distinguishes the service organisation from their competitions (Pine & Gilmore, 1998). Sustaining an emotional bond entails efficient customer experience management from the perspectives of the customers (Pine & Gilmore, 1999). This is very important because we are in the experience age and customers' total experience with service organisation offerings stir up their perception of worth that influences brand/service preference (Pine & Gilmore, 1998).

Furthermore, it was discovered from the literature reviewed in this thesis that firms compete effectively when they bring together functional and emotional benefits in their market offerings. Emotional connections between firms and consumers are tough for competitors to break (Berry, Carbone & Haeckel, 2002). Therefore, customer experience is a key determinant of consumer behaviour and an important strategic objective for service firms (Klaus & Maklan, 2012). Again, findings from the literature also show that the experiences of patients with health care organisations can control the attitudes of the patient toward the health care firms; govern their return appointments, agreement with the treatment and accomplishment of improved treatment achievement (Olumide, 1997). Translated into a patient framework, the theory of equity proposes that patients match observed input-output (benefits) in a business transaction. That is, if the patient's benefit is lower than their input (money, time and some other costs), then he/she is dissatisfied (Reisineger & Turner, 1997). Thus, satisfaction is "a mental state of being adequately or inadequately rewarded" (Moutinho, 1987). The comparison may come in different ways. The input/output relationship of the service experience can be matched with the observed net benefit of others (for instance associates) who have experienced the same service delivery (Meyer &

Westerbarkey, 1996). As stated by equity theory, satisfaction is perceived as a comparative assessment that puts into consideration the qualities of the service and benefits achieved by patronizing or buying plus the expenses and efforts exerted by the customer to get that product/service. Fisk and Coney (1982) also discovered that a lot of consumers were dissatisfied and had a bad attitude towards the organisation when they discovered that other consumers get lower price agreement and better service than they did. Put differently, the consumers' view of equitable dealing with service organisations transforms into an assessment of satisfaction, which has an impact on future expectations and buying intentions of the prospective customers.

In line with the foregoing, Jandt (1995) stated that perception was unique to each individual; and that it was, three–step process of selection, organisation and interpretation. Based on this, authors have noted that perceptions differ due to difference in gender (Ndhlovu & senguder, 2002; Lin &Mills 2001), physical environment of the service settings (Wakefield & Blodgett, 1999) and cultural background (Limaye, 2000). These submissions present a clear understanding that how perceptions are formed is critical to any service business as it facilitates formulation of strategies to manage customer perceptions of service performance. In fact, a study by Pullman and Gross (2004) revealed that customers framed their total perceptions of services based on the components of the touchable environment and their dealings with the providers of such services and other customers, which consecutively stimulate emotions that can impact customer loyalty behaviours.

6.2.2. **Empirical Findings**

The empirical findings of this study are with reference to the hypotheses formulated and tested in this study. The following paragraphs are the summary of findings derived from the empirical data generated from the field work.

Hypothesis 1: Functional clues do not play any significant role in eliciting repeat purchase actions of customers in the healthcare service firms in Nigeria.

The findings from hypothesis one reveals that functional clues (the assured service, the reliability of the health care services, the right diagnosis, the administration of the right treatment and the competence of the health care service) have a positive influence on repeat purchase actions of customers in the healthcare service firm. Functional clues were measured via the assured service, the reliability of the health care services, the right

diagnosis, the administration of the right treatment and the competence of the health care service. Three of these variables had positive influence on repeat purchase actions of customers, while the remaining two variables produce negative result. The competence of the health care service was found to have made the strongest unique contribution to explaining repeat purchase actions of customers, while the other variables appear to have significant influence on repeat purchase actions at different levels. This means that the competence of the health care service, the right diagnosis and the assured service have a collective impact on repeat purchase actions of customers, while the reliability of the health care services and the administration of the right treatment do not influence repeat purchase actions . Therefore, it can be concluded that the competence of the health care service providers, the right diagnosis and the assured service will invariably lead to repeat purchase actions of customers. This finding agrees with the work of Sarwar, Abbasi and Pervaiz (2012) who found out that the confidence customers have on service organisations is strongly correlated with customer loyalty in Pakistani cellular service companies as explained earlier on. This implies that functional clues contribute significantly to repeat purchase actions of customers in the healthcare service industry.

Hypothesis 2: Mechanic clues do not have any significant influence on the brand insistence of customers in the health care sector in Nigeria.

Finding from hypothesis two reveals that mechanic clues have a positive influence on brand insistence. Mechanic clues were measured using the lighting of the health care facilities, the conducive ambience, the facilities of the health care organisation, the furniture and fittings and the physical appearance of the health care organisation. All these variables showed positive influence on brand insistence on customers. The furniture and fitting of the health care facilities has a significant influence of brand insistence. The implication of this is that, healthcare customer insistence on the brand/service of the organisation can be as a result of the good furniture and fitting of the healthcare facilities. On the other hand, other variable such as the facilities of the health care organisation, the physical appearance of the health care organisation and the lighting of the health care organisation showed significant influence on brand insistence of customers as the conducive ambience of the healthcare organisation makes little significance on brand insistence of customer. The implication of this finding is that the facilities of the health care organisation, the furniture and fittings and the physical appearance of the health care organisation, the lighting of the healthcare

organisation and the conducive ambience of the healthcare facilities can determine the degree to which customers insist on the brand/service of the organisation. Hence, mechanic clues contribute significantly to consumer brand insistence in the Nigerian healthcare service industry.

Hypothesis 3: Humanic clues do not have significant effect on switching restraints of customers in the health care sector of Nigeria.

The findings from this hypothesis reveal that humanic clues have significant effects on switching restraint. In this study, humanic clues was measured using the respect and courtesy; tone of voice; friendly actions; body language and caring expression of the healthcare service providers. Four of these five variables investigated revealed significant influence on switching restraint, while the respect and courtesy from the health care service provider made little significant influence on switching restraint of customers. Therefore, the null hypothesis which stated that "Humanic clues do not have significant effect on switching restraints of customers in the health care sector of Nigeria" was rejected. This implies that customers switching restraint is influenced by the tone of voice, friendly actions, body language and caring expression of the healthcare service providers. However, the tone of voice of the healthcare service providers emerged as the aspect with the most influence on switching restraint. The implications of this finding is that the more healthcare service providers consciously manage the tone of their voices when dealing with their customers, the higher their level of switching restraint that would be observed. Therefore, it can be concluded that humanic clues have significant influence on switching restraint in the Nigerian healthcare sector.

Hypothesis 4: There is no significant relationship between customer experience and customer satisfaction.

In testing this hypothesis, it was found that a perfect positive relationship exists between customer experience and customer satisfaction. In fact, all the variables use to investigate this showed a perfect positive relationship between the two variables. For example, it was observed that there was a significant relationship between customer experience and customer satisfaction as the ANOVA shower $P<0.000$. The right diagnosis of illness by the health care organisation has the most contribution in explaining customer experience. This was followed by the non-verbal communication of the healthcare service provider, the

reliability of the healthcare services, the right treatment of illness by the health care organisation and lastly, the effective verbal communication of the health care service providers. This implies there is direct relationship between customer experience and customer satisfaction in the Nigerian healthcare service industry. The implication of this finding is that customer satisfaction is strongly shaped by the ability of organisations to strategically manage the experiences of their customers most especially in the aspect of right diagnosis of illnesses by their employees.

Hypothesis 5: There is no significant moderating effect of buyers' psychological factors on the relationship between customer experience management and customer loyalty

The findings from hypothesis five reveal that buyer's psychological characteristics moderate the relationship between customer experience and customer loyalty. The hierarchical multiple regression analysis was employed to investigate the influence of buyer's psychological factors in predicting the levels of customer loyalty, after controlling the influence of customer experience. Preliminary analyses were carried out so as to be sure no infringement of the assumptions of linearity, homoscedasticity, normality and multi-collinearity. Customer experience was keyed in at step 1, describing 46.1% of the variance in customer loyalty. After the keying in of buyer's psychological factors in the step 2 as shown in Table 4.4.5b, the overall variance described by the model came up to 59.4%, $F(2,362) = 267,276$, $P < .001$. Buyer's psychological factors accounted for an additional 13.5% of the variance in customer loyalty after controlling for customer experience. R square change =.135, F change $(1,362) = 121.245$, $p < .001$. In the last model shown in Table 4.4.5c, buyer's psychological factors were statistically significant, having a beta value of ($\beta = .503$ and $P < .001$). This means that buyer's psychological factors made a unique contribution in moderating the relationship between customer experience and customer loyalty. The implication of this finding is that despite the well-laid plans by the organisation to deliver a branded customer experience, there are specific parts of the experience that the organisation cannot control. In circumstances where the buyer does not have robust or strong attitudes or perception, they are assumed to involve in extended problem solving (EPS), and keenly search for information so as to lessen brand/service ambiguity.

6.3 Conclusions

Based on the findings of the current research, the following conclusions are drawn.

The first conclusion is that the relationships between customer experience and customer loyalty cannot be untangled or separated, and that buyer's psychological factors moderate the relationship between customer satisfaction and customer loyalty in the Nigerian healthcare service sector. Although, there are lots of existing studies on the concept of customer loyalty, no research known to the researcher has investigated how customer loyalty is built most especially in the healthcare sector of developing countries such as Nigeria. The result clearly show that functional clues have a very strong influence on repeat purchase actions of healthcare customers in the study area.

The second conclusion is that mechanic clues have positive influence on brand insistence by customers in the Nigerian healthcare sector. Findings of the study supports the idea that mechanic clues are important element of customer experience and they add immensely to customer loyalty via brand insistence. Therefore, healthcare organisations must take extraordinary note of mechanic clues because these clues form the initial and long lasting impressions in the minds of their customers the first time they patronize them and are also important in surpassing their anticipations which inevitably influences customer experience and their loyalty to the organisation.

The third conclusion is that humanic clues have a significant positive effect on switching restraint in the Nigerian healthcare sector. This suggest that humanic clues are significant to customer experience and their contributions to customer loyalty via switching restraint. Hence, healthcare managers must make humanic clues a strategic priority most especially in loyalty building of their customers.

Another conclusion drawn from findings of this study is that there is a significant relationship between customer experience and customer satisfaction in the healthcare service sector. Therefore, a well-managed customer experience can lead to customer satisfaction with healthcare services.

The last but not the least conclusion is that buyer's psychological factors moderate the relationship between customer experience and customer loyalty. Therefore, healthcare managers should note that despite of a well-laid plan they might have to deliver a branded customer experience, there are specific aspects of the experience that they c.annot control.

This means that they can only manipulate the mechanic, functional and humanic clues to achieve desired results

6.4 Implications of Findings

6.4.1 Implications for Practitioners

It has also become pretty tough for organisations, most especially those in the healthcare sector to be notable from, among other organisations when it comes to delivering services/product and pricing. Consequently, in recent times, the last resort of differentiation is customer experience – and that may not change any moment soon. The importance of customer experience management cannot be overemphasized, most especially in the area of delivering a memorable patient experience, which is significant for healthcare organisations to achieve more market share, improve their profitability and also increase result. The scarcity of literature on how customer experience management can be used to build loyalty in the healthcare sector of Nigeria has been expanded. Subsequently, this study makes significant contributions to the literature on how customer experience management can be used to build loyalty and the application of the concept in the Nigerian health care sector, the need to properly adapt customer experience management approach in an extremely sensitive service sector i.e. the healthcare sector in developing countries especially Nigeria. It would be observed that this research will add extensively to academic understanding in this study area and also provide a major contribution to the healthcare sector - enlightening medical practitioner on the cruciality of the influence of customer experience management clues on building loyalty in order to gain competitive advantage and eventual long lasting success and growth.

To this end, healthcare organisations should thoroughly offer reliable healthcare services to the customers; they should spot prospective causes of service breakdowns rather than looking for a way of solving already created errors. They should purposely provide an enabling environment that will be conducive for the customers, because this is the initial touch point for the consumers and it will go a long way in creating the first and the long-lasting impression in the mind of the customers. The healthcare care service provider should respect the privacy of their customers and also make the customers understand that they have a better knowledge about the situation of the customer and can solve their problems because the knowledge of the patient's health history serve as a pointer to a lifelong rapport between the consumer and the healthcare service provider. All these prerequisites, help the

organisation build customer loyalty. Since customer loyalty has various rewards to the organisation as a whole, health care organisations that are concerned about customer loyalty must adopt customer experience management and also make it a strategic priority.

6.4.2 **Implications for Policy Makers**

The policy makers and regulatory bodies in the health care sector could use the result of this research for the setup and the ratification of policy. Also, the Federal Ministry of Health could use the study's instrument to assemble data about consumers' experiences with healthcare service providers so as to formulate strategic policy decisions. The study will be significant to the extent that it is able to make contributions to knowledge in this topical area, and findings able to influence policy formulation by the Federal Ministry of Health.

6.5 Recommendations

Based on the findings of this research, the followings recommendations are made:

I. In general, healthcare organisations should pay close attention to customer loyalty building. This should be a guiding philosophy that must be inculcated in the culture of the healthcare organisation, which must also be inculcated in all healthcare experts or staff by the management of the healthcare organisations.

II. Healthcare experts should deliberately create memorable customer experience, which starts by concentrating on the functional clues, mechanic clues and humanic clues with rigorous planning in order to bring out the best in all these clues.

III. Concerning the functional clues, healthcare management must concentrate on understanding their customers and their preferences with a clear understanding of patient needs, desires, cultural attitudes and then design tailored, reliable products or services that will enable them satisfy those needs and wants and also meet their expectations.

IV. With regards to the mechanic clues, healthcare management must ensure that the environment of the healthcare organisation is conducive for their patients at all times, the lobby, lighting, aroma and the furniture and fitting should be positioned such that they will create a positive impression on the mind of the patient.

V. In relation to humanic clues, healthcare management must engage in widespread training of their staff members and also grant their employees authority and skills to change the customer experience, invest in customer service training, where all patients-contact staff can review performance, talk to patients, respond with urgency, create a standard process

for interactions with patients' families and colleagues and share stories to improve their patient experience.

VI. Healthcare managers should adopt effective customer experience management strategies through the combination of these clues, namely functional, mechanic and humanic in order to satisfy their customers.

VII. The healthcare managers should have a good grasp of their consumers' behaviour, so as to help them know their customers, their perceptions, motivation, learning and belief/attitudes, and how all these influence their buying behaviour and to deal with their customers individually. This will help the healthcare managers to know better the best way to create a branded customer experience that will result to customer loyalty.

VIII. In view of the unpleasant result of service breakdowns in healthcare delivery in Nigerian public hospitals, the healthcare managers in public hospitals in Nigeria should adopt the customer experience management strategies to sustain the needs of their customers (patients). This is due to the fact that even adequate service improvement in the healthcare sector may still have a negative impact on the customers, how much more inadequate healthcare service delivery. Therefore, healthcare service organisations should endeavor to get it right the first time by providing reliable services that will lead to sustainable competitive advantage, growth, and also help to solve the problems in the Nigerian healthcare sector.

6.5.1. Contributions to Knowledge

This current study contributed to knowledge in marketing strategies and consumer behaviour in the following ways.

(i) This study makes contribution by showing that customer experience management, which includes functional clues, mechanic clues and humanic clues as developed by Berry *et al.* (2006) are significant determinants of customer loyalty in the Nigerian healthcare sector. Hence, it is an addition to the customer experience management and customer loyalty literature from the Nigerian perspective.

(ii) By identifying the effect and relationship between customer experience management variables such as functional clues, mechanic clues and humanic clues and customer loyalty variables such as repeat purchase actions, brand insistence and switching restraint, this study helps to improve knowledge or understanding of the explicit benefits that customer experience management strategies can offer to healthcare service organisations

(iii) The study has also shown that functional clues (a variable of customer experience management) have significant positive influence on repeat purchase actions (a variable of customer loyalty) of customers of healthcare service firms in Nigeria. This finding has added to knowledge in healthcare service delivery by supporting past research work by Donnelly *et al.* (2008), who revealed that functional clues have a significant connection with customer loyalty in the tourism industry.

(iv) The findings provided by the study have also revealed that mechanic clues (a variable of customer experience management) have significant positive influence on brand insistence (a variable of customer loyalty) of customers of healthcare service firms in Nigeria. This finding has added to knowledge on the importance of the physical environment of healthcare service organisations in promoting brand insistence by customers in the healthcare sector.

(v) By showing that humanic clues (a variable of customer experience management) have significant positive influence on switching restraint (a variable of customer loyalty) of customers of healthcare service firms in Nigeria, the study adds to knowledge in healthcare service by revealing that the tone of voice of the healthcare service provider is a major reason why customer restrains switching from the healthcare organisation.

(vi) Past studies have looked at the direct effects of customer experience management and customer loyalty without considering any moderating variables but this study has added to knowledge by showing that there is a significant moderating effect of buyers' psychological factors between customer experience management and customer loyalty.

(vii) This study has contributed to knowledge through the development of a conceptual model that integrates customer experience management, customer loyalty and buyer's psychological factor as shown in Figure 2.6 in the study.

(viii) This research has added to knowledge in the sense that the findings of this study can be adopted as a marketing strategy in the management of public healthcare organisation in order to rehabilitate the deteriorating healthcare sector in Nigeria.

6.5.2 Limitation to the Study

The research was constrained by such factors as limited empirical research on the healthcare services in developing countries, limited research on Nigeria and its healthcare service sectors in particular, data reliability limitation in African (particularly secondary data), fund, dearth of data and poor attitude to research.

6.5.3 Suggested Areas for Further Research

Creating a superior customer experience in the healthcare sector has been gaining increasing attention in today's service industry of developed countries. The high rate of change in the delivery of service and customer behaviour is compelling organisations to strengthen, develop and sharpen their vital customer experience management strategies. Hence, there is a need for further research in this area.

In order to have good grasp of the sophistication of customer experience management variables as they relate to building customer loyalty, the researcher recommends that this study be replicated in other sectors of the Nigerian economy.

The current study was restricted to four private hospitals in Lagos State. Therefore, the author recommends that this type of study be extended to public hospitals in Nigeria.

The study was also limited to the buyers' psychological factors under the buyers' characteristics (psychological factors, social factors, personal factors and cultural factors) as the moderating variable. Therefore, other researchers can examine other variables such as social factors, personal factors and cultural factors or the combination of all of these variables so as to have a holistic opinion of the moderating effects of these factors on the relationship between CEM and customer loyalty in the Nigerian Healthcare service sector.

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APPENDIX I
QUESTIONNAIRE FOR HEALTHCARE CUSTOMERS

Department of Business Management
(Marketing)
College of Business and Social Sciences
Covenant University, Ota
February 15, 2016

Dear Respondent,

RESEARCH QUESTIONNAIRE

I am a Ph.D student in the above named institution carrying out a research on "**Customer Experience Management and Loyalty in Healthcare Sector: A study of selected private hospitals in Lagos State**". This study is being undertaken in partial fulfillment of the requirements for the award of Ph.D in Marketing

Please kindly fill in the correct information needed for the completion of this research. All information supplied will be used for the purpose of this study and will be treated with utmost confidentiality.

Thank you

Borishade Taiye T.
(Researcher)

QUESTIONNAIRE
ON
CUSTOMER EXPERIENCE MANAGEMENT AND LOYALTY IN HEALTH CARE SECTOR:A STUDY OF SELECTED PRIVATE HOSPITALS IN LAGOS STATE

SECTION A: GENERAL INFORMATION

INSTRUCTION: Kindly tick (✓) as appropriate and comment where necessary.

1. Sex: (a). Male [ ] (b). Female [ ]
2. Age: (a). 18 – 30 [ ] (b). 31 – 40 [ ] (c). 41 – 50 [ ] (d). 51 and above [ ]
3. Highest Educational Qualification: (a) WAEC [ ] (b) B.Sc. [ ] (c) M.Sc/MBA. [ ] (d) Others (Please specify) _____
4. Marital status: (a). Single [ ] (b). Married [ ] (c). Divorce/separated [ ]
5. Occupation: (a) Student [ ] (b) Employer [ ] (c) Employee [ ]
6. Respondent status with the firm (a) Corporate Customer [ ] (b) Private Individual [ ]
7. Which of the hospitals do you patronize? (a). Lagoon Hospital, (b). Reddington Hospital, (c). EKO Hospital (d). St. Nicholas Hospital
8. Patronage Experience so far.
   (a). 1- 5 years ☐ (b). 6 – 10 years ☐
   (c). 11 – 15 years ☐ (d). 16 years and above. ☐

SECTION B: ROLES OF FUNCTIONAL CLUES ON REPEAT PURCHASE

This section of the questionnaire is intended to get information in relation to your experience concerning the roles of functional clues on repeat purchase action. Functional clue in this context refers to the reliability and competence of the provided by the health care organisation.

Kindly indicate by ticking (✓) *as appropriate* whether you "Strongly Agree (SA)", "Agree (A)", "Undecided (U)", "Disagree (D)" or "Strongly Disagree (SD)".

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
1	The reliability of the health care services draws my attention to make repeat purchase.					
2	The competence of the health care service enhances my willingness to patronize the organisation again.					
3	The right diagnosis of the health care organisation is the reason for my continuous patronage of the organisation.					
4	Administration of the right treatment by the health care organisation is the reason I encourage my friends to patronize the organisation.					
5	The assured service of the health care organisation enhances my continuous patronage.					
6	The procedures of the health care services positively influence my repeat purchase intentions.					
7	The reliability of the services encourages my continuous patronage.					

8	The efficacy of the health care service is responsible for my continuous patronage					
9	The self-reliance of the health care service makes me encourage my friends to patronize the organisation.					
10	The practicality of the healthcare services enhances my repeat patronage actions					

SECTION C: INLUENCE OF MECHANIC CLUES ON BRAND INSISTENCE

This section of the questionnaire is intended to get information in relation to your experience concerning the influence of mechanic clues on brand insistence. Mechanic clues in this context refer to the physical environments such as furnishings, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care organisation.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
11	The physical appearance of the health care organisation makes me consider the organisation the first choice among all health care organisations in the area.					
12	The conducive ambience of the health care organisation makes me favourably disposed to the organisation in taking patronage decision					
13	The furniture and fitting of the health care organisation attracts me to insist on the services					
14	The facilities of the health care organisation make me mindful of the organisation.					
15	The lighting of the health care organisation gives me a positive attitude towards the organisation.					
16	The cleanliness of the health care organisation enhances my favourable attitude towards the organisation.					
17	The comfort of the health care lobby/reception area gives me a positive feeling about the organisation.					
18	The convenient location of the health care organisation makes me mindful of the organisation.					
19	The aroma of the health care organisation gives me positive feelings					

SECTION D:INFLUENCE OF HUMANIC CLUES ON SWITCHING RESTRAINT

This section of the questionnaire focuses on obtaining information in connection with your experience on the influence of humanic clues on switching restraint. Humanic clue in this context means the actions, behaviour and expressions of the employees of the health care organisation.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
20	The friendly actions of the health care service providers make me loyal to the organisation.					
21	The caring expression of the health care service providers increases my satisfaction consistently.					

22	The tone of voice of the health care service provider pleases me.					
23	The body language of the health care service provider encourages me to patronize.					
24	The respect and courtesy from the health care service provider reinforces my patronage.					
25	The neatness of the health care service provider fascinates me.					
26	The responsiveness of the health care service provider makes me restrain switching from the organisation.					
27	The mindfulness of the health care service provider makes me satisfied					
28	The understanding of the health care service provider enhances my commitment to the organisation.					

SECTION E: RELATIONSHIP BETWEEN CUSTOMER EXPERIENCE AND CUSTOMER SATISFACTION IN THE HEALTH CARE SECTOR

This section of the questionnaire focuses on obtaining information on the relationship between customer experience and customer satisfaction in the health care sector of Nigeria.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
29	The reliability of the health care services makes me contented.					
30	The right diagnosis of illness by the health care organisation makes me completely happy with the organisation.					
31	The right treatment of illness by the health care organisation enhances my relief.					
32	The effective verbal communication of the health care service enhances my gratification.					
33	The non-verbal communication of the health care service enhances my gratification.					
34	Respecting my wishes makes me satisfied.					
35	Showing professionally appropriate behaviour by the health care service provider delights me					
36	Maintaining patient privacy enhances customer's trust.					
37	The aroma of the health care organisation makes me satisfied					
38	The cleanliness of the health care organisation satisfies me					

SECTION F: HOW BUYERS' PSYCHOLOGICAL FACTORS MODERATE THE RELATION-SHIP BETWEEN CUSTOMER EXPERIENCE MANAGEMENT AND CUSTOMER LOYALTY IN HEALTH CARE.

This section of the questionnaire focuses on obtaining information in relation to how buyers' psychological characteristics affect the relationship between customer experience management and customer loyalty in the health care sector of Nigeria.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
39	My perception about the reliability of services provided by the health care organisation makes me continuously do business with the organisation.					
40	My interpretation of the right diagnosis of illness encourages me to tell friends and relatives to patronize the organisation.					
41	My motivation about the quality of health care services enhances my consistent patronage.					
42	My experience with the behaviour of the health care service provider makes me depend on the organisation.					
43	The belief I have concerning the right treatment of illness provided by the organisation makes me devoted to them.					
44	The maintenance of patient privacy by the healthcare organisation gives me positive attitude that leads to fidelity.					
45	The aroma/odour of the hospital drives me to be devoted to the organisation.					
46	My view about the effective verbal communication of the health care service provider makes me say positive things about the organisation					
47	My knowledge about the cleanliness of health care organisation surroundings enhances my reliability on the organisation.					
48	My interpretation of the tone of voice of the health care service provider influences my continued patronage.					
49	My personality determines how I view the health care services provided that ultimately influences my decision making.					

Kindly indicate other ways healthcare organisations can improve the experience of their customers that will lead to customer loyalty

_____

_____

_____

_____

_____

_____

APPENDIX II
QUESTIONNAIRE FOR HOSPITAL MANAGERS AND HEALTH EXPERTS

Department of Business Management
(Marketing)
College of Business and Social Sciences
Covenant University, Ota
February 15, 2016

Dear Respondent,

RESEARCH QUESTIONNAIRE

I am a Ph.D student in the above named institution carrying out a research on "**Customer Experience Management and Loyalty in Healthcare Sector: A Study of Selected Private Hospitals in Lagos State, Nigeria**". This study is being undertaken in partial fulfillment of the requirements for the award of Ph.D in Marketing

Please kindly fill in the correct information needed for the completion of this research. All information supplied will be used for the purpose of this study and will be treated with utmost confidentiality. I will appreciate if you could answer these questions the way things are and not the way it ought to be.

Thank you

Borishade Taiye T.
(Researcher)

SECTION A: GENERAL INFORMATION

INSTRUCTION: Tick (✓)as appropriate and comment where necessary.

1. Sex: (a). Male [ ] (b). Female [ ]
2. Age: (a). 18 – 30 [ ] (b). 31 – 40 [ ] (c). 41 – 50 [ ] (d). 51 and above [ ]
3. Educational Qualification: (a) WAEC [ ] (b) B.Sc. [ ] (c) M.Sc. [ ] (d) MBA. [ ] (e) Others (Please specify) _____
4. Marital status: (a). Single [ ] (b). Married [ ] (c). Divorce/separated [ ]
5. Name of the organisation_____
6. Position in the organisation_____
7. Length of service in this very organisation.
   (a). 1- 5 years (b). 6 – 10 years (c). 11 – 15 years (d). 16 years and above.

SECTION B: ROLES OF FUNCTIONAL CLUES ON REPEAT PURCHASE

This section of the questionnaire is intended to get information on how the organisation manages the functional clues in order to elicit repeat purchase action. Functional clue in this context refers to the reliability and competence of the services provided by the health care organisation.

Kindly indicate by ticking(✓)*as appropriate* whether you "Strongly Agree (SA)", "Agree (A)", "Undecided (U)", "Disagree (D)" or "Strongly Disagree (SD)".

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
1	The reliability of our health care facilities draws patient's (customers') attention to make repeat purchase in our favour					
2	The efficacy of the drugs dispensed to patients is a reason for their repeat patronage.					
3	The quality of our health care services motivates the customer to patronize us again.					
4	The competence of our health care team enhances patient's (customer's) willingness to patronize the organisation again.					
5	The commitment of our health care team to right diagnosis and the prescription of drugs is an attraction to our patient.					
6	The efficacy of our health care product is a positive factor in attracting potential patient (customers).					

In what other ways would you say functional clues are responsible for the repeat purchase behaviour of the customers?

_____
_____
_____
_____
_____
_____
_____

P.T.O

SECTION C: INFLUENCE OF MECHANIC CLUES ON BRAND INSISTENCE

This section of the questionnaire is intended to get information on how the organisation manages the mechanic clues in order to influence brand insistence of customer. Mechanic clues in this context refer to the physical environments such as furnishings, building design, displays, equipment, colours, smells, sounds, lighting and the appearance of the health care organisation.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
1	The physical esthetics of our health care facility attracts more customers to insist on our services.					
2	The conducive ambience of our health care organisation influences customers to patronage us.					
3	The furniture and fitting of our health care organisation are very attractive					
4	The adequacy of our health care facilities increases our patronage level.					
5	The lighting system of our health care organisation attracts patient interest to insist on our services.					
6	The cleanliness of our health care offices enhances favourable attitude towards our organisation.					
7	The suitability of our health care location makes the organisation easily accessible.					

In what other ways does your organisation manage brand insistence through the mechanic clues?

_____
_____
_____
_____
_____
_____

SECTION D: INFLUENCE OF HUMANIC CLUES ON SWITCHING RESTRAINT

This section of the questionnaire focuses on obtaining information on how the organisation manages the humanic clues on switching restraint. Humanic clue in this context means the actions, behaviour and expressions of the employees of the health care organisation.

S/N	ITEM	**SA**	**A**	**U**	**D**	**SD**
1	The behaviour of the health care service provider is consistently positive towards the patients (customers).					
2	The health care service providers are friendly to their customers					
4	The health care service providers are consistently caring					
5	The tone of voice of the health care service providers are pleasant					

6	The body language of the health care service providers is encouraging to the patients (customers).					
7	The health care service providers show respect and courtesy to their patients (customers)					

Kindly mention other ways your organisation uses humanic clues to retain customer loyalty

_____
_____
_____
_____
_____
_____

What do you think your patient value most about their experience in your hospital?

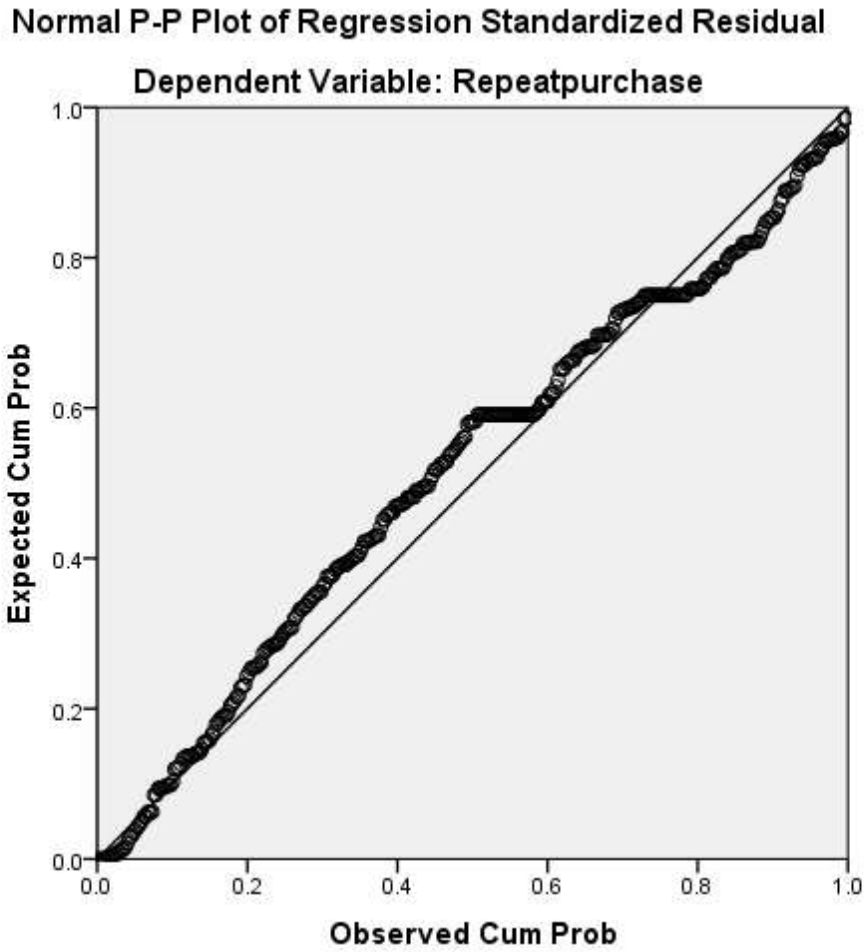
_____
_____
_____
_____
_____
_____

THANK YOU FOR YOUR TIME AND THOUGHTFUL CO-OPERATION

APPENDIX III

Normal P-P Plot of Regression Standardized Residual and Scatterplot

Table 4.4.1d : The Normal Plot of Regression for Hypothesis one



The Normal Probability Plot of regression is meant to show how the points will be positioned in a rationally straight diagonal line from the bottom left to the top right. This would suggest no major deviations from normality. As showed in the above table 4.4.1d, this means that there is no major deviations from normality.

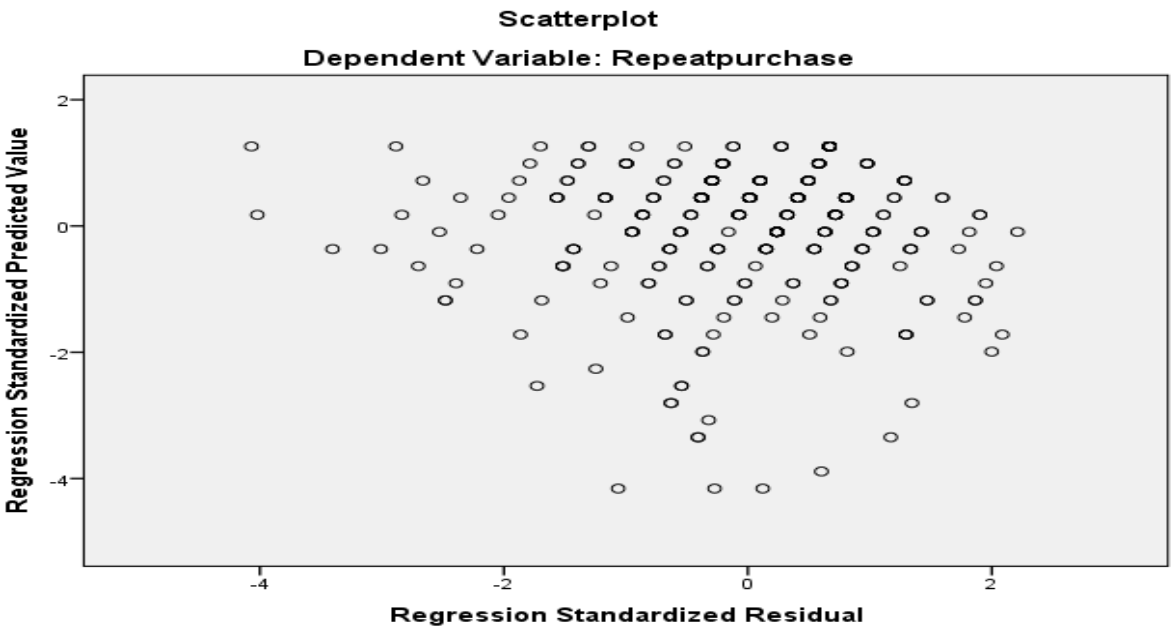
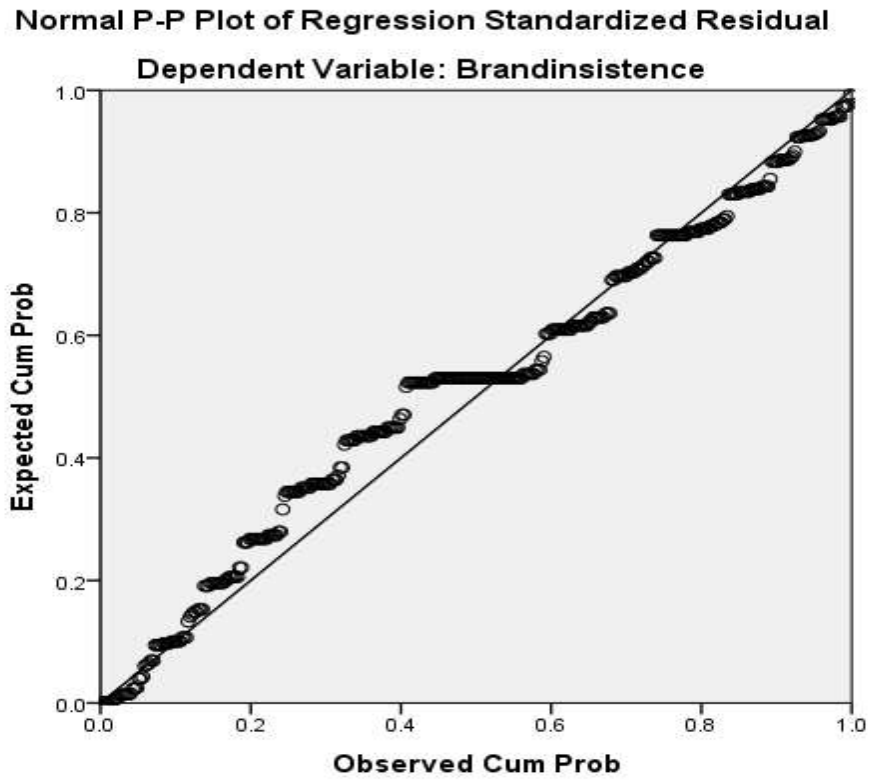


Table 4.4.2d : The Normal Plot of Regression for Hypothesis Two



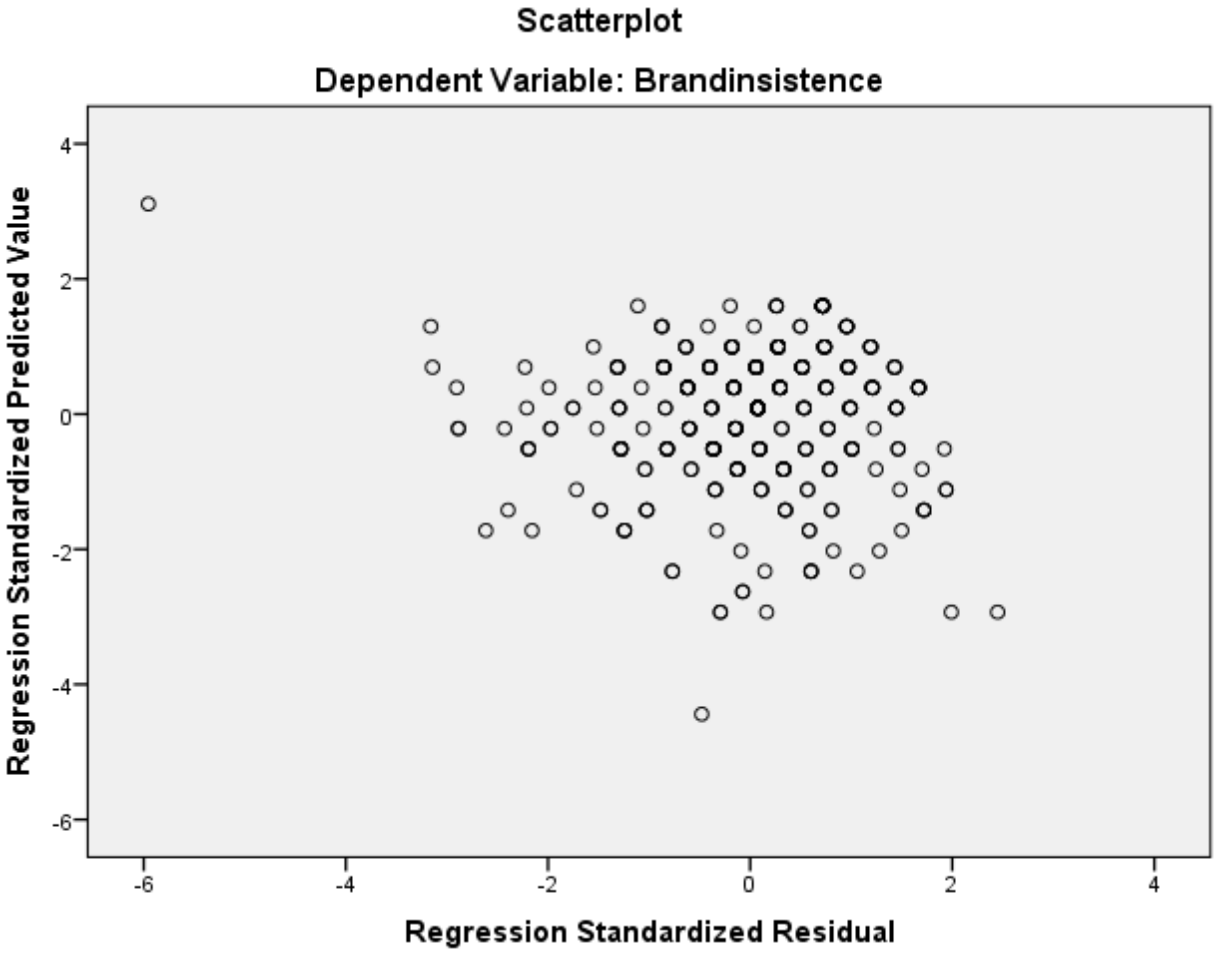
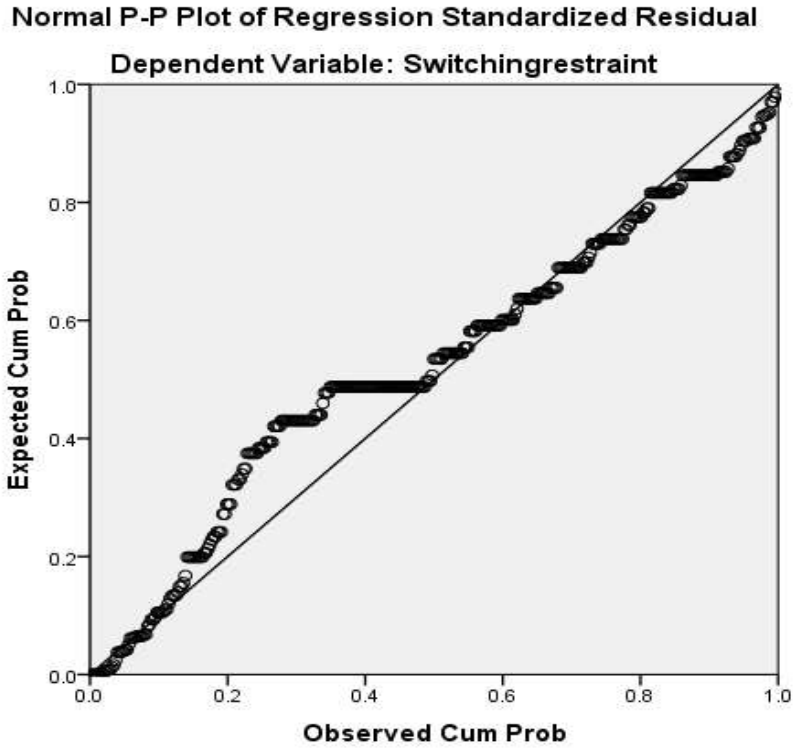

Scatterplot
Dependent Variable: Brandinsistence
Regression Standardized Predicted Value
4
2
0
-2
-4
-6
-6
-4
-2
0
2
4
Regression Standardized Residual

Table 4.4.3d : The Normal Plot of Regression for Hypothesis Three



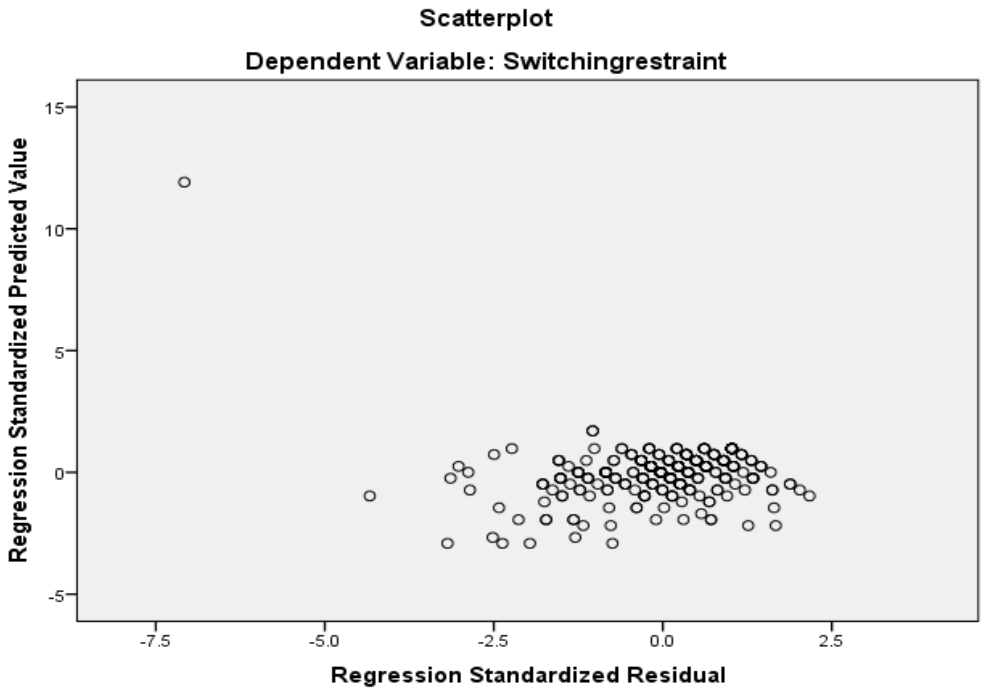
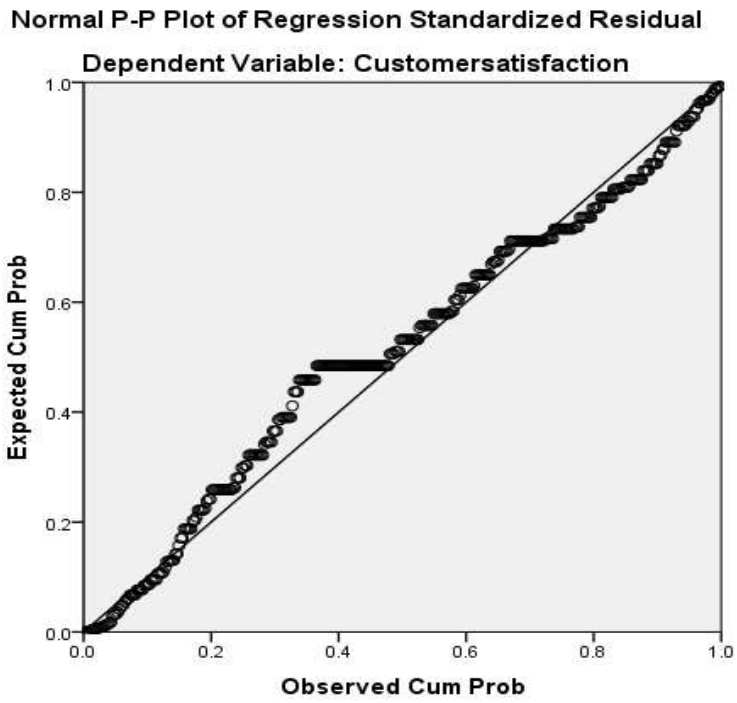
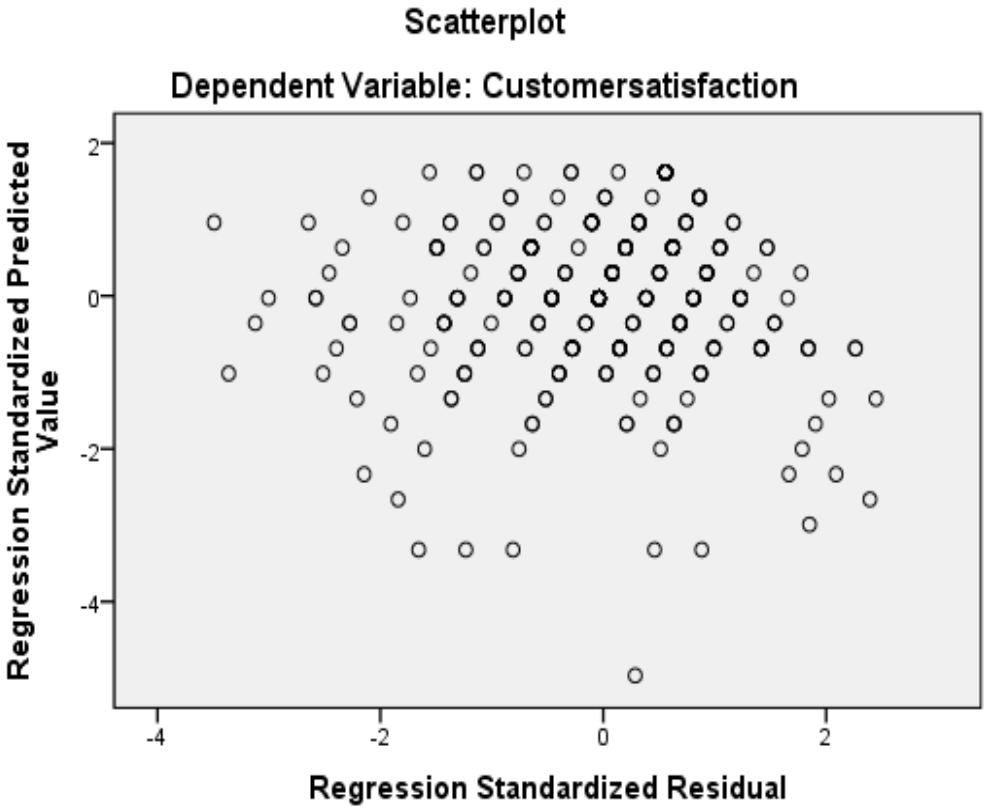


Table 4.4.4d : The Normal Plot of Regression for Hypothesis Four


Normal P-P Plot of Regression Standardized Residual
Dependent Variable: Customersatisfaction
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Scatterplot
Dependent Variable: Customersatisfaction
Regression Standardized Predicted Value
Regression Standardized Residual
2
0
-2
-4

APPENDIX IV
THE RELIABILITY SCORES OF CONSTRUCTS AND INTER-ITEM CORRELATIONS

RELIABILITY

COMPUTE functionalclues=MEAN(Q9,Q10,Q11,Q12,Q13,Q14,Q15,Q16,Q17,Q18).

Case Processing Summary

		N	%
Cases	Valid	17	100.0
	Excluded[a]	0	.0
	Total	17	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.980	.980	9

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.052	2.941	3.412	.471	1.160	.022	9
Item Variances	2.129	1.809	2.434	.625	1.346	.050	9
Inter-Item Covariances	1.800	1.316	2.313	.996	1.757	.048	9
Inter-Item Correlations	.847	.660	.975	.315	1.477	.007	9

Reliability

COMPUTE mechanicclues /VARIABLES=Q19 Q20 Q21 Q22 Q23 Q24 Q25 Q26 Q27

Case Processing Summary

		N	%
Cases	Valid	17	100.0
	Excluded[a]	0	.0
	Total	17	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.661	.894	9

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.634	3.118	4.706	1.588	1.509	.215	9
Item Variances	3.766	.610	21.221	20.610	34.771	43.035	9
Inter-Item Covariances	.671	-1.974	1.555	3.529	-.788	.716	9
Inter-Item Correlations	.483	-.549	.918	1.467	-1.674	.145	9

Reliability

COMPUTE humanicclues /VARIABLES=Q28 Q29 Q30 Q31 Q32 Q33 Q34 Q35 Q36

Case Processing Summary

		N	%
Cases	Valid	17	100.0
	Excluded[a]	0	.0
	Total	17	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.966	.967	9

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.216	2.941	3.471	.529	1.180	.032	9
Item Variances	2.052	1.566	2.684	1.118	1.714	.128	9
Inter-Item Covariances	1.553	1.099	2.438	1.338	2.217	.055	9
Inter-Item Correlations	.765	.558	.965	.407	1.730	.009	9

RELIABILITY

COMPUTE customerexperience /VARIABLES=Q37 Q38 Q39 Q40 Q41 Q42 Q43 Q44 Q45 Q46

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	17	100.0
	Excluded[a]	0	.0
	Total	17	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.951	.954	10

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.359	3.000	3.765	.765	1.255	.056	10
Item Variances	1.604	.941	2.096	1.154	2.227	.158	10
Inter-Item Covariances	1.061	.559	1.688	1.129	3.020	.064	10
Inter-Item Correlations	.672	.410	.869	.459	2.119	.013	10

Reliability

Buyers'psychologicalfactors/VARIABLES=Q47 Q48 Q49 Q50 Q51 Q52 Q53 Q54 Q55 Q57 Q56

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	17	100.0
	Excluded[a]	0	.0
	Total	17	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.956	.958	11

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.326	3.000	3.588	.588	1.196	.036	11
Item Variances	1.472	.757	1.985	1.228	2.621	.119	11
Inter-Item Covariances	.980	.404	1.533	1.129	3.791	.066	11
Inter-Item Correlations	.673	.379	.885	.507	2.338	.016	11

OUTPUT OF QUESTIONNAIRE FOR HOSPITAL MANAGERS AND HEALTH EXPERTS

Reliability

COMPUTE functionalclues=MEAN(Q8,Q9,Q10,Q12,Q13).

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded[a]	0	.0
	Total	20	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.678	.733	6

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	4.183	3.850	4.500	.650	1.169	.047	6
Item Variances	.503	.221	.832	.611	3.762	.056	6
Inter-Item Covariances	.131	-.082	.300	.382	-3.677	.012	6
Inter-Item Correlations	.314	-.150	.668	.818	-4.465	.063	6

COMPUTE MECHANICCLUES=MEAN(Q14,Q15,Q16,Q17,Q18,Q19,Q20).

Reliability

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded[a]	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.803	.793	7

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	4.043	3.200	4.500	1.300	1.406	.170	7
Item Variances	.656	.274	1.116	.842	4.077	.102	7
Inter-Item Covariances	.242	-.053	.579	.632	-11.000	.036	7
Inter-Item Correlations	.354	-.128	.748	.876	-5.844	.064	7

COMPUTE HUMANICCLUES=MEAN(Q21,Q22,Q23,Q24,Q25,Q26).

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded[a]	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.868	.874	6

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	4.083	3.700	4.300	.600	1.162	.045	6
Item Variances	.497	.326	.661	.334	2.024	.019	6
Inter-Item Covariances	.260	.158	.368	.211	2.333	.004	6
Inter-Item Correlations	.537	.324	.688	.364	2.121	.012	6