

Customer attachment and its role in patient-healthcare provider relationships

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Many pages have been written about the healthcare setting in which this study took place. What I've learned during this process is the importance of a healthy body. To function optimally a body consists of many different parts.

- The heart provides the life force for the body. My heart during this process was my husband Ruan Spies and my son Lian Spies. A heart beats consistently and unconditionally supporting the rest of the body. As the body needs more energy, the heart beats faster. The heart beat reminded me that the journey was not alone.
- My mother Hester Delport and my father Willie Delport you were the shoulders I could stand on and also a shoulder to cry on.
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- No body can function without a soul which can only be guided through my heavenly Father, Jesus Christ.

ABSTRACT

Establishing, maintaining and enhancing long-term, profitable patient relationships are essential for hospitals in the competitive South African healthcare market. Hospitals have to focus on customer attachment as a key differentiator to competition. Attachment consolidates the bond between customer and organisation, a prerequisite for building a reciprocal long-term relationship with profitable customers. Relationship marketing literature acknowledges this, but shows limited understanding of developing and maintaining attached customers. Long-term patient relationships are crucially important, but attachment in the South African hospital industry remains peripheral. This study determines the interrelationships in the South African hospital industry among respondents' attachment and the key relationship marketing constructs (consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness). The study population was comprised of 303 patients from the Gauteng, KwaZulu-Natal and North West provinces of South Africa.

The respondents' attachment to their hospitals and their services was generally positive, as was the relationship between the respondents' attachment and their positive consumption emotions. There was a negative relationship between the respondents' attachment and their negative consumer emotions. Hospitals should therefore identify attached patients whose positive consumption emotions would probably increase during service delivery, as opposed to their negative consumption emotions, which would decrease, especially with the activation of their internal working models of attachment especially when encountering emotional experiences like service failure.

The results also indicated that the respondents' involvement and relationship value significantly influenced attachment, while the latter influenced their loyalty, fear of relationship loss and forgiveness. Statistically, loyalty significantly influenced the respondents' involvement.

Ultimately, two prospective mediating effects were possible. The results revealed that the indirect effect of attachment on the relationship between relationship value and forgiveness was significant. Further, the indirect effect of attachment on the relationship between relationship value and fear of relationship loss was significant. South African hospitals were therefore advised to employ strategies that would encourage patients to become more involved and add value to the relationship, thereby improving their efforts at attachment and loyalty.

Abstract

To gain the benefits of patients' loyalty, fear of relationship loss, and willingness to forgive, hospitals are advised to establish patient attachment by nurturing the bonds between them. They should also emphasise the importance of attachment in the relationship between relationship value and forgiveness and relationship value and fear of relationship loss. Lastly, after considering the various findings, it can be inferred that hospitals should apply the same strategies, and focus on the same factors cited in the study (consumption emotions, involvement, relationship value, forgiveness, loyalty and fear of relationship loss) which would generally improve their efforts to encourage and strengthen attachment.

This study makes theoretical and practical contributions, enhancing marketing researchers' and managers' understanding of the antecedents and outcomes of patients' attachment to their hospitals. This research also contributes to the investigations into customer attachment. In addition, it is the sole study in the South African hospital industry to focus specifically on the antecedents and outcomes of patients' attachment to their hospitals.

KEYWORDS

The keywords used in this study are listed and defined below to ensure clarification and consistency:

- **Customer attachment** refers to the accumulation of internalised early attachment experiences or internal working models which regulates relationship expectations, needs, emotions and social behaviours (Shaver & Mikulincer, 2005:27).
- **Consumption emotions** essentially involve a customer's set of feelings evoked through the consumption of products and/or services (i.e. consumption experiences) (Ali *et al.*, 2016:25; Westbrook & Oliver, 1991:84).
- **Customer loyalty** comprises of customers who have developed an attachment and psychological bond with an organisation, and who continuously display purchase intentions and behaviours towards an organisation (Hoffman & Bateson, 2017:373; Komunda & Osarenkhoe, 2012:83).
- **Customer involvement** is defined by Kumar *et al.* (2003:670) as customers' willingness to partake in a relationship with an organisation without being forced.
- **Customer satisfaction** refers to the perception customers have of a product or service performance in relation to their expectations (Oliver, 2010:8).
- **Relationship value** essentially involves a compromise between the relationship benefits and the relationship costs customers may experience in their relationship with an organisation (Ulaga & Eggert, 2006:122).
- **Fear of relationship loss** refers to customers who develop a concern about the consequences of losing a relationship with an organisation, employees or brand (Burnham *et al.*, 2003:119).
- **Forgiveness** is defined as customers' intention to abstain from negative responses such as anger or revenge against an organisation that has caused harm, but enhance positive responses such as compassion or generosity toward the harm-doing organisation (Joireman *et al.*, 2016:76-77; Xie & Peng, 2009:578).

- **Healthcare provider** refers to an individual, organisation, or agency that provides health care services to customers (BusinessDictionary, 2018).
- A **hospital** comprises of an institution that provides medical, surgical, or psychiatric testing and treatment for patients who are ill, injured, pregnant, etc. in an inpatient, outpatient, or emergency care basis (YourDictionary, 2018).

PREFACE

The reader's attention is drawn to the following:

- This thesis is presented in the article format in accordance with the General Academic Rules (rule A 13.7.3) of the North-West University, by presenting three research articles, followed by a concluding chapter.
- The researchers plan to submit the first article (presented as Chapter 3) to the accredited journal *Acta Commercii* for potential publication.

Spies, H., Mackay, N. & Jansen van Rensburg, L.R. 2018. Customer attachment and consumption emotions in the South African hospital industry. *Acta Commercii* (to be submitted).

- The researchers plan to submit the second article (presented as Chapter 4) to the accredited journal *South African Journal of Business Management* for potential publication.

Spies, H., Mackay, N. & Jansen van Rensburg, L.R. 2018. The influence of customer involvement, satisfaction and relationship value on patients' attachment in the South African hospital industry. *South African Journal of Business Management* (to be submitted).

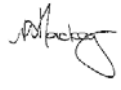
- The researchers plan to submit the third article (presented as Chapter 5) to the accredited international journal *Psychology & Marketing* for potential publication.

Spies, H., Mackay, N., Jansen van Rensburg, L.R. & De Beer, L.T. 2018. Investigating the antecedents and outcomes of patients' attachment in the South African hospital industry. *Psychology & Marketing* (to be submitted).

- A model is presented in the last chapter (Chapter 6), to depict the interrelationships amongst respondents' attachment and selected relationship marketing constructs.

Preface

- The researcher made use of the Harvard referencing style guidelines of the North-West University throughout the thesis, and a reference list is included after each chapter.
- Prof. Leon de Beer assisted with the data analysis of this study. A letter confirming the assistance in the statistical analyses is presented in Appendix C.
- The thesis was language edited by Dr. Karen Batley, associate professor of English literature, who acts as language editor for a South African ISI-journal. The letter confirming the language editing can be found in Appendix B.
- The contributions of the above listed co-authors and consent given for use in this thesis are summarised in the following table.

Author	Contributions of author and co-authors	Consent
H. Spies	Responsible for the planning and design of the study under the supervision of Dr. N. Mackay. Chapters 1 to 6: Wrote all the chapters, articles (primary author) and thesis. Searched and reviewed literature, analysed the collected data and interpreted the results.	
Dr. N. Mackay	Planned and design the entire study as supervisor of the candidate. Assisted with the statistical data analysis in article 1 (Chapter 3) and supervised the writing of the articles and thesis.	
Prof. L.R. Jansen van Rensburg	As co-supervisor of the candidate assisted with the literature overview in Chapter 2 and provided critical reviews of the articles.	
Prof. L.T de Beer	Assisted with the statistical data analysis of article 2 (Chapter 4) and article 3 (Chapter 5).	

I declare that I have approved the chapter/article(s) and that my role in the study as indicated above is representative of my actual contribution and that I hereby give my consent that it may be published as part of the thesis.

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CHAPTER 1

CONTEXTUALISATION OF THE STUDY

1.1 INTRODUCTION

The purpose of Chapter 1 is to provide a contextual background to this study. The chapter commences with the background and research problem, together with an overview of the South African hospital industry. Following this, the research discipline and main constructs are discussed in a theoretical context, and the overall objectives and hypotheses are formulated for the study. This is followed by the research methodology implemented to reach these objectives and hypotheses. Chapter 1 concludes with an indication of the contribution of the research and the demarcation of the chapters.

1.2 BACKGROUND AND RESEARCH PROBLEM

In general, healthcare can be viewed as highly complex, universally used-services that significantly influence economies, the quality of daily living, and patients' disposable income (Folland *et al.*, 2016:1-4; Schoot *et al.*, 2017:67). This is particularly the case for healthcare in South Africa hospital industry, which is often regarded as unaffordable, and therefore inaccessible to the majority of South Africans (Ranchod *et al.*, 2017; RH Bophelo, 2017). Viewed as a two-tiered system with distinct public and private industries, the South African hospital system reflects inequality, as the *public* hospital industry serves about 80% of the South African population, whilst the *private* hospital industry serves only 20% of the population (KPMG, 2015; RH Bophelo, 2017). Characterised by poor service deliveries, resource shortages, deteriorated equipment, limited availability of qualified staff, and inconsistent management, the South African public hospital industry is ranked amongst the worst in the world, leaving the majority of South Africans without proper healthcare (Bonorchis & Kew, 2017; Deloitte, 2015). These challenges faced by the public hospital industry, however, have resulted in a higher demand for quality healthcare among South Africans, which has led to the growth of the private hospital industry (RH Bophelo, 2017).

According to Brown (2017) and RH Bophelo (2017), the private hospital industry plays a pivotal role in South African healthcare owing to sustained profitability and its political and economic

relevance, helping the government to fulfil its constitutional mandate to provide quality healthcare services for South African citizens. However, despite the financial contribution by the private hospital industry, it serves only 20% of the South African population and has been exposed to considerable changes in the marketplace in the form of new technologies, more informed patients, and increased patient demands for better service delivery, leading to a wave of competitors. Subsequently, these changes have forced South African hospitals to compete for a share in the market (Bisschoff & Clapton, 2014:48, 49; Lancaster, 2016:42). In order to cope with the pressure of increased competition, Almunawar and Anshari (2014:98) and Kanthe *et al.* (2016:36) suggest that hospitals focus more on building deeper, more direct and lasting relationships with more carefully-selected patients.

The rationale behind building lasting customer relationships is that retaining existing customer relationships cost less than continually attracting new customers, which contributes to higher profitability (Mark *et al.* 2013:233). This cost-saving property of retaining customers motivates hospitals to develop and implement successful relationship marketing strategies, as this would enable them to create a sustained competitive advantage (Kanthé *et al.*, 2016:36; Sheth, 2017:2). To establish and maintain successful long-term customer relationships, various researchers are of the opinion that organisations should focus their relationship marketing strategies on those customers who have formed a bond with the organisation, that is, customers with high levels of attachment to the organisation (Dwyer *et al.*, 2015:578; Moussa & Touzani, 2017:157). Beldona and Kher (2015:363) and Moussa and Touzani (2013:350) note that customers' attachment styles influence how they view their relationship with the organisation, and that customers typically experience an emotional attachment to the organisations they can trust. A customer who trusts an organisation generally displays a higher level of loyalty, and should have stronger intentions to continue in a relationship with the organisation (Mende *et al.*, 2013:138). The value of customer attachment in building long-term profitable customer relationships should therefore not be undervalued (Mende *et al.*, 2013:139; Vlachos *et al.*, 2010:1491).

To form a better understanding of customer attachment in customer-organisational relationships, Moussa and Touzani (2017:157) and Verbeke *et al.* (2017:51) suggest that the factors contributing to the development and maintenance of attached customers should be studied. Existing research indicates that customers' level of involvement, satisfaction and relationship value may influence the level of their attachment. Prayag and Ryan (2012:11) and Ruiz *et al.* (2007:1094) explain that when customers continually interact with the employees and

organisational activities, they develop a bond with the organisation which is likely to develop into attachment. Customers are also more likely to develop an attachment when they are satisfied with the services provided by the organisation and receive value from the relationship with it, which motivates them to maintain and improve the relationship (Danjuma & Rasli, 2012:99; Esch *et al.*, 2006:103).

According to the literature, another factor that should be contemplated when forming a better understanding of attachment is individuals' emotions, seeing that attached individuals are able to regulate their own emotions (positive and negative) during emotional experiences (Jensen *et al.*, 2015:90). Pascuzzo *et al.* (2013:97-98) and Zimmer-Gembeck *et al.* (2015:88) maintain that this form of emotional regulation is advantageous for individuals aiming to establish and enhance close relationships, as attached individuals have the ability to loosen their cognitive strategies, open up to emotional experiences and engage in the carefree processing of information after experiencing either positive or negative emotions, which, in turn results in wider visual search patterns, more creative problem-solving and more flexible goals and mind-sets. These researchers further argue that, if attached individuals are able to cope more effectively with emotional experiences, it is anticipated that attached customers will also cope more effectively with emotional experiences (which can be referred to as consumption emotions). This could ultimately improve their relationship with the organisation (Jensen *et al.*, 2015:90).

Moreover, organisations that operate in a competitive market regard both customer attachment, and sustaining it as important, because it offers various outcomes which contribute to building sustainable customer relationships. According to Beverland *et al.* (2009:442), Chelminski and Coulter (2011:366) and Kumar *et al.* (2003:670), customers who are emotionally attached to the organisation have developed a bond with it and will consequently not only exhibit a fear of losing their relationship with their organisation, but will also demonstrate a willingness to forgive the organisation for any transgression. They will display resistance to switching organisations, ensuring the establishment of a loyal customer base, all of which contribute to the development and success of customer relationships.

It can be inferred from the above discussion that various relationship-specific constructs are related to customer attachment, including, involvement, satisfaction, relationship value, emotions, fear of relationship loss, forgiveness and loyalty. While a limited number of studies have examined the relationship between attachment and some of the abovementioned constructs

in isolation, these studies have not yet investigated these constructs in relationship with each other, limiting the understanding of the customer attachment concept (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). Determining the role of the abovementioned constructs on customers' attachment will not only enhance marketers' understanding of customer attachment in customer-organisational relationships, but will also contribute to the growing body of research on customer attachment. Moreover, although the importance and contribution of customer attachment in building relationships is undisputed, according to the researcher's knowledge no research study has examined customer attachment in the South African hospital industry. Gaining insight into patients' attachment could, therefore, guide South African hospitals in their efforts to build patient relationships.

For these reasons, this study sets out to determine the interrelationships amongst respondents' attachment and key relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) in the South African hospital industry.

1.3 OVERVIEW OF THE SOUTH AFRICAN HOSPITAL INDUSTRY

The South African hospital system is a two-tiered system, which comprises a large public hospital industry and a smaller, albeit growing, private hospital industry (Press Office, 2017). Contributing nearly 8.6% to the South African GDP, healthcare in both the public and private hospital industry provides services from the most basic primary healthcare available, largely free, in public hospitals and clinics, to highly specialised and technologically advanced health services available in both industries (Health financing profile, 2016; Press Office, 2017). In spite of both industries providing some of the basic healthcare services, major disparities exist between the South African public and private hospital industries (Ranchod *et al.*, 2017). Ranked among the worst in the world, the South African *public hospital industry* serves about 80% of the South African population, runs 394 hospitals, and spends approximately €9 billion per year on serving public healthcare patients (KPMG, 2015; RH Bophelo, 2017). The *private hospital industry*, on the other hand, is deemed to be on par with international standards, and spends roughly the same amount as the public hospital industry (€9 billion), serves 20% of the South African population and runs 340 private hospitals (KPMG, 2015; Oxford business group, 2016; RH Bophelo, 2017).

Moreover, these two hospital industries differ fundamentally in terms of the employment of clinical staff, rationing mechanisms, input costs, outputs, access to a hospital, quality care and structure and process (Ranchod *et al.*, 2017). Table 1-1 summarises the main differences between the South African public and private hospital industries.

Table 1-1: Differentials in the South African public and private hospital industry

Differentials	Public industry	Private industry
Employment of clinical staff	Employs doctors.	Doctors are employed with preconditions.
Rationing mechanisms	Care tends to be rationed both explicitly, via care protocols and formularies, and implicitly, via waiting lists and queues.	Tends to be explicitly defined by the funders of care.
Input costs	Has access to State tender prices for pharmaceutical products.	Does not have access to State tender prices for pharmaceutical products.
Outputs	Consults large numbers of outpatients.	Consults a far higher portion of surgical cases than public hospitals.
Access to a hospital	Less access to hospitals.	Access to a hospital is far higher for those with medical scheme cover.
Quality care	Quality of care is lower, owing to less available medicine, incorrect diagnoses, and delayed diagnoses and treatment.	Quality of care is higher owing to the inequitable distribution of financial and human resources.
Structure and process	Inconsistent leadership, management, systems and incentives across hospitals.	Structures and processes are better because of quality management and improvement, better risk and medical equipment management as well as better prevention and control of infection and maintenance service than in public hospitals.

Source: Adapted from Ranchod *et al.* (2017).

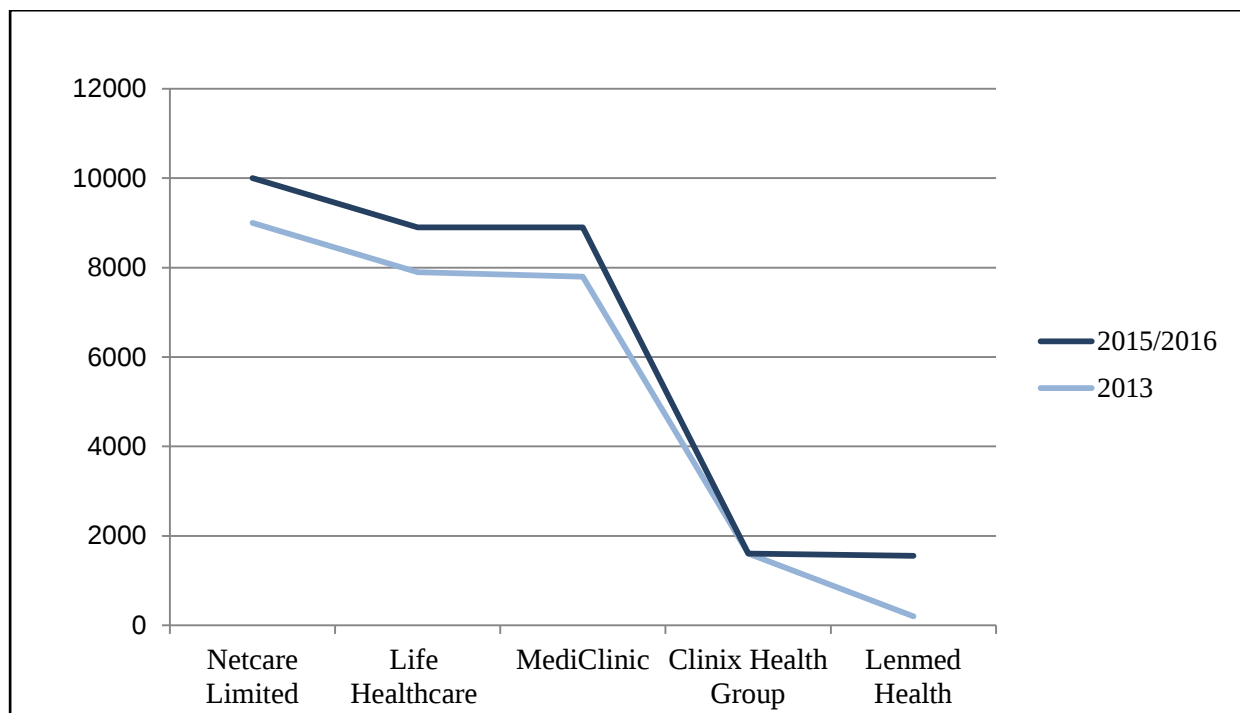
Taking the main differences between the South African public and private hospital industries in Table 1-1 into consideration, it can be concluded that the public hospital industry is facing various challenges, which, according to RH Bophelo (2017), increases South Africa's demand for quality healthcare. RH Bophelo (2017) is also of the opinion that South Africa's demand for quality healthcare has led to the growth of the private hospital industry, which has gained both political and economic relevance, as it is playing a pivotal role in assisting the government in fulfilling its constitutional mandate to provide quality healthcare service to South African

citizens. The next section acknowledges the important role of the South African private hospital industry by discussing the major role-players in this industry.

1.3.1 Major role-players in the South African private hospital industry

According to Brown (2017) and RH Bophelo (2017), most of the profits in the South African healthcare industry are obtained from the private hospital industry and are mostly embedded in hospitals. Brown (2017) regards the private hospital industry in South Africa as a highly concentrated market, as it is dominated collectively by three hospital groups (i.e., Netcare Limited, the Life Healthcare Group and MediClinic). The hospital groups account for close to 80% of the market, whilst the other operators are made up of a grouping of independently-owned hospital facilities and other independent operators (RH Bophelo, 2017). The dominance of the three hospital groups (i.e., Netcare Limited, the Life Healthcare Group and MediClinic) is supported in Figure 1-1, as it illustrates how their number of hospital beds grew from 2013 to 2016, and how the number of hospital beds of two of the independently-owned hospitals (Clinix Health Group and Lenmed Health) stagnated and decreased (RH Bophelo, 2017).

Figure 1-1: Private hospital beds in South Africa, by holding groups (2013-2016)



Source: Adopted from RH Bophelo (2017).

Brown (2017) maintains that the dominance of the three big hospital groups can be attributed to the fact that the number of patients with private medical care grew gradually, pricing increased to well above the South African inflation rate, and there was no strict government and industry legislation or regulatory impact by the South African government and medical schemes.

Of the three big hospital groups, Netcare Limited is regarded as the largest private healthcare network in South Africa, and has improved hospital management and returns over the past five years (Brown, 2017; RH Bophelo, 2017). The Life Healthcare Group Limited (which comprises hospitals, occupational health, and rehabilitation and esidimeni divisions) is South Africa's second largest private healthcare network, which has performed strongly after being re-listed on the JSE in 2010. MediClinic, which is a division of MediClinic International, ranks third in terms of the South African private healthcare network (Brown, 2017; RH Bophelo, 2017). According to Brown (2017), MediClinic can be viewed as a strong South African private hospital organisation which is consistently well managed, but has now reached a level of maturity.

However, in spite of the dominant presence of the three big hospital groups, these have been exposed to considerable changes and challenges in the marketplace in the last few years (RH Bophelo, 2017). These challenges are discussed in the next section.

1.3.2 Current challenges in the South African hospital industry

Bonorchis and Kew (2017) and Van Zyl (2016) maintain that the South African hospital industry is confronted by widely-acknowledged challenges which require proactive solutions in a competitive market environment. These challenges are briefly discussed below:

- **Rising costs for treatment and medicine:** According to Van Zyl (2016), the rising costs of treatment and medicine, which contributes to the growing pressure on affordability, has, in general, erected a barrier to healthcare access.
- **Insufficient numbers of staff:** Specifically with regard to doctors, Bonorchis and Kew (2017) and the Press Office (2017) state that most doctors prefer not to work for public hospitals owing to poor working conditions. This has subsequently resulted in higher emigration rates for doctors.

- **Legislative and regulatory impact:** Both the South African and the global governments are experiencing increased fiscal pressure, which is likely to result in stringent government and industry legislation and regulation across healthcare industries (Brown, 2017).
- **Rising hospital costs:** Owing to the high costs of training nursing staff, salary increases, and increase in equipment costs to attract top surgeons, hospital costs in South Africa have increased by between 10% to 11.5% per annum (well above the general inflation rate) (Brown, 2017).
- **Inequality in accessing adequate healthcare:** Despite the South African Constitution's Bill of Rights, which indicates that everyone has a right to have access to healthcare services, 80% of the nation's population has no medical insurance and depends on a public health system which does not offer enough doctors and which has dilapidated equipment, resulting in treatment delays (Bonorchis & Kew, 2017).
- **Health concerns of the population:** Owing to unequal access to healthcare, poverty and social instability, South Africans are struggling with one of the highest epidemics of HIV/AIDS and tuberculosis in the world. Research reveals that approximately 67% of people living with HIV/AIDS worldwide are South African (Pacific Prime, 2017).

Based on the above discussions, it can be inferred that the South African hospital industry is facing unprecedented challenges, which, according to Brown (2017), have resulted in a higher demand for quality healthcare among the population. Consequently, these challenges have forced South African hospitals to compete for a share in the market by implementing effective relationship marketing strategies (Bisschoff & Clapton, 2014:48, 49; Lancaster, 2016:42). Building on the premise that long-term patient relationships could contribute to the hospital industry, this study sets out to investigate patients' attachment, which forms a key building block in building relationships.

As the challenges in the South African hospital industry have now been discussed, it is important to form an understanding of the theory related to this study. The theoretical context is subsequently discussed in the following section.

1.4 THEORETICAL BACKGROUND

The theoretical context consists of a discussion on relationship marketing which should be targeted at attached customers. The discussion is further extended to consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness. This section concludes with a discussion on the relationship among the abovementioned constructs.

1.4.1 Relationship marketing

Relationship marketing, at its core, focuses on establishing, maintaining and enhancing mutually beneficial relationships in which value is created for all the parties involved (Gilaninia *et al.*, 2011:796; Sun *et al.*, 2014:94). By establishing and maintaining customer relationships, organisations are often in a better position to receive repeat business from existing customers and to spend less on attracting new ones, resulting in increased profits (Kumar, 2014:1047; Sweeney *et al.*, 2011:297). Considering the potential financial implications of relationship marketing, it is understandable that many organisations are willing to spend a considerable amount of time and money on developing effective relationship marketing strategies (Nguyen & Nguyen, 2014:81). However, to establish and maintain effective long-term customer relationships, organisations have to create and maintain attached customers in an effort to solidify the bond created between them, which serves as a prerequisite to building affectionate long-term, profitable customer relationships (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51).

1.4.2 Attachment

Ainsworth *et al.* (1978) and Bowlby (1958) refer to attachment as individuals' emotional and behavioural tendencies (bonds) captured in personal relationships, which are developed over time based on individuals' prior experiences. To describe and measure attachment, research in psychology has converged on the use of two dimensions, namely *attachment avoidance* and *attachment anxiety*. The avoidance dimension captures an individual's fear of personal intimacy, dependence and disclosure, whereas the anxiety dimension captures an individual's fear of rejection and abandonment (Wei *et al.*, 2007:201). According to Dwyer *et al.* (2015:571), both attachment avoidance and attachment anxiety can assist in forming an understanding of regulating human emotions, which forms the basis of the attachment theory. The attachment theory refers to people's psychological instinct to form and maintain affectionate ties with

specific attachment figures (such as father, mother, or organisation). These attachment figures guide people's expectations and perceptions in close relationships, which in turn determine their internal working models of relationships (mental representations of relationship partners and the self) (Bowlby, 1977:201).

Although most of the early research on attachment focused almost entirely on parent-infant (Ainsworth *et al.*, 1978; Bowlby, 1958) and adult relationships (Shaver & Mikulincer, 2005), marketing studies have suggested that customers' internal working models (attachment representations) may be activated when they are engaging with particular brands, organisations or employees (Beldona & Kher, 2015:362-363; Mende *et al.*, 2013:139; Tsai, 2014:998). These authors argue that customers' internal working models of attachment will be activated when they are faced with certain emotional experiences (such as a service failure), seeing that the relationship between a customer and the representatives of an organisation can be viewed as an adult relationship. Consequently, if attached adults are able to regulate their emotions during emotional experiences (Dwyer *et al.*, 2015:571), it can be expected that attached customers will do the same, which, in turn, will allow organisations to build sustainable customer relationships.

1.4.3 Consumption emotions

Consumption emotions can be defined as a customer's set of feelings provoked through his or her use of products, services or consumption experiences (Westbrook & Oliver, 1991:84). When assessing a specific product, service or consumption experience, customers draw on their current emotional state (Ali *et al.*, 2016:25; White, 2010:390). Koenig-Lewis and Palmer (2014:443) explain that the emotional state from which customers draw when assessing a specific product, service or consumption experience can either be positive (which means happiness, joy, excitement, pride and gratitude) or negative (which suggests shame, anger, envy, fear, annoyance or sadness).

Previous research has considered the important role of consumption emotions (both positive and negative) not only in the assessment of products or services, but also in building customer-organisational relationships (Pappas *et al.*, 2014:195; Prabhu & Kazi, 2016:7; Razzaq *et al.*, 2017:256). Research shows that positive emotions have the inclination to positively impact customers' level of satisfaction (Vinagre & Neves, 2008:98), purchase intention (Pappas *et al.*, 2014:195), word-of-mouth (White, 2010:391) and loyalty (Lee *et al.*, 2009:319), which contributes to building customer relationships. However, research by Razzaq *et al.* (2017:256)

has also revealed that negative emotions may lead to unfavourable customer behaviours (such as switching to competitors) which could be detrimental to strengthening relationships with customers. Jani and Han (2015:55), Peng *et al.* (2017:9) and Rychalski and Hudson (2017:89) accordingly suggest that organisations reinforce positive emotions among customers as they will have a pleasant experience and consequently wish to recommend the organisation to other customers, or return to purchase products or services over a period of time, ultimately contributing to building a loyal customer base.

1.4.4 Loyalty

Customer loyalty can be defined as customers' attachment to an organisation with which they form a psychological bond. They show continuous purchase intentions and behaviours towards this organisation (Hoffman & Bateson, 2017:373; Komunda & Osarenkhoe, 2012:83). This definition incorporates both an attitudinal and a behavioural dimension of loyalty, which most researchers regard as the best measure of true customer loyalty (Bowen & McCain, 2015:418; Khan, 2012:260). The attitudinal dimension of loyalty delineates how customers think and feel about a brand, product, service or organisation (i.e. psychological bond and attachment formed) (Khan *et al.*, 2015:168-169). This is reflected, for instance, in customers' preference for an organisation, their commitment to it, and their willingness to recommend it to other customers (Vesel & Zabkar, 2010:397). In contrast, behavioural loyalty amounts to customers' purchasing behaviour over time (Khan *et al.*, 2015:168-169). This is reflected, for instance, in customers' commitment to frequently purchasing from the organisation and their willingness to spend more there as compared to spending at competitors' organisations (Egan, 2011:57).

Several scholars are in agreement that customer loyalty can be viewed as a core marketing activity for organisations operating in fiercely competitive environments, as this yields various benefits for organisations in the form of higher repurchase intentions, an increased share of wallet, word-of-mouth and lowered acquisition costs, which should ultimately result in higher organisational profits (Chen, 2015:114; Khan, 2012:250-258). According to Prayag and Ryan (2012:9), one of the main factors contributing to the establishment of a loyal customer base is customers' level of involvement with employees and organisational activities. These authors argue that, through customers' involvement with employees and organisational activities, they form an emotional bond with an organisation, which, in turn, may lead to loyal customers.

1.4.5 Involvement

A lack of consistency can be detected in the conceptualisation of customer involvement, as it is applicable to various aspects of marketing, such as advertisements, promotional material, service delivery and improvements, purchase decisions, and building customer relationships (Dagger & David, 2012:365; Howcroft *et al.*, 2007:482). This study, however, focuses on customer relationships, so customer involvement can accordingly be defined as customers' willingness to freely participate in a relationship with an organisation without being coerced (Kumar *et al.*, 2003:670). According to Baker *et al.* (2009:116) and Dagger and David (2012:450), customers are more willing to participate in a relationship with an organisation when the relationship with the organisation offers benefits that will contribute to their own needs and interests. By becoming involved with the organisation and its relationship activities, customers not only stand to gain relationship benefits, but also acquire social bonds and greater psychological value, making them more receptive to building relationships (Kumar *et al.*, 2003:670; Nambisan, 2002:405).

Building on the premise that involved customers are more receptive to building relationships, understanding and studying customers' involvement therefore becomes a necessity for organisations aiming to build profitable long-term customer relationships (Ashley *et al.*, 2011:755; Eisingerich *et al.*, 2014:49). Cheung and To (2014:192), Prayag and Ryan (2012:11), Ruiz *et al.* (2007:1094) and Seiders *et al.* (2005:30) concur that forming an understanding of customers' involvement could assist organisations in their relationship building efforts, as customer involvement could lead to positive outcomes, such as customer feedback, providing quality service, and higher attachment and satisfaction levels. The research by Pleshko and Heiens (2015:68) and Seiders *et al.* (2005:30) support the impact of customer involvement on satisfaction, as customers who are more involved will generally be more satisfied with the services provided than those customers who are less involved, leading to positive outcomes such as loyalty, repurchasing, cross buying, lower price elasticity and positive word-of-mouth (discussed in section 2.3.5.3). Subsequently, satisfaction is addressed in the next section.

1.4.6 Satisfaction

The positive outcomes of customer satisfaction in terms of repurchasing, recommendation, cross-buying, lower price elasticity, and positive word-of-mouth cannot be underestimated or contested (Chen, 2012:208; Hoffman & Bateson, 2017:29; Pleshko & Heiens, 2015:68). For this reason,

many service providers make vast investments in customer satisfaction (Fengji *et al.*, 2016:72). Oliver (2010:8) defines customer satisfaction as customers' perceptions of the performance of a product or service, in relation to their expectations. Customer satisfaction is best conceptualised in two dimensions, namely, transaction-specific satisfaction, which entails the post-choice evaluation of a specific purchase occasion, and overall or cumulative satisfaction, referring to customers' evaluation of the total consumption experience with a product or service (Homburg & Giering, 2001:45; Oliver, 2010:10). Several researchers focus on overall satisfaction, as they are of the opinion that overall satisfaction serves as a better predictor of customers' future behaviour intentions (De Matos *et al.*, 2013:534; Williams & Naumann, 2011:26).

Overall satisfaction can also be seen as a function of the expectancy-disconfirmation model, which is a function of both expectations and performance (Oliver, 2010:100-101). When actual performance exceeds expectations, positive disconfirmation is experienced and leads to satisfaction, while actual performance below expectations results in negative disconfirmation and consequently dissatisfaction (Hoffman & Bateson, 2017:288). Moreover, when expectations are met, it can be referred to as neutral disconfirmation (Babin & Harris, 2012:289). Service providers aiming to generate high levels of customer satisfaction, therefore, need to ensure that their overall performance corresponds with customers' expectations (Raychaudhur & Farooqi, 2013:35). Generating high levels of customer satisfaction can lead to higher relationship value levels, as satisfaction contributes to organisations' cost reductions, which increases the difference between what is received and what is given in a customer-organisational relationship (Jemaa & Turnois, 2014:8). As the satisfaction concept has now been discussed it is important to understand the role of relationship value in building successful customer-organisational relationships. The relationship value concept is discussed in the following section.

1.4.7 Relationship value

Although research on value has traditionally focused on the value of physical products, recent studies have emphasised the importance of the value of relationships (Cui & Coenen, 2016:61; Sun *et al.*, 2014:94). According to Corsaro *et al.* (2013:282), the need to introduce the relationship value concept stems from the fact that customer-organisational relationships hold positive economic consequences for organisations. Eggert and Ulaga (2002:101) define relationship value as a trade-off between the benefits (what is received), and the costs experienced or sacrifices (what is given) for a customer in their relationship with an organisation,

also taking into consideration what competitors can offer. This definition highlights the balance or compensation between benefits and sacrifices that the customer perceives in comparison to other providers.

The benefits for which customers are searching originate mostly from the existing relationship with an organisation in the form of benefits relating to the product, the service, the community, the supplier's know-how, and the organisation's capacity to improve time-to-market for its customers. The sacrifices, on the other hand, include the price paid to the organisation and the process costs (Uлага & Eggert, 2005:88). Moliner-Velazquez *et al.* (2014:222) advocate that marketing managers should carefully manage the relationship value provided to their customers, as it could form the foundation for building, enhancing and maintaining relationships with them. If properly implemented, relationship value will be advantageous to organisations, as it will lead not only to positive economic outcomes, but also to satisfied customers (Cui & Coenen, 2016:54). Moreover, customers who value their relationship with the organisation will also develop a fear of losing this relationship with the organisation (Blut *et al.*, 2016:286; Kumar *et al.*, 2003:670), which is discussed in the following section.

1.4.8 Fear of relationship loss

Customers' motivation to build and maintain relationships with organisations are rooted in the relationship benefits (comprising confidence, social and special treatment benefits) (Gwinner *et al.*, 1998:109-110; Wei *et al.*, 2014:16) and relationship bonds (comprising financial, structural and social bonds) (Wang, 2014:320) arising from such relationships. Hennig-Thurau *et al.* (2010:379) and Yen *et al.* (2014:176) explain that customers choose to continue their relationship with the organisation, as they know what to expect from this relationship (confidence benefits). Customers, therefore, develop a sense of familiarity and even a social relationship in the form of a friendship with their organisation (social benefits) and may even receive benefits in the form of economic or customisation benefits (special treatment benefits).

These relationship benefits facilitate the formation of a relationship bond between the customer and the organisation (Liang & Wang, 2006:123; Spake & Megehee, 2010:316,319-320). It is through the relationship bond created between the customer and organisation that customers develop a fear of losing a relationship with the organisation, as they have formed an emotional attachment to the organisation (Mende *et al.*, 2013:139). Huang *et al.* (2014:195), Lee *et al.* (2015:838) and Lima and Fernandes (2015:336) argue that emotionally-attached customers fear

losing their relationship with the organisation owing to the money they are saving in the relationship (financial bond), value-added benefits which competing organisations cannot provide (structural bond) and feelings of familiarity, personal recognition, friendship and social support (social bond). Consequently, customers are motivated to stay and continue the relationship with the organisation because they fear losing the relationship benefits and bonds (Blut *et al.*, 2016:286; Kumar *et al.*, 2003:670). Kumar *et al.* (2003:670) and Yagil and Luria (2015:565) add that, in an attempt to maintain and restore a relationship with an organisation, customers not only exhibit a fear of losing the relationship with their organisation, but also opt to forgive a transgression (such as a service failure).

1.4.9 Forgiveness

Customers forgive organisations for an interpersonal transgression, such as a service failure, when their relationship with the organisation offers them value in the form of interpersonal bonds (Bugg Holloway *et al.*, 2009:392; McCullough *et al.*, 2010:374). Customers feel emotionally attached to the organisation through these interpersonal bonds and are more willing to invest in the relationship (Yagil & Luria, 2016:565). It is because of the emotional attachment to the organisation that customers feel motivated to forgive any interpersonal transgression in an effort to repair the relationship (Chung & Beverland, 2006:98; Yagil & Luria, 2016:565). Customer forgiveness can therefore be viewed as a relationship-constructive mechanism which assists organisations in restoring a relationship with a customer in times when he/she experience a transgression (Chung & Beverland, 2006:98; Tsarenko & Tojib, 2011:381, 387).

Chung and Beverland (2006:98) and Siamagka and Christodoulides (2016:267) explain that when a forgiving customer experiences a transgression, he/she will let go of damaging responses and rather respond with constructive behaviours, affect and recognition. Forgiveness is therefore a process that starts with a cognitive reaction (the customer makes a cognitive effort to understand the transgression) which leads to emotional elicitation (the customer releases negative emotions related to the transgression) and this results in motivational outcomes (the customer refrains from switching to a competitor). Consequently, marketers aiming to build long-term customer relationships need to not only encourage, but also understand customers' willingness to forgive (Siamagka & Christodoulides, 2016:267; Yagil & Luria, 2015:576).

1.4.10 Relationships between constructs

Obtaining evidence from existing studies, the following section sets out to explain the relationship between the aforementioned theoretical constructs of the study.

1.4.10.1 The relationship between attachment and emotions

Despite the fact that the relationship between attachment and emotions in customer-organisational relationships has not yet been empirically tested, the importance of customers' attachment levels and their connection to emotions is supported in literature (Pascuzzo *et al.*, 2013:97-98; Zimmer-Gembeck *et al.*, 2015:88). Research reveals that the importance of studying attachment lies in the ability of attached individuals to regulate their own emotions (positive and negative) during emotional experiences, which is prevalent in research studies carried out in various adult relationship contexts (Jensen *et al.*, 2015:90; Pascuzzo *et al.*, 2013:97-98). This study adapts the attachment theory of adult relationships and maintains that a relationship between a customer and an organisation can also be seen as an adult relationship which at certain times can create a scenario in which internal working models of attachment are activated (such as a service failure). If attached individuals are able to handle their emotional experiences more effectively (Frazier *et al.*, 2015:381; Pascuzzo *et al.*, 2013:97-98) it can be expected that attached customers will also be able to handle their emotional experiences more effectively, which could ultimately improve their relationship with the organisation (Jensen *et al.*, 2015:90).

1.4.10.2 The relationship between customer attachment and loyalty

Customer loyalty can be regarded as an essential aspect of customer attachment, seeing that customer attachment is developed gradually during service experiences over time (Levy & Hino, 2016:138,145; Yim *et al.*, 2008:752,753). Yim *et al.* (2008:752) explain that customers develop feelings of intimacy, passion and commitment as they connect with the organisation which leads to stronger bonds and resistance to change (i.e. establishing loyalty). Research by Khan (2012:246) confirms the relationship between customer attachment and loyalty and states that true customer loyalty can be established only through customers' attachment to the organisation.

1.4.10.3 The relationship between customer involvement and attachment

According to Prayag and Ryan (2012:11), Pretty *et al.* (2003:24) and Ruiz *et al.* (2007:1094), a customer develops an attachment to an organisation when he/she interacts with employees and

organisational activities, which contributes to establishing a bond. Previous research supports this view by empirically establishing that customer involvement positively and significantly affects customer attachment (Prayag & Ryan, 2012:9).

1.4.10.4 The relationship between customer involvement and loyalty

The research by Dagger and David (2012:462) and Kinard and Capella (2006:365) established that customers' involvement significantly affects their loyalty to an organisation. Kumar (2003:670) explains that customers become more involved with the organisational activities through their enhanced perception of gaining relationship benefits or an emotional bond, which leads to the likelihood of returning to the organisation and engaging in long-term loyal relationships.

1.4.10.5 The relationship between customer satisfaction and attachment

Customers who are more satisfied with the service they receive from an organisation will also be more motivated to improve and sustain an effective bond with the organisation, culminating in attached customers (Danjuma & Rasli, 2012:99; Esch *et al.* 2006:103). This positive relationship between customer satisfaction and attachment is supported and confirmed through research studies done by Bahri-Ammari *et al.* (2016:574), Erciş (2011:92) and Esch *et al.* (2006:102).

1.4.10.6 The relationship between relationship value and customer attachment

Customers who value their relationship with an organisation will be more attached to the organisation. The rationale for this is that the presence or absence of different sources which customers value, such as a relationship, influences the strength of their attachment to their organisation. When an organisation meets the conditions valued by their customers, the customers will become more attached to the organisation (Aldlaigan & Buttle, 2005:356-357; Buttle & Aldlaigan, 1998:15).

1.4.10.7 The relationship between relationship value and loyalty

Previous research by Chen and Myagmarsuren (2011:969) reveals that customers who value their relationship with the organisation are more likely to become loyal. Sun *et al.* (2014:92) support this view by explaining that when customers perceive that they are receiving higher

value from the relationship with the organisation, they are more prepared to buy more from the organisation and sustain a long-term relationship with it.

1.4.10.8 The relationship between customer attachment and fear of relationship loss

Over time, customers become more motivated to develop a bond with an organisation through their interactions with the organisation as well as the relationship benefits they receive. It is through the bond created between the customer and organisation that the likelihood of developing a successful customer-organisational relationship increases (Liang & Wang, 2006:123; Spake & Megehee, 2010:316). Chelminski and Coulter (2011:366) and Kumar *et al.* (2003:670) continue to explain that customers who have developed a bond with an organisation are also more emotionally attached to the organisation and they may fear the possible consequences of losing their relationship (such as their relationship bond and relationship benefits).

1.4.10.9 The relationship between customer attachment and forgiveness

The research by Beverland *et al.* (2009:442) established that customers who have a secure attachment relationship with their organisation are more willing to forgive a transgression such as a service failure. Tsarenko and Strizhakova (2010:373) confirm the relationship between customer attachment and forgiveness by explaining that attached customers form a strong relationship bond with an organisation and are more likely to experience personal growth and acquire social abilities, among which forgiveness plays a significant role.

1.5 OBJECTIVES, HYPOTHESES AND THEORETICAL FRAMEWORK

The overall primary and secondary objectives and hypotheses formulated for this study are presented in the following sections. The primary objective is subsequently followed by the secondary objectives, hypotheses and theoretical framework.

1.5.1 Objectives

The primary objective of this study is to determine the interrelationships amongst respondents' attachment and key relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) within the South African hospital industry.

The following secondary objectives have been formulated to support the primary objective, namely to:

- 1) provide a sample profile of respondents;
- 2) determine respondents' attachment to their hospital;
- 3) determine respondents' consumption emotions towards their hospital;
- 4) determine the relationship between respondents' attachment and consumption emotions in the South African hospital industry;
- 5) determine the influence of respondents' attachment judging by their loyalty to their hospital;
- 6) determine the influence of respondents' involvement judging by their attachment to their hospital;
- 7) determine the influence of respondents' involvement on their loyalty towards their hospital;
- 8) determine the influence of respondents' satisfaction judging by their attachment towards their hospital;
- 9) determine the influence of respondents' relationship value perceptions judging by their attachment to their hospital;
- 10) determine the influence of respondents' relationship value judging by their loyalty to their hospital;
- 11) determine the influence of respondents' attachment judging by their fear of relationship loss of their hospital;
- 12) determine the influence of respondents' attachment judging by their willingness to forgive their hospital;
- 13) propose a model depicting the influence of respondents' involvement, satisfaction and relationship value on their attachment to their hospital; and

- 14) propose a model depicting the antecedents and outcomes of customer attachment.

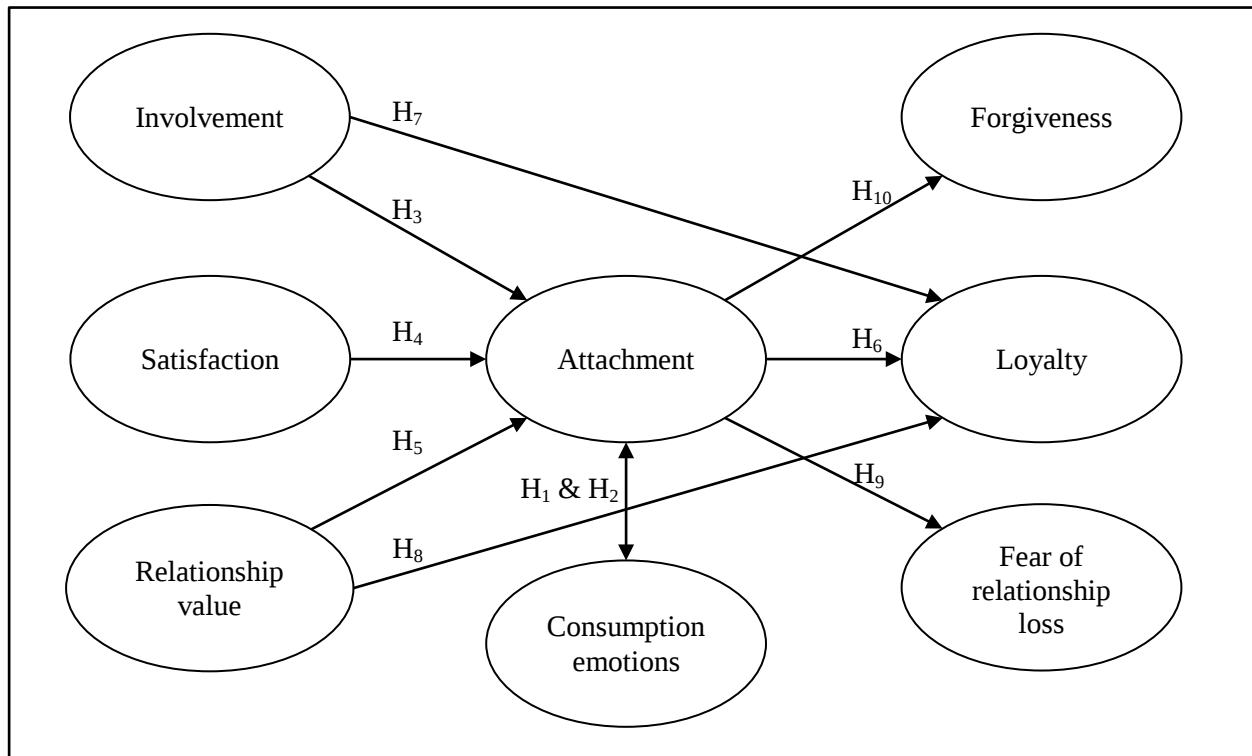
1.5.2 Hypotheses

In view of the above literature discussion, relationships between the constructs, and research objectives, the following alternative hypotheses are formulated for the study:

- H₁:** There is a significant and positive relationship between positive consumption emotions and the respondents' attachment.
- H₂:** There is a significant and negative relationship between negative consumption emotions and the respondents' attachment.
- H₃:** The respondents' involvement significantly and positively influences their attachment to their hospital.
- H₄:** The respondents' satisfaction significantly and positively influences their attachment to their hospital.
- H₅:** The respondents' relationship value significantly and positively influences their attachment to their hospital.
- H₆:** The respondents' attachment significantly and positively influences their loyalty to their hospital.
- H₇:** The respondents' involvement significantly and positively influences their loyalty to their hospital.
- H₈:** The respondents' relationship value significantly and positively influences their loyalty to their hospital.
- H₉:** The respondents' attachment significantly and positively influences their fear of losing their relationship with their hospital.
- H₁₀:** The respondents' attachment significantly and positively influences their forgiveness of their hospital.

Based on the above theory, relationships among the constructs and formulated hypotheses, Figure 1-2 presents the theoretical framework that guides this study.

Figure 1-2: Theoretical framework for this study



1.6 RESEARCH METHODOLOGY

This section provides a discussion on the research methodology followed. First, there is a brief consideration of how the secondary data (literature) was collected, followed by a detailed discussion relating to the empirical investigation for this study.

1.6.1 Literature study

In order to gain a theoretical background for the research problem and the constructs relating to the study (i.e. customer attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness), secondary data was collected. Scientific journals, articles, books and research documents were consulted to assist in the collection of the data. For the purposes of this study, the following databases were consulted:

- ProQuest: full-text international dissertations and theses.

- ScienceDirect: full-text international dissertations, articles and books.
- SACat: national catalogue of books and journals in South Africa.
- Nexus: databases compiled by the NRF of current and completed research in South Africa.
- SAePublications: electronically available Sabinet African full-text articles and abstracts.
- EbscoHost: international journals on Academic Search Premier, Business source premier Source Premier, Communication and Mass Media Complete, and EconLit.
- Emerald: internationally published journals.
- SAMEDIA: newspaper articles.

1.6.2 Empirical investigation

The empirical investigation section of this study is discussed according to the research design, the development of the sample plan, the measurement instrument used for this study, the method of data collection, and the data analysis.

1.6.2.1 Research design

Hair *et al.* (2013:36) and Malhotra *et al.* (2012:7) state that a research design serves as an overall plan used to specify the details and the practical aspects of collecting and analysing the data required to solve the identified research problem. Malhotra *et al.* (2012:7) are of the opinion that a well-constructed research design will ensure that the research project will be carried out effectively and efficiently. In order to choose the most appropriate research design, the researcher must consider the types of data, the data collection method, the sampling method, the schedule, and the budget (Hair *et al.*, 2013:36). According to Aaker *et al.* (2013:36), the research design can be classified in three general categories, namely exploratory, causal, and descriptive.

Malhotra *et al.* (2012:86) explain that *exploratory* research designs are normally followed when examining new concepts in the field of marketing where researchers seek insights into the general nature of a problem, the possible decision alternatives and relevant variables that have to be considered. This design is highly flexible and relatively unstructured in nature, and provides a deeper understanding of customers' motivations, attitudes and behaviour (Hair *et al.*, 2013:36).

Causal research designs on the other hand are followed when the researcher would like to establish the cause-and-effect relationships between two or more variables by means of experiments (Brown & Suter, 2014:27). Causal research is most effective when the researcher can provide realistic proof that one variable precedes the other, and when no other factor is responsible for the relationship of the variables (Zikmund & Babin, 2013:51-51).

Descriptive research is a suitable research design to follow when researchers aim to portray the characteristics of certain groups, determine how customers behave, make specific predictions, and determine the extent to which marketing variables are related to the actual market phenomena (Brown & Suter, 2014:33). With descriptive research, scientific methods and procedures are used to collect raw data and create data structures in order to describe the existing characteristics of a defined target group (such as attitudes, intentions, preferences etc.) (Hair *et al.*, 2013:36; Shiu *et al.* 2009:62). For the purpose of this study, a descriptive research design was deemed most appropriate, as the study sets out to portray the characteristics and behaviour of patients in terms of their socio-demographics, perceived attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness.

According to Hair *et al.* (2013:381), the type of research design also depends on whether the study makes use of qualitative or quantitative research (or both). *Qualitative* research is most often used with exploratory research designs, as it allows the researcher to provide elaborate interpretations of the market phenomena without depending on numerical measurement (Babin & Zikmund, 2016:109). Qualitative data collection techniques are comprised mainly of focus groups, in-depth interviews, and observation and projective techniques, which enable the researcher to focus on discovering new insight and true inner meanings (Aaker *et al.*, 2013:178).

Unlike qualitative research, *quantitative* research is mainly used with descriptive and causal research designs, as it seeks to reach objectives through empirical calculations that consist of numerical measurement and analytical approaches (Hair *et al.*, 2013:77; Zikmund & Babin, 2013:99). Hair *et al.* (2013:77) state that the main aim of quantitative research is to acquire information that will allow the researcher to make accurate predictions about relationships (between market factors and behaviours), gain meaningful insights into those relationships, validate relationships, and test hypotheses. Quantitative data collection techniques generally comprise surveys, which could include person-administered surveys, telephone-administered surveys, or self-administered surveys (Hair *et al.*, 2013:111). Table 1-2 indicates the main

differences between qualitative and quantitative research in terms of research goals or objectives, the type of research and questions, the time of execution, representativeness, types of analyses, research skills and the generalisability of results.

Table 1-2: The differences between qualitative and quantitative research

Characteristics	Qualitative research	Quantitative research
Research goals / Objectives	Discover, identify, and understand new ideas, thoughts, feelings and initial insights on and of ideas and objects.	Validate facts, estimates, relationships, predictions.
Type of research	Typically exploratory designs.	Typically descriptive or causal designs.
Type of questions	Generally open-ended, semi-structured, unstructured, deep probing questions.	Generally structured questions.
Time of execution	Somewhat short time frames.	Typically significantly longer time frames.
Representativeness	Small samples and restricted to the sampled respondents.	Large samples and usually good representation of target populations.
Types of analyses	Debriefing, subjective, content, interpretive, semiotic analyses.	Statistical, descriptive, causal predictions and relationships.
Research skills required	Interpersonal communication, observation skills, and the ability to interpret.	Scientific, statistical procedure, and translation skills; and selected subjective interpretive skills.
Generalisability of results	Very restricted; comprised of only preliminary insights and understanding.	Generally very good; interpretations about facts, estimates or relationships.

Source: Adapted from Shiu *et al.* (2009:171).

This study made use of quantitative research (in the form of **self-administered** surveys), seeing that the main goal of this study is to determine the interrelationships among respondents' attachment and key relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) within the South African hospital industry. Quantitative research will therefore assist in making certain predictions regarding these concepts within the South African hospital industry. The quantitative research also supports the descriptive research design used for this study.

1.6.2.2 Development of the sample plan

Malhotra *et al.* (2012:495-496) postulate that, after the research design has been selected, a plan must be developed to draw the sample to be used for the study. This comprises defining the target population, identifying the sample units and elements, selecting the sampling method and technique, and determining the sample size, all of which are subsequently discussed.

(i) Defining the target population

Malhotra *et al.* (2012:86) refer to the target population as elements or objects (e.g. people, products, organisations) that hold the information required by the researcher. These elements (in this study, people) represent the group from which the sample will be drawn. Aaker *et al.* (2013:178-203) and Hair *et al.* (2013:137) advocate that a precise definition of the target population is crucial for effective research results and is usually carried out in terms of the sampling elements, sampling units, and the area of coverage. For this study, the target population included South Africans residing in Gauteng, KwaZulu-Natal and the North West provinces of South Africa, who have made use of hospital services during the last three years. The researcher decided to focus on these three provinces owing to easy access, and the fact that these provinces represent a significant portion (51.7%) of the South African population (Stats SA, 2017).

(ii) Selecting the sampling method

To draw the sample, researchers can make use of either probability or non-probability sampling methods. With probability sampling, each member of the target population has an equal chance of being included in the sample (Brown & Suter, 2014:117-118). Aaker *et al.* (2013:360) assert that, with probability sampling, the researcher will be able to demonstrate the sample's representativeness, allow an explicit statement on how many variations are introduced, and make the more explicit identification of possible biases possible. Probability sampling methods include simple random sampling, systematic sampling, stratified sampling, cluster sampling and multistage area sampling (Babin & Zikmund, 2016:350-356). Table 1-3 indicates how these probability sampling methods compared in terms of cost, the degree of use, the advantages and the disadvantages.

Table 1-3: Probability sampling methods

Description	Cost and degree of use	Advantages	Disadvantages
Simple random: A number is assigned to each member of the sample frame before selecting units by random methods.	Costly. Discreetly used in practice.	Minimal advanced knowledge of the population is needed. Data are easily analysed and errors easily calculated.	Needs a sampling frame. Does not use knowledge of population that researcher may have. Compared to stratified sampling, larger errors for sampling size can occur.

Table 1-3: Probability sampling methods (cont.)

Description	Cost and degree of use	Advantages	Disadvantages
Systematic: Natural ordering of the sampling frame, chooses an arbitrary starting point, and selects items at a preselected interval.	Costs involved are moderate. Is used discreetly.	Samples are easily drawn. Easy to check.	If sampling interval is linked to periodic ordering of the population, increased variability may be introduced.
Stratified: Splits the population into groups and randomly selects subsamples from each group. Discrepancies include proportional, disproportional and optimal allocation of subsample sizes.	Costly. Is used discreetly.	A representation of all groups in sample is guaranteed. Characteristics of each stratum can be projected and comparisons can be made. Decreases the variability for the same sample size.	Necessitates accurate information on proportion in each stratum. Stratified lists can be costly to prepare if they are not readily available.
Cluster: Sampling units are randomly selected, then a complete observation of all the units is done, or a probability sample is drawn in the group.	Inexpensive. Often used.	Comprises geographically defined clusters, resulting in lower field costs. Necessitates listing of individuals only within clusters. The characteristics of clusters and population can be assessed.	Is more prone to larger error for comparable size in comparison to other probability samples. Duplication or omission of individuals will occur if the researcher is unable to assign members to a unique cluster.
Multistage: Using a combination of the first four techniques, progressively smaller areas are selected in	Costly. Often used (especially in national surveys).	Depends on the combination of the techniques.	Depends on the combination of techniques.

each stage.			
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Source: Adopted from Zikmund and Babin (2012:312).

To conduct probability sampling, researchers must have a sample frame or a complete list detailing all the elements in the target population (Feinberg *et al.*, 2013:304). Consequently, in the absence of a sample frame for this study, the researcher had to make use of non-probability sampling.

With non-probability sampling, the researcher uses intuitive knowledge or judgement to select sample elements from the target population, indicating that not all the population elements have an equal chance of being selected to take part in the study (Babin & Zikmund, 2016:348). Malhotra *et al.* (2012:501) explain that although a non-probability sampling method may not allow for the objective evaluation of the precision of the sample results, it does yield good estimates of the population characteristics. Non-probability sampling methods are comprised of convenience sampling, judgement sampling, quota sampling and snowball sampling (Hair *et al.*, 2013:145-146). Table 1-4 indicates how these non-probability sampling methods compare in terms of cost, the degree of use, advantages and disadvantages.

Table 1-4: Non-probability sampling methods

Description	Cost and degree of use	Advantages	Disadvantages
Convenience: The most convenient sample or economical sample units are used.	Inexpensive. Widely used.	A list of the population is not required.	Samples are more likely to be unrepresentative. Random sampling error estimates are not allowed. Is considered risky, as data are projected beyond the sample.
Judgement: The samples are selected based on the purpose they are required to fulfil.	Costs involved are moderate. Is used discreetly.	Is useful when certain types of forecasting are needed. Specific objectives are guaranteed to be met.	May be biased owing to experts' opinions, which may present an unrepresentative sample. Is considered risky, as data are projected beyond the sample.
Quota: Population members are classified through pertinent properties, determines the desired	Costs involved are moderate. Is widely used.	Some stratification of the population is introduced. A list of the population is not required.	Bias is present in the classification of subjects. The error from the population cannot be estimated owing to non-

proportion to sample from each class, and fixes quotas for each interviewer.			random selection. Is considered risky, as data are projected beyond the sample.
Snowball: Initial respondents are selected by probability samples, and further respondents are obtained by referral.	Inexpensive. Is used in special situations.	Is beneficial in locating members of rare populations.	Is highly biased, because sample units are not independent. Is considered risky, as data are projected beyond the sample.

Source: Adopted from Zikmund and Babin (2012:312).

This study made use of **non-probability sampling in the form of convenience sampling**.

Prospective respondents were therefore approached to participate in the study based on convenience. The researcher opted for this sampling method for the following reasons:

- Not all the patients could be successfully identified.
- The unwillingness of the various hospitals to provide lists of patients or databases resulted in the use of non-probability convenience sampling as the only viable sampling option.
- The target market, which consists of hospital patients, was very large.
- The costs would have been excessively high to cover such a large population.

(iii) Determining the sample size

Malhotra (2010:374) refers to the sample size as the total number of sample elements included in the study. Hair *et al.* (2013:77) point out that the determination of the sample size differs between probability and non-probability sampling. With probability sampling, the researcher makes use of sample size formulae, whereas with non-probability sampling, the researcher relies predominantly on his/her subjective, intuitive judgement based on factors such as intuition, experience, past studies, industry standards and/or the amount of resources available (Hair *et al.*, 2013:149).

Malhotra (2010:374) is of the opinion that descriptive surveys (which were used in this study), require larger samples if the data are being collected on a larger number of variables. Hair *et al.* (1998) support this view and indicate that the sample size depends on

the number of constructs identified when developing a multi-item scale. These authors go on to explain that that five respondents are needed per item in the scale. Seeing that 53 items were used for the purposes of this study, a sample size of 265 was recommended. However, to ensure adequate useable questionnaires and to make provision for inaccurately completed questionnaires, a total of 320 questionnaires were used for data collection.

Table 1-5 provides a summary of the sample plan followed for this study.

Table 1-5: Sample plan summary for this study

Target population	South Africans residing in Gauteng, KwaZulu-Natal and the North West provinces of South Africa, who have made use of hospital services during the last three years
Sampling elements	Respondents in the Gauteng, KwaZulu-Natal and the North West provinces who were available during the timeframe in which the fieldwork took place.
Sampling method	Non-probability convenience sampling
Sample size	320 respondents

Source: Researcher's own depiction.

1.6.2.3 Measurement instrument

The measurement instrument used in this study was a **structured questionnaire**. Hair *et al.* (2013:188) define a questionnaire as a document that consists of a set of scales and questions designed to gather primary data. McDaniel and Gates (2013:210) define a scale as a set of symbols or numbers that are specifically designed so that the symbols or numbers can be assigned by a rule of the respondents' behaviours and attitudes of those to whom the scale is applied. According to Hair *et al.* (2010:168) there are two scale types, namely single-item scales which encompass the collection of data pertaining to a singular attribute of an examined construct and multi-items scales which encompass several statements relating to an examined construct, where each statement has a rating scale devoted to it. Seeing that the constructs in this study used various statements with rating scales, a multi-item scale was used. Regarding the development of the scale, it is important that the level of measurement desired is identified. The level of measurement desired could be nominal, ordinal, interval or ratio. The four basic levels of measurement are indicated in Table 1-6.

Table 1-6: Basic levels of measurement

Level	Basic empirical description	Operations	Typical description	Statistics
Nominal	Numerals are used to identify objects, individuals, events or groups.	Equality or inequality is determined	Classification	Frequencies, percentages, and modes
Ordinal	This measure adds to identification by providing information about the relative number of some characteristic(s) controlled by an event or object.	Greater or lesser are determined	Rankings / ratings	Frequencies, modes, medians, and ranges

Table 1-6: Basic levels of measurement (cont.)

Level	Basic empirical description	Operations	Typical description	Statistics
Interval	The interval measure owns all the properties of both nominal and ordinal scales, plus equal intervals between consecutive points.	Equality or intervals are determined	Is preferred when complex concepts and constructs are measured	Means, medians, variances, and SDs
Ratio	This measure incorporates all the properties of nominal, ordinal and interval scales, plus an absolute zero point.	Equality or ratios are determined	Is preferred when precision instruments are available	Means, medians, variances, and SDs

Source: Adapted from Babin and Zikmund (2016:274) and McDaniel and Gates (2013:210).

Hair *et al.* (2013:188) add that to design a well-thought-through questionnaire, the researcher has to focus on the scale and the questions in order to collect reliable and valid information. The questionnaire for this study (Appendix A) incorporated structured questions which were comprised of an introductory section and sections A, B and C. The introductory section (preamble) of the questionnaire included the instructions for the respondents to complete the questionnaire, explaining the purpose of the study and indicating the respondents' rights. A screening question was subsequently included in this section to ensure that only those respondents who had used the services of a hospital within a specific time frame (May 2013 to May 2015) participated in the study. Section A of the questionnaire dealt with respondents' patronage habits and demographic profile. The questionnaire designed for this study mostly included closed-ended questions to collect the data from respondents.

Section B of the questionnaire measured the key constructs of the study (customer attachment, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness),

using unlabelled Likert-type scale questions, upon which respondents had to indicate their level of agreement, where 1 represented ‘strongly disagree’ and 5 represented ‘strongly agree’. Section C, the final section of the questionnaire, measured respondents’ consumption emotions, using unlabelled Likert-type scale questions, upon which respondents had to indicate the intensity of emotion they generally experience when using their hospital’s services, where 1 represented ‘not felt at all’ and 5 represented ‘very strongly felt’.

Table 1-7 presents the questionnaire section, the types of questions used to obtain information about respondents’ patronage habits, demographic profile, attachment, loyalty, involvement, satisfaction, relationship value, fear of relationship loss, forgiveness and consumption emotions as well as questions’ response format and the scale used.

Table 1-7: Questionnaire layout and measurement instruments used

Section	Questions	Response format	Scale
A	For how long have you been using the services of your hospital? (question 1.1)	Multiple choice	Ordinal
	What is your age? (question 1.2)	Multiple choice	Ordinal
	What is your highest level of education? (question 1.3)	Multiple choice	Ordinal
	What is your gender? (question 1.4)	Dichotomous	Nominal
	What is your home language? (question 1.5)	Multiple choice	Nominal
	What is your population group? (question 1.6)	Multiple choice	Nominal
	What is your primary employment status? (question 1.7)	Multiple choice	Nominal
	What is your personal income that you take home every month (net income)? (question 1.8)	Multiple choice	Ordinal
B	Involvement (questions 2.1 to 2.5)	Likert scale	Interval
	Relationship value (questions 2.6 to 2.9)		
	Satisfaction (questions 2.10 to 2.15)		
	Customer attachment (questions 2.16 to 2.19)		
	Forgiveness (questions 2.20 to 2.22)		
	Loyalty (questions 2.23 to 2.27)		
	Fear of relationship loss (questions 2.28 to 2.30)		
C	Consumption emotions (questions 3.1 to 3.10)	Likert scale	Interval

Table 1-8 offers a summary of previous research used as input to compile the questionnaire used in this study (see Appendix A for the final questionnaire used in this study).

Table 1-8: Previous research used to compile the questionnaire

Construct	Authors
Attachment	Mende <i>et al.</i> (2013:130)
Consumption emotions	Koenig-Lewis and Palmer (2014:443)
Relationship value	Uлага and Eggert (2006:235)

Table 1-8: Previous research used to compile the questionnaire (cont.)

Construct	Authors
Loyalty	Dagger and David (2013:24), who developed the scale based on the work of Hennig-Thurau <i>et al.</i> (2002), Oliver (2010), Plank and Newell (2007), and Zeithaml <i>et al.</i> (1996)
Satisfaction	
Involvement	Kumar <i>et al.</i> (2003:675-676)
Fear of relationship loss	
Forgiveness	

To assist in the questionnaire development, a pilot study was conducted. Malhotra *et al.* (2012:476) refer to a pilot study as the testing of a questionnaire among a small sample of participants in order to identify and eliminate potential problems. With a pilot study, the researcher can examine the respondents' reactions to the questionnaire, which enables the researcher to test the feasibility and comprehension of the questionnaire (Babin & Zikmund, 2016:199). A pilot study for this research was conducted among 30 respondents from the target population prior to officially fielding the questionnaire. Based on the feedback, the Cronbach's alpha coefficient values were above 0.70 for all the constructs of the study. According to Field (2013:679), Cronbach's alpha values greater than 0.70 or more can be considered reliable. Therefore, only minor wording changes were made to the questionnaire before it was fielded.

1.6.2.4 Method of data collection

The primary data was collected by trained fieldworkers, who were honours degree students specialising in Marketing Management (They have already completed marketing research as part

of their degree). These fieldworkers were chosen as they had experience in collecting data for other research studies. The fieldworkers were instructed and trained to approach prospective respondents based on convenience, and to determine their eligibility and willingness to participate in the study (using the screening question) before administering the questionnaire. Participants were not inpatients of the hospital, but were healthy subjects who in the past have made use of the hospital's services, and therefore are not seen as vulnerable participants. Prospective respondents who complied with the requirement were requested to participate in the survey and to complete the questionnaire. This questionnaire was approved by the NWU Institutional Research and Ethics Regulatory Committee (IRERC) of the North-West University. Upon completion, the fieldworkers had to check the questionnaires for completeness, consistency in responses and possible errors. In the end, a total of 303 usable questionnaires were completed and could be used in the data analysis.

1.6.2.5 Data analysis

The next step in the research process necessitates the preparation and analysis of the primary data collected from the sample (Field, 2013:19). According to Aaker *et al.* (2013:404), the primary data obtained must first undergo preliminary preparations (editing and coding) before it can be analysed. **In this study**, the researcher manually checked the questionnaires for completeness, consistency, accuracy and coding. Following the editing and coding, the SPSS statistical programme (version 24) was subsequently used to capture the data and create a data set. Hair *et al.* (2013:165) add that before analysing the data, the reliability and validity of all the measurement scales used must be determined.

According to Field (2013:882), the assessment of the reliability of a measure concerns the extent to which a measure produces consistent results when the same entities are measured under different conditions. To assess reliability, Malhotra *et al.* (2012:433) identified three approaches which include test-retest, alternative-forms, and internal consistency. With *test-retest reliability*, identical sets of scale items at two different times are administered to participants, under conditions that are equivalent or as near to equivalent as possible. With *alternative-forms reliability*, equivalent forms of the scale are constructed to be measured at two different times with the same participants. Contrasting test-retest and alternative-forms reliability, internal consistency reliability is only administered once to the sample unit. *Internal consistency reliability* entails the assessment of the internal consistency of a set of items, where several items

are merged in order to form a total score for the scale (Babin & Zikmund, 2016:281; Malhotra *et al.*, 2012:434).

For the purpose of this study, the internal consistency reliability of all the scales used for this study was assessed. To apply the internal consistency reliability, this study made use of the Cronbach's alpha technique, which indicates the extent to which all the items measure the same construct. Cronbach's alpha coefficient values are calculated from the average of all the possible split-half coefficients resulting from the different ways of splitting the scale items (Field, 2013:708). According to Field (2013:679), Cronbach's alpha values should preferably be greater than 0.70 to indicate the internal consistency and reliability of the measurement scale. **The Cronbach's alpha values acquired for the measures of this study ranged between 0.80 and 0.97 (as discussed in sections 3.6.2, 4.5.2 and 5.5.2).**

Further, another important aspect of the measurement instrument to consider is determining the validity. Validity is the accuracy of a measure or the extent to which the measures of the instrument truthfully reflect a concept (Babin & Zikmund, 2016:350-281). The three basic types of validity are face (content) validity, criterion validity and construct validity. *Content validity*, also known as face validity, subjectively but systematically evaluates how well the content of a scale embodies the measurement task at hand. *Criterion validity*, on the other hand, reflects whether a scale performs as expected in relation to other variables which have been selected as meaningful criteria. *Construct validity* addresses the question of whether the scale measures what it is supposed to measure (Babin & Zikmund, 2016:282-283; Malhotra *et al.*, 2012:436).

For the purpose of this study, face and construct validity were determined. Face validity was confirmed, as various authors in their respective studies found the scales used in this study valid to measure the main constructs. To determine the construct validity in this study, a confirmatory factor analysis was conducted, as proposed by Bagozzi (1994:342-33), for each of the main constructs measured in the questionnaire (i.e. customer attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness).

1.6.2.6 Data analysis strategy followed in this study

Struwig and Stead (2013:165-167) are of the opinion that when researchers deal with quantitative data and questionnaires, various descriptive and inferential statistics can be utilised.

These authors refer to descriptive statistics as statistical summaries of data. The value of descriptive statistics lies in the overall, coherent and straightforward picture they provides from the large amount of data. Consequently, to describe the data of this study, *descriptive statistical* techniques were used, the related techniques of which are briefly explained.

- Frequencies

Frequencies are the most basic form of statistical description, and report the number of responses that each question received (Aaker *et al.*, 2013:408).

- Percentages

The percentage is the proportion of respondents who answered a question in a certain way, and which can be multiplied by 100 (Aaker *et al.*, 2013:410).

- Means

According to Burns and Bush (2014:320) and Shiu *et al.* (2009:515), the mean is the mathematical average of all the raw responses, which are computed by means of the following formula:

$$\bar{x} = \frac{\Sigma x}{n}$$

Where:

$\bar{x}$ = the mean

Σ = signifies that all the values are to be summed

x = the data values

n = the number of cases

- Standard deviations

Burns and Bush (2014:321) indicate that the standard deviation (SD) stipulate the degree of variation or variety in the values in such a way that they can change into a normal or bell-shaped curve distribution. The SD also indicates how similar or different the values in the set of responses are and is the most significant summary measure in statistics (*next to the mean*) (Feinberg *et al.*, 2013:399; Shiu *et al.*, 2009:515). Zikmund and Babin (2007:437) suggest the following formula to calculate the standard deviation:

$$S = \sqrt{S^2} = \sqrt{\frac{\Sigma (xi - \bar{x})^2}{n - 1}}$$

Inferential statistics builds on descriptive statistics and represents a summary of the data that allows the researcher to understand (i.e., infer from the sample to the population) an entire population (Babin & Zikmund, 2016:362). However, before analysing inferential statistics, the normal distribution of the results of the scale statements used in the study has to be determined. According to Malhotra *et al.* (2012:641) and Zikmund & Babin (2012:333), data that are normally distributed will require parametric testing (variables of interest are measured on an interval scale), whereas data that does not conform to a known distribution will require non-parametric testing (variables of interest are measured on a nominal or ordinal scale).

To determine whether the data is normally distributed, the measurement of the skewness and kurtosis of the data is required (Field, 2013:20). Data fall within the acceptable limits of normality when the skewness of the distribution of a statement is less than 2.00, or when the kurtosis of the distribution is less than 7.00 (Curran *et al.*, 1996:16). The kurtosis and skewness of the distribution of the results for each of the 48 statements in Table 1-7 were therefore examined. The results indicated that the data was normally distributed as all 48 statements used for this study fall within the abovementioned limits. Once the measures are deemed valid and reliable, and the distribution of the data is determined, hypothesis testing can commence.

For this study, hypothesis testing commenced after the overall means scores for constructs had been calculated to compare groups. A confidence level of 95% (significance level of 0.05) was used for all the data analyses. The probability of incorrectly rejecting the null hypothesis is therefore 5%, which means the results were considered statistically significant whenever $p \leq 0.05$. To test the hypotheses, the SPSS (version 24) and Mplus 7.31 statistical programmes were used to process the relevant statistics. The *inferential statistical techniques* used for hypotheses testing in this study are subsequently briefly described.

- Pearson product-moment correlation

According to Pallant (2013:133), Pearson product-moment correlation can be utilised used to establish the statistical relationship between two continuous variables. In this study, correlations between the respondents' attachment and their consumption emotions (positive and negative) were investigated (H_1 and H_2). A correlation coefficient of 0.10 to 0.30 was regarded as a weak correlation, with a correlation coefficient of 0.30 to 0.50 as a moderate correlation, and a correlation coefficient of more than 0.50 as a strong correlation (Field, 2013:79, 230).

- **Structural equation modelling**

Researchers use structural equation modelling (SEM) to examine the interrelationships among constructs. The interrelationships amongst respondents' attachment and key relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) were examined in this study (H₃ to H₁₀). Muthén and Muthén (2017) add that, through SEM, the researcher can test how well a theory fits the reality, by specifying all the applicable research variables in one model. The fit indices used to estimate the fit of the measurement model to the data included the confirmatory factor analysis (CFA), comparative fit index (CFI), the Tucker-Lewis index (TLI) and the root mean square error of approximation (RMSEA) (Kline, 2011:181; Van de Schoot *et al.*, 2012:487-488). The CFI is used to evaluate the fit of the proposed model relative to the null or independence model and the TLI is another incremental fit measure (Blunch, 2011:115; Meyers *et al.*, 2006:608). A cut-off value above 0.90 is recommended for both CFI and TLI (Van de Schoot *et al.*, 2012:487). The RMSEA, on the other hand, is used as an absolute measure of fit to assist researchers in determining the degree to which the overall model, measurement and structural models predict the observed covariance or correlation matrix and requires a value of up to 0.10 to be considered acceptable (Blunch, 2011:116; Browne & Cudeck 1993:160).

1.7 CONTRIBUTION BY THE STUDY

To add to the existing body of knowledge, this section sets out to discuss the theoretical and practical contribution by this study.

- This study made useful theoretical and practical contributions, as marketing researchers and managers' understanding of the antecedents and outcomes of patients' attachment to their hospital are enhanced by the empirical insight gained from this research.
- This research also contributes to the growing research on customer attachment, more specifically, in the South African hospital industry, as according to the best of the researcher's knowledge, this is the only customer attachment study to be conducted in the South African hospital industry.
- This research study not only contributes to the support of the attachment theory, but introduces a model that assesses patients' attachment in the hospital industry, develops

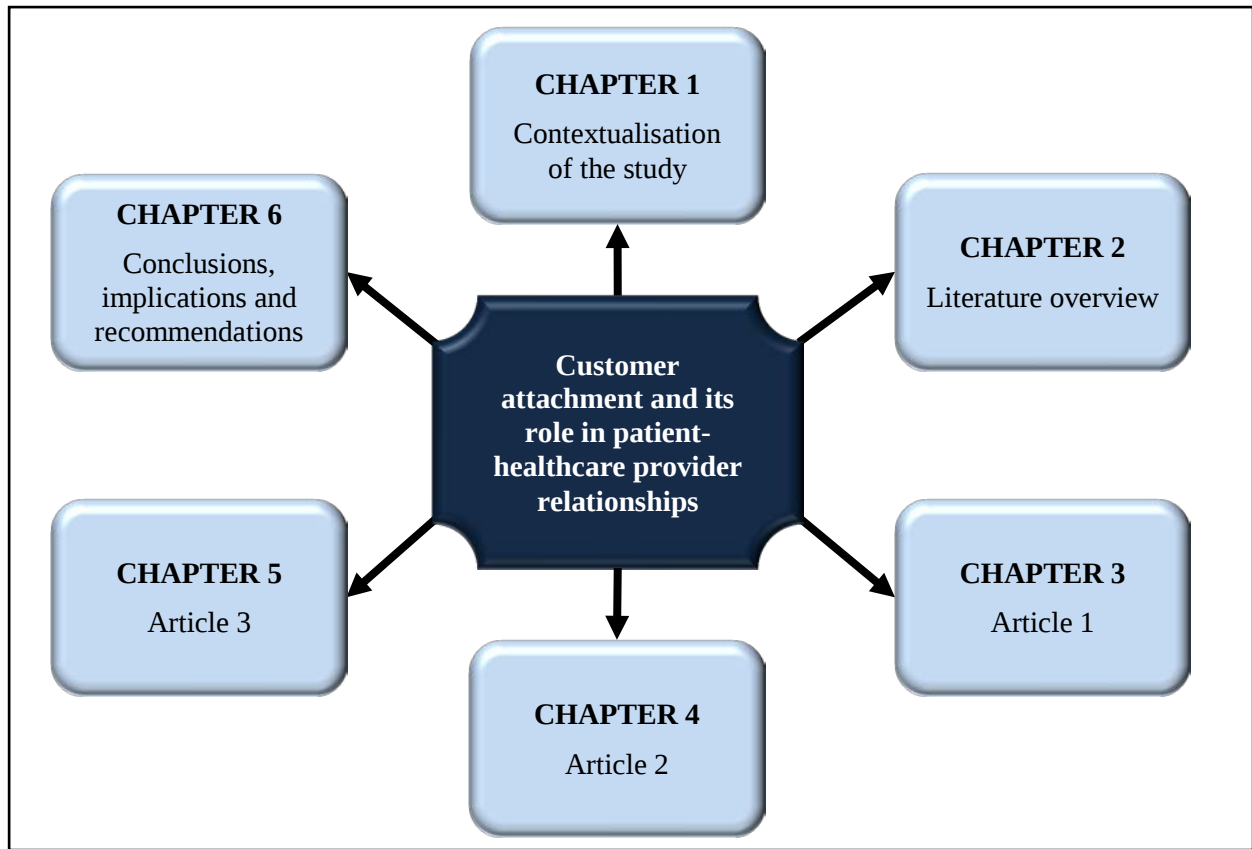
testable hypotheses, and illustrates how these hypotheses may be used to guide a systematic analysis of the state of patient-hospital relationships.

- The knowledge obtained from the results will enable hospitals to re-think and put measures in place to improve their customers' overall attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness.
- The attachment model proposed by this research study could be implemented by South African hospitals as part of their marketing strategy to improve their overall profitability and sustainability.
- Forming an understanding of patient's attachment could assist hospitals in improving the quality of the patient-hospital relationships seeing as the relationship between the patient and hospital is shaped by the threat and the need for security.
- The knowledge obtained from the results will enable hospitals to form a deeper understanding of the role of attachment within the relationship between patients and hospitals which could lead to better patient care.

1.8 COMPOSITION OF THE STUDY

This study is divided into six chapters. The chapter outline of the study is briefly set out below in Figure 1-3.

Figure 1-3: Chapter outline of the study



- **Chapter 1: Contextualisation of the study**

Chapter 1 offers a contextual overview of the study by presenting theoretical context, the research problem, the objectives, the hypotheses, the research methodology, and the classification of the chapters.

- **Chapter 2: Literature overview**

Chapter 2 provides a thorough literature discussion of the constructs fundamental to this study. Consequently, this chapter commences with an explanation of the marketing context and elaborates on relationship marketing as the discipline, customer attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness.

- **Chapter 3: Article 1**

Chapter 3 is devoted to article 1, which aims to determine the relationship between patients' attachment and consumption emotions in the South African hospital industry.

- **Chapter 4: Article 2**

Chapter 4 presents article 2, which explores the influence of patients' involvement, satisfaction and relationship value on their attachment in the South African hospital industry.

- **Chapter 5: Article 3**

The third article, which determines the antecedents and outcomes of patients' attachment in the South African hospital industry, is presented in Chapter 5.

- **Chapter 6: Conclusions, implications and recommendations**

Chapter 6 provides an overview of the conclusions drawn from, and recommendations centred on, the findings of this research study. In addition, this chapter presents a framework for customer attachment and its role in patient-hospital provider relationships. The chapter concludes with a discussion of the limitations of the study and suggestions for future research.

1.9 CONCLUSION

This chapter provided an introduction and overview of the background and research problem that creates the focus of this research study. The chapter also provides an overview of the applicable theory, the South Africa hospital industry and the challenges it is facing. The research objectives and hypotheses are formulated, and a detailed discussion of the research methodology is set out. Chapter 1 concludes with an indication of the contribution by the study and an overview of the chapters included in the study.

The following chapter (Chapter 2) provides an elaborate literature review which covers not only the marketing and relationship marketing field, but also the main constructs of this study (customer attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness).

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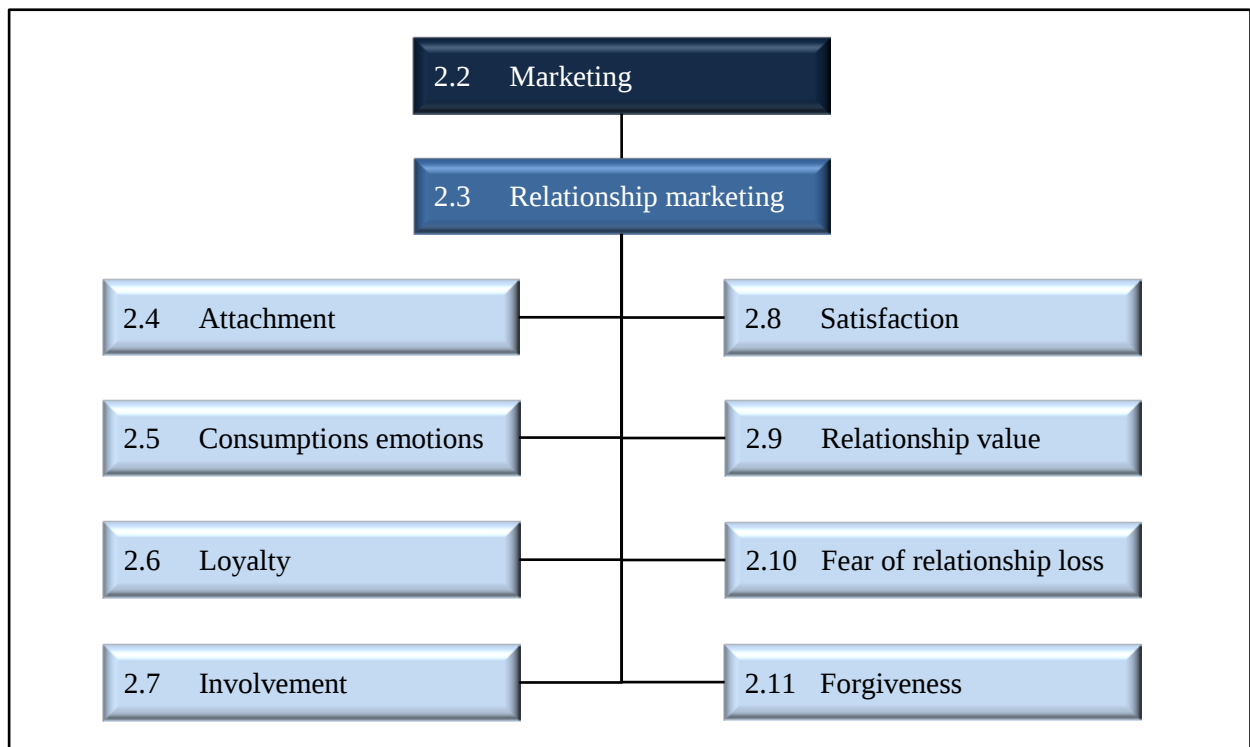
CHAPTER 2

LITERATURE OVERVIEW

2.1 INTRODUCTION

The main aim of this study is to determine the interrelationships between key relationship marketing constructs and customer attachment. The aim of this chapter is to provide theoretical insight into the main construct of the study (customer attachment) and the related relationship marketing constructs (i.e., consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss, forgiveness). To present a better understanding of these constructs, this chapter commences with an explanation of the marketing context and how relationship marketing emerged from it. This is followed by a detailed discussion on the nature of relationship marketing, as it forms the foundation of this study. The constructs of the study – in the field of relationship marketing – are subsequently discussed in detail in the concluding section of the chapter. The chapter outline is presented in Figure 2-1, and each of the components in the chapter outline is subsequently discussed.

Figure 2-1: Chapter outline



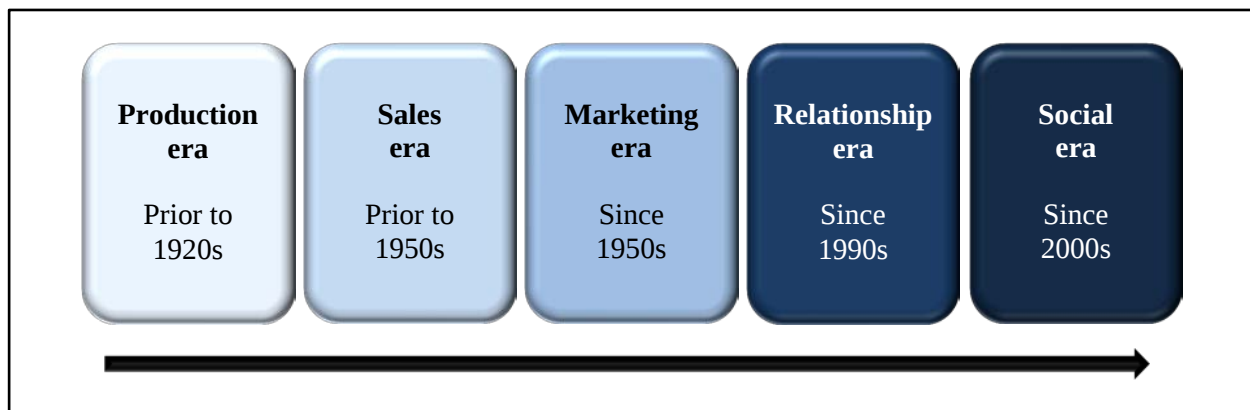
2.2 MARKETING

This section commences with a description of the emergence and development of marketing, followed by a definition of marketing, and concludes with a discussion of the respective marketing elements.

2.2.1 The evolution of marketing

Previously, managers did not acknowledge the importance of marketing their organisation's products and/or services. Nonetheless, over time, various approaches to marketing developed. Each of these new approaches resulted in a reorientation of management thinking, which can be described as the evolution of marketing thinking (Cant & Van Heerden, 2015:9-10). Boone and Kurtz (2014:9) and Perreault *et al.* (2014:16) emphasise that organisations should understand how the concept of marketing has evolved and adapted over time, as it would help them understand the contemporary view of marketing. Figure 2-2 illustrates how marketing developed during the different eras in its history. Each era is accordingly briefly discussed.

Figure 2-2: Marketing evolution



Source: Adopted from Boone and Kurtz (2014:9).

2.2.1.1 The production era (prior to the 1920s)

According to Boone and Kurtz (2014:9), before 1925, most organisations focused on product production, thereby following production concept. Organisations in this era believed that the production of quality products at reasonable prices in large quantities would guarantee customers' acceptance of the products offered (Cant & Van Heerden, 2015:10). Consequently, throughout this era, organisations focused mainly on their internal production capabilities,

ignoring customers' wants and needs (Lamb *et al.*, 2015:12). However, regarding customers' wants and needs resulted in an ineffective production era which did not reflect whether organisations produced goods and services that could meet their customers' needs (McDaniel *et al.*, 2013:4). Customers therefore started to favour products that offered the most quality and the best performance and innovation features. The result was increased competition (Lamb *et al.*, 2015:12). The increase in competition provoked a transformation in the way managers were thinking about marketing, which led to the sales era (Cant & Van Heerden, 2015:10).

2.2.1.2 The sales era (prior to the 1950s)

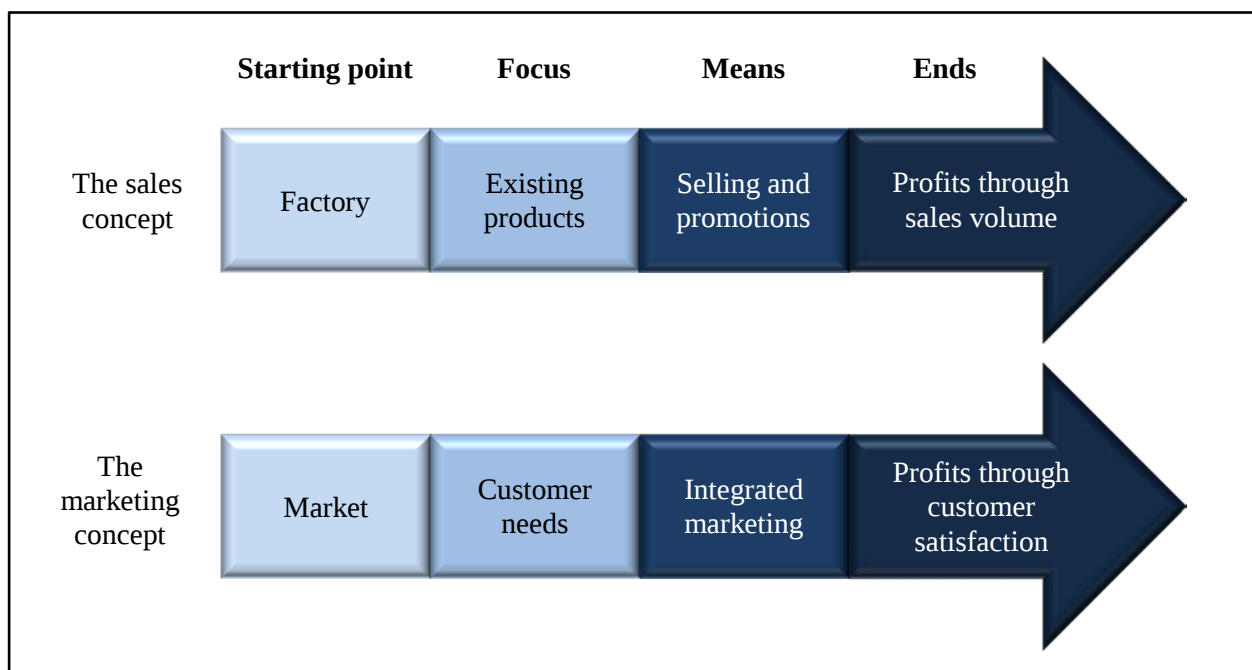
Boone and Kurtz (2014:9) maintain that the transformation from the production to the sales era (which followed a sales concept) took place from the 1920s into the early 1950s, as production techniques became more sophisticated and organisations wanted to match their production output with the customers who wanted to purchase it. Lamb *et al.* (2015:12) explain that, as organisations' production capabilities increased during this era, the supply of products progressively reached a point where it exceeded demand. Organisations therefore produced more products than what their market could consume. This led subsequently to the realisation that organisations' unique product offerings necessitated effective marketing efforts (Cant & Van Heerden, 2015:10; Lamb *et al.*, 2015:12). Most organisations used aggressive sales techniques, assuming that higher sales would result in higher profits. However, implementing these aggressive sales techniques not only resulted in higher costs, but also left customers dissatisfied, as their wants and needs were not being taken into account (Cant & Van Heerden, 2015:10).

2.2.1.3 The marketing era (since the 1950s)

As organisations' sales were growing rapidly until at least the 1950s, customers not only developed more sophisticated needs, but were also in a better financial position to satisfy them. During this period, a variety of competing products were also readily available to customers from which they could choose. The immense variety of offerings led to the shift of organisational focus away from the sales-directed concept to the marketing concept, which emphasises that marketing begins and ends with the customer (Boone & Kurtz, 2014:10; Cant & Van Heerden, 2015:11-12). Cant and Van Heerden (2015:12) define the marketing concept as a managerial philosophy whereby organisations must meet the customers' needs (customer focus) in all their departments, including the people in the organisation (integrated approach), with the aim of making a profit (profit orientation).

To promote a better understanding of the marketing concept, Kotler and Armstrong (2015:11) contrast the sales concept with the marketing concept (see Figure 2-3). According to these authors, the sales concept requires an inside-out approach, whereas the marketing concept requires an outside-in approach. With the sales concept (the inside-out approach), the organisation focuses on existing products, heavy sales, and intensive promotion to gain profitable sales. The main goal of the sales concept was therefore to gain short-term sales without considering the products. The marketing concept, on the other hand (the outside-in approach), focuses more on the customer and his/her needs. Kotler and Armstrong (2015:11) explain that the marketing concept begins with a clearly-defined market, focuses on customers' needs, and integrates all the marketing activities to influence the customers. This, in turn, creates successful long-term customer relationships which lead to higher profits.

Figure 2-3: Contrasting the sales concept and the marketing concept



Source: Adopted from Kotler and Armstrong (2015:11).

2.2.1.4 The relationship era (since 1990s)

Building on the marketing era's customer orientation, the fourth era emerged. This was the relationship era, which embodied a relationship marketing concept (Boone & Kurtz, 2014:10). It was during this era that organisations began to realise the importance of building long-term relationships with customers, based on the knowledge that existing customers are less expensive

to retain as opposed to acquiring new customers, thereby, over time, generating more profits (Boone & Kurtz, 2014:10; Egan, 2011:75). The main goal of the relationship marketing concept was, therefore, to establish, maintain and improve mutually beneficial long-term relationships between organisations and their customers (Kumar, 2014:1045).

However, establishing such relationships required a shift away from transactional marketing (which focuses only on the present transaction; a single event) to relationship marketing (Coughlan *et al.*, 2010:137; Ferrell & Hartline, 2011:23). The main differences between transactional marketing and relationship marketing are discussed in more detail in section 2.3.2. According to Berndt and Tait (2012:6), relationship marketing acknowledges the importance of responding to customers' needs and requests in order to establish successful customer-organisation relationships. For this reason, most organisations during this era aimed to satisfy their customers' needs by providing both quality products and quality services (Cant & Van Heerden, 2015:15).

2.2.1.5 The social era (since 2000s)

In the social era, which developed in the 2000s, it has been held that organisations form part of a wider society and that they are responsible for their actions in that context (Cant & Van Heerden, 2015:13), thereby following the societal concept. The central notion of the societal concept was that organisations do not exist only to satisfy customers' wants and needs or to meet the organisations' objectives, but also to improve both individuals' and society's long-term interests (Lamb *et al.*, 2015:14). Kotler and Armstrong (2015:12) corroborate this view by explaining that, when organisations set their marketing strategies, they have to find a balance between customers' satisfaction levels, the organisation's profits and society's welfare.

Erragcha and Romdhane (2014:137) and Mela *et al.* (2013:17) conclude that the discipline of marketing has changed and evolved considerably in accordance with the five eras of marketing. These evolutionary changes had an effect on the official definition of marketing, which also changed and evolved over the five eras. Taking the aforementioned eras of marketing thought and practice into consideration, the following section provides a discussion on how the definition of marketing changed and evolved over the years.

2.2.2 Marketing defined

The value of marketing in organisational success cannot be underestimated or contested (Lamb *et al.*, 2014:13). For this reason, various marketing researchers and managers have attempted to understand and define the concept of marketing. However, both marketing researchers and managers have experienced a level of difficulty in defining marketing owing to the complex nature, scope and meaning of the concept (Lusch, 2007:261). To form a better understanding of marketing, a synthesis of definitions by well-known authors and professional marketing associations is provided below.

- The first official marketing definition was provided set out by the American Marketing Association (AMA), who defined marketing as the flow of goods and services from the producer to the customer, which are led by the performance of the organisation's actions (AMA, 1937:3).
- Kotler (1967:12), who also contributed to the formation of the marketing mix, defined marketing as a business function that includes a set of procedures for analysing, organising, planning and controlling customers with resources, policies and activities of the organisation in order to satisfy their needs and wants at a profit.
- Star *et al.* (1977:2) defined marketing as a process in which an organisation selects a target market, and evaluates and satisfies the target market's needs and wants through managing their resources.
- Grönroos (1994:9) defines marketing as a process of creating, continuing and improving relationships with customers or other partners at a profit, so that the goals of the parties involved are met by a mutual exchange and fulfilment of promises.
- After revising the marketing concept, the most agreed upon definition of marketing remains the one by the AMA, who adjusted the definition of marketing over the years to "Marketing is an activity, set of institutions, and processes for creating, communicating, delivering and exchanging offerings which have value for all customers, clients, partners and the society" (AMA, 2007:15).
- Babin and Harris (2014:7) provide a more recent definition of marketing, by defining it as business activities that aim to not only generate value to customers and other shareholders,

but also facilitate exchanges through production, promotion, pricing, distribution and retailing of goods and services, ideas and experiences.

- According to Cant and Van Heerden (2015:13), marketing entails a process whereby the organisation aims to create, develop and nurture relationships with customers, as well as meeting their wants and needs in an ever-changing environment by offering the right product and/or service, at the right time, the right place and through the right marketing communication channels.

The above definitions make it clear how the definition of marketing has adapted and changed according to the development of the marketing concept over the different eras (described in section 2.2.2). Integrating these definitions, this study arrives at the following definition of marketing:

Marketing is a business function that is viewed as an exchange relationship between the organisation and the shareholders (i.e. customers, partners and society) and includes a set of procedures that aims to generate value to shareholders by creating, developing and nurturing relationships with them, as well as meeting their wants and needs in an ever-changing environment by offering the right product and/or service, at the right time, in the right place and through the right marketing communication channels.

The above definition encapsulates various elements, which include marketing as a business function, marketing as an exchange relationship, shareholders, environmental changes, the marketing mix and the marketing process.

2.2.3 Marketing elements

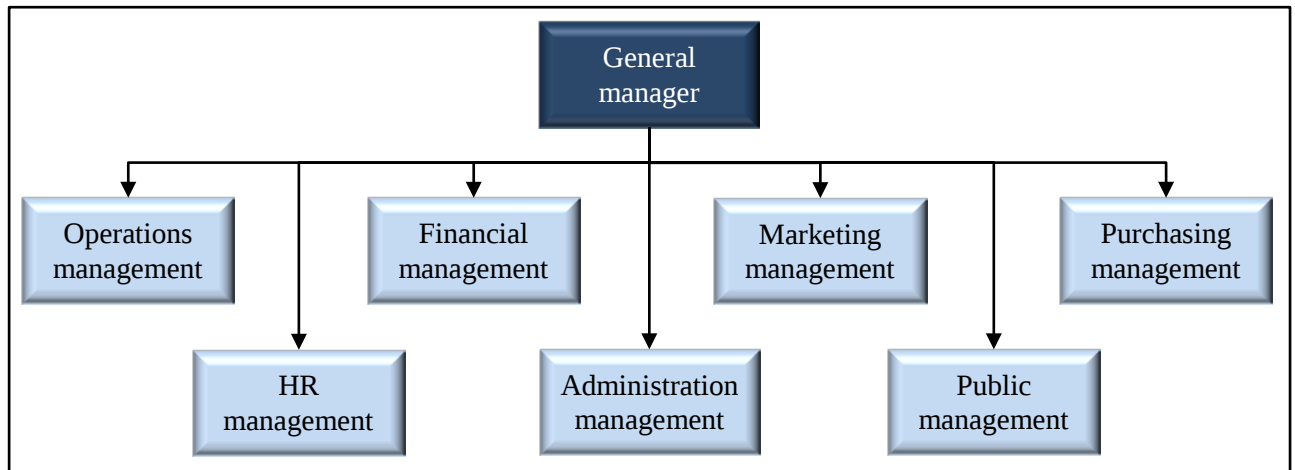
As pointed out (in section 2.2.2), several marketing elements (marketing as a business function, marketing as an exchange relationship, shareholders, environmental changes, the marketing mix and the marketing process) are derived from the various definitions of the marketing concept. Each of these marketing elements is discussed accordingly.

2.2.3.1 Marketing as a business function

Marketing demands an understanding of various functional areas (operations management, human resource management, financial management, administration management, marketing

management, public management and purchasing management) that have to work together to comprehend the organisation's objectives and goals (see Figure 2-4) (Cant & Van Heerden, 2015:22). Cant and Van Heerden (2015:22) regard the marketing function as one of the most important functions, as it assists organisations in communicating to customers and shareholders, which may ultimately contribute towards profitability.

Figure 2-4: Business structure

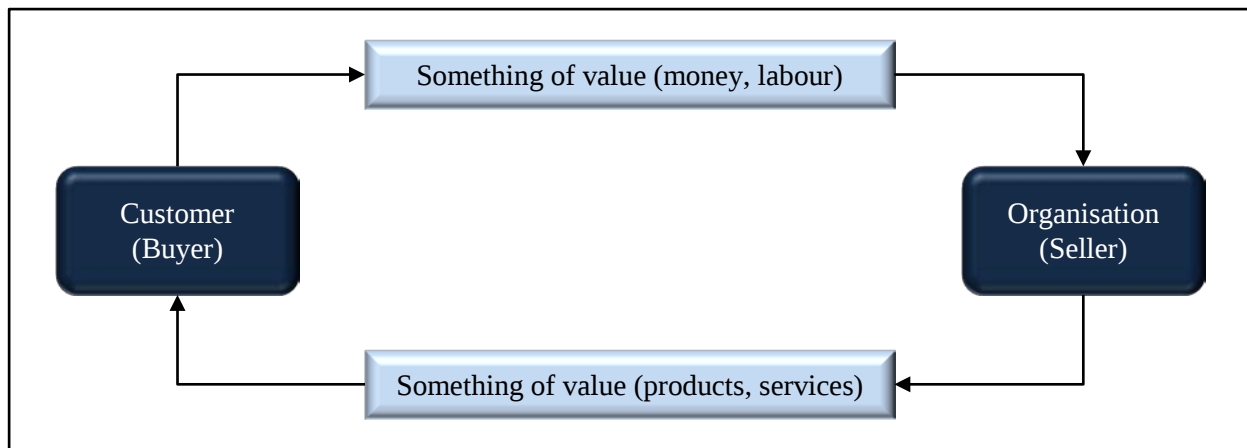


Source: Adopted from Cant and Van Heerden (2015:22).

2.2.3.2 Marketing as an exchange relationship

A mutually beneficial exchange relationship can be viewed as a desired outcome of marketing, which requires customers to give up something of value (such as money or labour) for something else they value (such as products or services), as indicated in Figure 2-5. However, before the exchange can take place, five conditions have to be met (Lamb *et al.*, 2015:10; Strydom, 2011:5):

- At least two parties must be present.
- Each party must offer something of value.
- The parties must feel free to accept or reject the exchange offer.
- Each party must be willing to deal with the other party.
- The parties must be capable of communicating with each other.

Figure 2-5: Exchange between the organisation and the customers

Source: Adopted from Strydom (2011:6).

2.2.3.3 Shareholders

McDaniel *et al.* (2013:3) maintain that, as part of the marketing discipline, it is important to recognise the various shareholders who are related to the organisation. These various shareholders include customers, clients, partners, business employees, business suppliers, investors and society in general.

2.2.3.4 Environmental changes

According to Lamb *et al.* (2015:43), organisations' success depends on marketing managers' ability to understand the external environment, which has a direct influence on their decision-making. For this reason, organisations continually collect environmental data and information as a means of detecting and assessing factors and trends that may influence the organisation and its target markets, as well as potential opportunities and threats. The most recognised external environmental factors comprise demographics, social exchange, economic conditions, political and legal factors, technology and competition (McDaniel *et al.*, 2013:90).

2.2.3.5 Marketing mix

The marketing mix comprises a unique blend of product, place (distribution), promotion, and pricing strategies (also known as the four Ps), designed to produce mutually satisfying exchanges with customers. These four Ps were later extended to eight Ps to ensure that the marketing mix tools were more relevant to the service sector. The additional four Ps are people, processes,

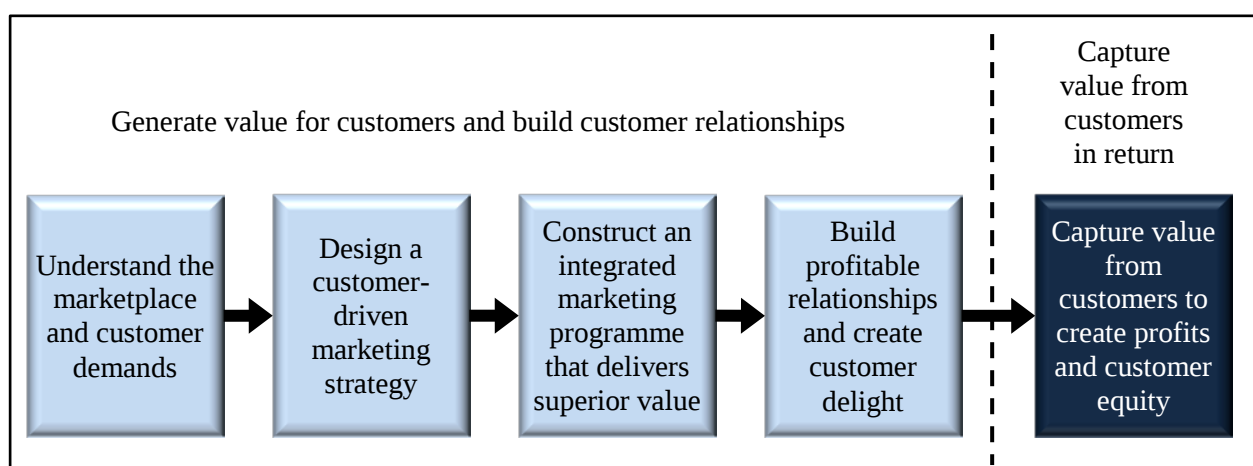
programs and performance (Kotler & Keller, 2016:37). To achieve optimal results, marketing managers must ensure that the strategies for all eight components work well together, as this could result in satisfying customers' needs and wants, and consequently a competitive advantage (Boone & Kurtz, 2014:46-47).

2.2.3.6 Marketing process

The marketing process can be described as a set of activities which organisations use in order to identify opportunities for serving customers' needs (Sanchez, 1999:92). Cant and Van Heerden (2015:20) see this set of activities to be carried out as complex, as it includes analysing marketing opportunities, selecting appropriate target markets, developing the most suitable marketing mix for the chosen segments and managing the marketing efforts through implementation and control activities. To derive the maximum benefit, marketing managers should therefore make sure that these activities are successfully carried out.

The marketing process explains the five steps marketing managers should follow to gain the maximum benefit (see Figure 2-6). According to Kotler and Armstrong (2015:6), the first four steps aim to assist marketing managers in understanding customers, creating value, and building strong relationships with them. The final step represents how organisations may reap the benefits of creating superior value for their customers.

Figure 2-6: The marketing process



Source: Adopted from Kotler and Armstrong (2015:6).

To form a better understanding of the marketing process, the following sections provide a brief overview of each step in the process.

(i) Understand the marketplace and customer demands

Cant and Van Heerden (2015:20) state that the concepts that influence customers' behaviour must first be understood by the marketer to ensure effective execution when marketing their goods or services. Kotler and Armstrong (2015:6) refer to these concepts as the five core customer and marketplace concepts, which comprise: (1) needs, wants and demands; (2) marketing offerings (i.e., products, services and experiences); (3) value and satisfaction; (4) exchanges and relationships; and (5) markets.

(ii) Design a customer-driven marketing strategy

Kotler and Armstrong (2015:8-9) maintain that once an understanding of customers and the marketplace is fully formed, marketing managers should design a customer-driven marketing strategy. It is through a successful customer-driven marketing strategy that marketing managers find, attract, retain and grow target customers by generating, delivering and communicating superior customer value (Finne & Grönroos, 2017:459; Grönroos & Gummerus, 2014:220-221). However, to ensure that marketing managers implement customer-driven marketing strategies successfully, Grönroos and Gummerus (2014:220-221) suggest that managers should shift their focus on the customers they select to serve, and also choose an appropriate value proposition.

(iii) Construct an integrated marketing programme that delivers superior value

Following the design of a customer-driven marketing strategy, the next step of the marketing process entails the development of an integrated marketing programme that aims to deliver value to targeted customers (Finne & Grönroos, 2017:459; Kotler & Armstrong, 2015:12). The main aim of the marketing programme is to build customer relationships by implementing the marketing strategy (Cant & Van Heerden, 2015:2; Kotler & Keller, 2016:246). According to Jackson and Ahuja (2016:173) and Kotler and Keller (2016:37), the integrated marketing programme consists of eight marketing mix tools which can be classified into eight groups: product, price, place, promotion, people, processes, programs and performance. In order to communicate and deliver the intended value to chosen customers, marketing managers should integrate all these marketing mix tools into a comprehensive, integrated marketing programme (Kotler & Armstrong, 2015:12).

(iv) Build profitable relationships and create customer delight

Kotler and Armstrong (2015:13), regard the next step in the marketing process (building customer relationships) as the most important step, seeing that the first three steps all lead up to the fourth. The importance of building customer relationships is based on the knowledge that existing customers are less expensive to retain, as opposed to acquiring new customers and thereby, over time, producing more profits (Egan, 2011:7; Lamb *et al.*, 2015:15). Relationship marketing strategies attempt to build customer relationships by providing superior customer value and satisfaction, which could result in loyal customers (Kumar & Reinartz, 2016:64; Lee & Ko, 2016:6).

(v) Capture value from customers to create profits and customer equity

As the first four steps in the marketing process set out to build customer relationships by creating and delivering superior value, the final step involves receiving value in return through current and future sales, market share and profits. By giving customers superior value, the organisation creates highly satisfied customers who are likely to be more loyal and willing to buy more frequently from the organisation. This, in turn, may generate higher customer retention levels, which could ultimately result in higher profitability (Cant & Van Heerden, 2015:21; Cui & Coenen, 2016:54; Kotler & Armstrong, 2015:13). It is therefore through customer retention that organisations have the opportunity of staying competitive, growing both revenue and profits. The existing market place demands that organisations establish a competitive advantage, which can be achieved only through customer retention. This is reinforced by interacting, satisfying and relating to customers beyond the traditional marketing strategies, which is the fundamental purpose of relationship marketing (Grönroos, 2004:100; Raza & Rehman, 2012:5085). The next section will elaborate on the concept of relationship marketing.

2.3 RELATIONSHIP MARKETING

This section begins by conceptualising relationship marketing, and is followed by a comparison between transactional (traditional) and relationship marketing. The benefits and the costs of relationship marketing for both the organisation and the customers are also discussed. This

section investigates the different relationship-building levels. The salient constructs in the field of relationship marketing conclude the context in which this study is undertaken.

2.3.1 Conceptualisation of relationship marketing

The influence of relationship marketing on the marketing discipline is evident in that it prompted a paradigm shift from transaction-based marketing to relationship focus (Grönroos, 1994:14). According to Egan (2011:75), the shift was fuelled mainly by the notion that long-term relationships are more profitable than once-off transactions. For this reason, there has been considerable emphasis on the understanding and importance of relationship marketing (Nguyen & Nguyen, 2014:81).

Berry (1983:25) was the first author to introduce the relationship marketing concept and defined it as a marketing strategy that involves all the activities of an organisation to develop, build and maintain customer relationships. Grönroos (1994:98) later provided a more detailed definition of relationship marketing, referring to it as an on-going process of establishing, developing and maintaining and, when necessary, terminating relationships between organisations and their stakeholders at a profit, with the intention of mutual giving and fulfilment of promises to meet the objectives of all the parties involved. This definition not only takes a process approach to marketing but also indicates the way in which this process continues. Grönroos (2009:938) therefore suggests that relationship marketing should be viewed first as a process that involves all the interactions that may develop into networks of suppliers, distributors and customers.

According to Gummesson (2008:5), relationship marketing focuses more on the requirement of at least two parties to be connected with each other, the development of networks when relationships become too many and too complex, and interactions that take place between two parties in a relationship comprised of exchanges of values and supportive, cooperative activities. This author, therefore, defined relationship marketing as a marketing strategy that focuses on the interactions that occur within networks of relationships.

Sheth and Parvatiyar (2002:10) share the same views on relationship marketing, emphasising that relationship marketing is essentially concerned not only with interaction and activities, but also with cooperative production and consumption in which restrictions of time, location and identity between the customer and supplier change into a single extended demand-and-supply chain of management. Relationship marketing should, therefore, be viewed as an activity which

adds value and which can be achieved through mutual interdependence and collaboration between the parties involved.

More recent research refers to relationship marketing as organisations' marketing activities aimed at increasing repeat business, resulting in business success. A business's success involves identifying, developing, maintaining and even ending customer relationships (Babin & Harris, 2016:11; Woo & Leelapanyalert, 2014:296). Even though there are various definitions of relationship marketing, there is widespread agreement that a successful relationship marketing strategy is vital for organisations facing challenges caused by an increasingly global competitive marketplace (Agariya & Singh, 2011:204). To fully grasp the significance of relationship marketing in marketing and the opportunities it presents, Auruškevičienė *et al.* (2007:83) and Zineldin and Philipson (2007:240) suggest distinguishing between transactional and relationship marketing.

2.3.2 Transactional marketing versus relationship marketing

Understanding both the transactional marketing and relationship marketing perspectives is fundamental for organisations that wish to establish successful long-term customer relationships (Auruškevičienė *et al.*, 2007:83). However, to form a better understanding, Brito (2011:69) suggests that organisations distinguish between relationship marketing and transactional marketing. Table 2-1 summarises the main differences between transactional marketing and relationship marketing.

Table 2-1: Main differences between transactional and relationship marketing

Criterion	Transactional marketing	Relationship marketing
	TM	RM
Primary objective	Single transaction	Establishing relationships
General approach	Action-related	Interaction-related
Perspective	Static	Evolutionary-dynamic
Basic orientation	Decision-oriented	Implementation-oriented
Fundamental strategy	Acquisition of new customers	Maintenance of existing relationships
Focus in decision process	Pre-sales activities	All phases focus on post-sales decisions and action

Chapter 2: Literature overview

Intensity of contact	Low	High
Degree of mutual dependence	Generally low	Generally high

Table 2-1: Main differences between transactional and relationship marketing (cont.)

Criterion	Transactional marketing	Relationship marketing
	TM	RM
Measurement of customer satisfaction	Monitoring market share (indirect approach)	Managing the customer base (direct approach)
Dominant quality dimension	Quality of output	Quality of interaction
Production of quality	Primary concern of production	The concern of all
Role of internal marketing	No or limited importance	Substantial strategic importance
Importance of employees for business success	Low	High
Production focus	Mass production	Mass customisation

Source: Adopted from Hennig-Thurau and Hansen (2010:5).

From Table 2-1 it can be observed that one of the first differences between relationship marketing and transactional marketing is that relationship marketing focuses on creating and maintaining long-term customer relationships, while transactional marketing is concerned with an isolated transaction (Auruškevičienė *et al.*, 2007:83). Brito (2011:70) and Zineldin and Philipson (2007:237) add that relationship marketing follows an interaction-related approach with an evolutionary dynamic long-term perspective as opposed to transactional marketing, which follows an action-related approach with a static, short-term perspective.

According to Little and Marandi (2006:25), the main goal of transactional marketing is to expose existing or new customers to a variety of competing products and/or services with the aim of convincing them to purchase products and/or services from the specific organisation. To acquire these new customers, transactional marketing utilises pre-purchase activities. Transactional marketing also requires low customer-contact with a low degree of mutual dependence between the organisation and the customer (Egan, 2011:38; Hennig-Thurau & Hansen, 2010:5). Lastly, Hennig-Thurau and Hansen (2010:5) hold that, through transactional marketing, satisfaction is measured by monitoring market share and the primary concern of the organisation is production.

In contrast with transactional marketing, relationship marketing focuses more on customisation, and measures customer satisfaction with a direct approach by managing the customer base (Brito, 2011:73; Hennig-Thurau & Hansen, 2010:5). Relationship marketing emphasises high levels of contact with customers with a high degree of mutual dependence between the organisation and the customer (Brito, 2011:70). Furthermore, relationship marketing places a great deal of emphasis on the important role employees' play in the organisation's success and the strategic importance of satisfying employees (Hennig-Thurau & Hansen, 2010:5). Auruškevičienė *et al.* (2007:83) conclude by stating that, in relationship marketing, the main strategy is to retain existing customer relationships, which can be achieved through after-sales decisions.

Grönroos (2007:252), however, advises that the strategy the organisation chooses to implement should not be limited to either transactional or relationship marketing. This author proposes a transactional/relationship continuum as shown in Table 2-1 that includes two extremes where relationships with different degrees of intensity and characteristics can be found. Organisations should, therefore, implement a range of strategies which can be controlled by either the transactional or the relational end of the continuum. Choosing the most appropriate strategy will enable marketers to increase the return on their investments by implementing transactional or relationship marketing strategies in a more strategically targeted manner (Oromendía *et al.*, 2015:7). The following section discusses the benefits and costs that relationship marketing offers both the organisation and the customer.

2.3.3 Benefits and costs of relationship marketing

The numerous benefits and costs relationship marketing can offer both the organisation and the customer have been adequately established in the literature. This section commences with a discussion of the benefits of relationship marketing for organisations and customers, which is then followed by a discussion on the costs pertaining to relationship marketing.

2.3.3.1 Relationship marketing benefits for the organisation

The implementation of relationship marketing strategies holds several benefits for an organisation (as discussed below), most of which ultimately contribute to an increase in the organisation's profitability and sustainability (Chen, 2015:114; Khan, 2012:250-258; Wilson *et al.*, 2012:146).

- Reduced costs

Organisations could benefit from cultivating long-term customer relationships, seeing that the cost of acquiring new customers (advertising and promotion) outweighs the costs of maintaining existing customers (Egan, 2011:75; Wilson *et al.*, 2012:146).

- Increased purchases

According to Eisingerich *et al.* (2014:48) and Wilson *et al.* (2012:146), organisations benefit from long-term relationships through loyal customers, who tend to buy more from an organisation when they get to know the organisation and are satisfied with the service it provides relative to that of competitors.

- Co-production

Customers who have long-term relationships with an organisation are often more knowledgeable about the service it provides, which enables them to contribute to the co-production of the service by assisting in its delivery (Osborne & Strokosch, 2013:42; Wilson *et al.*, 2012:147).

- Organisations' competitive position

To establish and improve their competitive position in the market, organisations may opt to build sustainable, mutually beneficial relationships with customers by gaining a better understanding *al.*, 2016:36; Sheth & Parvatiyar, 2002:4).

- Positive word-of-mouth

Building long-term relationships with customers could benefit organisations, seeing that satisfied loyal customers in established relationships are more likely to spread positive word-of-mouth (Vázquez-Casielles *et al.*, 2013:55). Wilson *et al.* (2012:147) maintain that these customers serve as a reliable source of information to prospective customers looking for advice on which organisation to consider when purchasing a complex, high risk product.

- Employee retention

Wilson *et al.* (2012:147) argue that, when an organisation has a stable base of satisfied customers, it is easier to retain employees. The rationale behind this is that employees are

more inclined to work for organisations whose customers are happy and loyal. Employees who are more satisfied with their jobs deliver better quality service which, in turn, may lead to satisfied customers.

2.3.3.2 Relationship marketing benefits for the customer

Various researchers have emphasised the need to understand the benefits of relationship marketing not only from the organisations perspective but also from the customer's perspective (Yen *et al.*, 2014:175). Gwinner *et al.* (1998:102) consider relationship benefits to be the core service that customers receive from their long-term relationships with organisations. These authors maintain that relational benefits can be considered in terms of three categories, namely, confidence benefits, social benefits and special treatment benefits.

- **Confidence benefits**

Gwinner *et al.* (1998:110) and Hennig-Thurau *et al.* (2010:379) argue that customers benefit from long-term relationships through confidence benefits, as their levels of risks, uncertainty, and stress or anxiety are reduced as the customer-organisational relationship becomes more predictable over time, allowing the organisation to become more knowledgeable about their needs.

- **Social benefits**

The social benefits customers stand to gain from a relationship pertain to the emotional component of the customer-organisational relationship, where, over time, customers develop a sense of familiarity and even a social relationship in the form of a friendship with their organisation (Yen *et al.*, 2014:175).

- **Special treatment benefits**

In a lasting relationship with an organisation, customers may receive special treatment benefits in the form of economic benefits (such as discounts and faster service) or customisation benefits (such as preferential treatment and extra attention etc.) (Yen *et al.*, 2014:176).

2.3.3.3 Costs of relationship marketing

Although relationship marketing offers various benefits to both the organisation and the customer, it is important for organisations to take note of the costs pertaining to relationship marketing. Taking both the benefits and the costs of relationship marketing into consideration ensures the effective implementation of relationship marketing strategies (Ashley *et al.*, 2011:740). Table 2-2 presents a compilation of the costs in developing customer-organisation relationships.

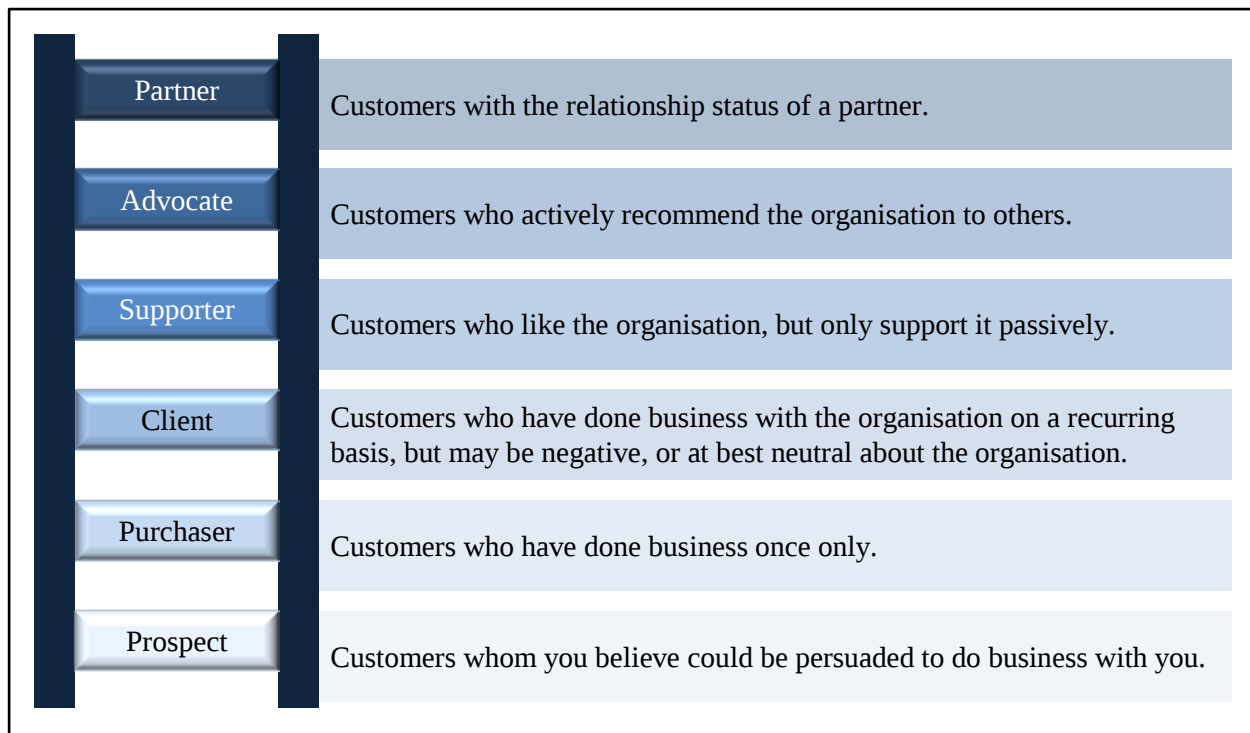
Table 2-2: Costs of relationship marketing

Costs	Description
Loss of control	Control can be lost when it comes to important aspects such as resources, activities and intentions.
Indeterminateness	The history, current events and expectations pertaining to all the parties in future events assist in developing a customer-organisational relationship, which is bound by continual change with an uncertain future which creates the disadvantage of indeterminateness.
Resource demanding	Organisations invest resources for acquiring, developing and retaining a satisfied and loyal customer base, which can be wasted if it is not implemented properly.
Preclusion from other opportunities	Organisations may not always be in a position to pursue all of the individually attractive opportunities owing to the prioritisation of the use of limited resources.
Unexpected demands	In established relationships with organisations, customers hold higher quality expectations, which may result in obligations and demands.
Time, cost and effort	The development of enduring relationships requires invested resources (time, effort and money) from the organisation.

Source: Adopted from Little and Marandi (2006:33-44) and Wilson *et al.* (2012:158).

2.3.4 Relationship building levels

Altinay and Brookes (2012:287) argue that organisations wishing to implement successful customer relationship marketing strategies with the aim of gaining profitability should gain a better understanding of the different stages of relationship development. This would enable relationship marketing managers to become more skilful in moving customers to higher stages of the relationship. Berndt and Tait (2012:34) and Payne (2006:111-112) and Peck *et al.* (1999:45) refer to the different stages of relationship development levels in customer-organisational relationships in terms of the ladder of loyalty, shown in Figure 2-7.

Figure 2-7: The relationship marketing ladder of loyalty

Source: Adopted from Berndt and Tait (2012:34) and Payne (2006:111-112).

- Prospect

The first task of the organisation should be to identify prospective customers who have limited awareness of the organisation, but are interested in doing business with the organisation. Prospective customers more likely become purchasers (the next rung on the ladder) when organisations elevate product or service awareness levels (Berndt & Tait, 2012:35; Egan, 2011:82).

- Purchaser

Customers begin to explore the organisation prompted by initial trial purchases during the purchaser phase. The decision to establish a more significant flow of business with the organisation will be based on the customer's assessments of their satisfaction with the experience (Berndt & Tait, 2012:35; Harridge-March & Quilton, 2009:176).

- Client

The client up the loyalty ladder refers to those customers who have been doing business with an organisation for years, but may be unhappy with it or may even have a negative

attitude to it (Payne, 1994:29). Berndt and Tait (2012:35) accordingly suggest that organisations should ensure that these clients are satisfied with every interaction pertaining to the organisation, seeing that even the minutest of mistakes can create enough dissatisfaction to erode the trust created between the customer and organisation.

- **Supporter**

The supporter relates to those customers who are willing to support the organisation and its products or services, who are satisfied with their initial experience and who are established long-term buyers who trust the organisation. The supporter, however, may choose to switch to a competitor in the event that the organisation fails to satisfy his/her needs (Berndt & Tait, 2012:35; Harridge-March & Quilton, 2009:176).

- **Advocate**

The next stage of advancement up the loyalty ladder is the advocate, who provides powerful word-of-mouth endorsement of an organisation (Berndt & Tait, 2012:35; Egan, 2011:82). Berndt and Tait (2012:35) regard advocates as good complainers who can guide an organisation in providing quality service, but who will become less committed once the organisation violates their trust.

- **Partner**

The main aim of the organisation should be to turn the advocate into a partner who is willing to trust and mutually share a long-term relationship with the organisation. The partner regards the organisation as a major supplier for his/her needs, seeing that they are satisfied with the period in which the organisation has been providing what they need (Berndt & Tait, 2012:35).

2.3.5 Key constructs

Although various factors that could influence successful customer relationships have been identified from literature, recent studies show that trust, commitment, satisfaction, loyalty and value creation play a key role in building customer-organisational relationships. Each of these five relationship marketing factors is discussed below.

2.3.5.1 Trust

Morgan and Hunt (1994:23) define trust as the confidence customers have in organisations' reliability and integrity. Customers who trust their organisation believe that the organisation will refrain from opportunistic behaviour, reducing the uncertainty in an environment where customers feel vulnerable. Reducing the uncertainty relating to the organisation enables the customer to make confident predictions about the organisation's future dealings as well as developing a desire to build a relationship with the organisation (Aydin & Ozer, 2005:146; Chen & Xie, 2007:64). Nguyen *et al.* (2013:104) and Noor (2012:289) propose that organisations act in such a way that customer trust is encouraged, seeing that the development of trust in fostering long-term relationships may result in both customer loyalty and, ultimately, customer commitment.

2.3.5.2 Commitment

Commitment stems from trust, shared values and the belief that a continuous relationship with a partner is of such importance that it warrants maximum effort to maintain it (Morgan & Hunt, 1994:22). A quality similar to trust, commitment is considered vital to the success of long-term customer relationships, seeing that both the customer and the organisation are loyal and reliable and show stability in their relationship with each other (Berndt & Tait, 2012:26; Tu *et al.*, 2013:190). Ibrahim and Najjar (2008:14), Lai (2015:133) and Tu *et al.* (2013:190) also consider commitment to be a central construct in relationship marketing, as the level of commitment has been found to be one of the strongest predictors of customers' willingness to pursue, develop and maintain a relationship with an organisation. It also creates high levels of retention and loyalty. Ensuring high commitment levels, however, requires organisations to understand and satisfy their customers' changing needs by effectively tailoring their product and service offerings.

2.3.5.3 Satisfaction

Oliver (2010:8) explains that there is customer satisfaction when customers weigh their perceptions of actual service performance against their expectations. The importance of ensuring customer satisfaction becomes apparent with the realisation that this could positively influence customers' inclination to spread positive word-of-mouth communications, create repeat business, foster greater trust in the organisation (Fang *et al.*, 2013:353; Wen & Chi, 2013:319) and positively influence customers' commitment, retention and loyalty (Chen, 2012:208; Kau & Loh,

2006:108), all of which contribute to customers becoming relationship partners with organisations. The influence of customer satisfaction on customer loyalty has been particularly highlighted by various studies which confirm a positive relationship between these two constructs (Chen, 2012:208; Mittal & Frennea, 2010:30; Pleshko & Heiens, 2015:68). Organisations should therefore establish customer satisfaction to ensure loyalty, with the aim of ultimately retaining customers (Cant & Erdis, 2012:938).

2.3.5.4 Loyalty

The formation of customer loyalty is a process that involves customers' repeat buying behaviours that are initiated by marketing actions. This repeat buying behaviour is motivated by the emotional connection the customer has formed with the organisation (i.e., the psychological bond) (Hoffman & Bateson, 2017:373; Komunda & Osarenkhoe, 2012:83). The establishment of a loyal customer base is integral to organisations' relationship-building objectives, as loyal customers are more likely to be less price sensitive, purchase more from the organisation and demonstrate a willingness to refer new customers to the organisation (Kanthé *et al.*, 2016:36; Low *et al.*, 2013:1). In an effort to assist relationship marketing managers in achieving their objectives and establishing a loyal customer base, Chen (2015:113) suggests that relationship marketing managers need to first form a better understanding of customer value. Indeed, most studies have highlighted customer value as a significant driving force of customer loyalty (Chen, 2015:113; Eid, 2015:258).

2.3.5.5 Customer value

Cui and Coenen (2016:61) and Leroi-Werelds *et al.* (2014:430) argue that an organisation's success depends on the extent to which it delivers what is of value to its customers. Organisations that create superior value for their customers stand to gain customer loyalty, higher sales and more profits (Mintje, 2013:1065). Zeithaml (1988:13) refers to customer value as a trade-off between the total benefits received by the customer to the total costs that are given by the customer, taking into consideration the available offerings and prices. Organisations wishing to create value ought to increase the benefits or decrease the costs (Ravald & Grönroos, 1996:25-26). Dorai and Varshney (2012:403) maintain that creating value for customers is of particular importance in successful customer-organisation relationships, as they require organisations to satisfy and meet their customers' evolving needs. For this reason, recent studies have adopted a relational approach that examines customer value from a relationship marketing

perspective, referred to as “relationship value” (Corsaro *et al.*, 2013:296; Cui & Coenen, 2016:46).

According to Mende *et al.* (2013:139) and Verbeke *et al.* (2017:51), a further factor that influences customer-organisational relationships and has received little attention from researchers and marketing managers is the construct of customer attachment. According to Moussa and Touzani (2017:157) and Sheth (2017:2), customer attachment solidifies the bond that has been created between customers and organisations which may serve as a prerequisite for building affectionate long-term relationships with profitable customers. The customer attachment construct will therefore be discussed in the next section. For the remainder of this chapter, a detailed discussion about the main constructs of the study follows this section, which is comprised of consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness.

2.4 ATTACHMENT

This section sets out to explain customer attachment within the relationship marketing field, by first discussing the attachment theory, conceptualising customers’ attachment styles and understanding customer’s attachment styles in organisational relationships.

2.4.1 Attachment theory

Considered the first attachment theorist, Bowlby (1977:201) defines attachment as the propensity of human beings to form affectional bonds with particular others (also called attachment figures). These attachment figures (such as mother, father, partner) motivate people to seek physical closeness, as they provide the necessary support in times of need, give security and protection from physical and psychological threats, promote affect regulation and encourage healthy environmental exploration (Bowlby, 1977:201).

Bowlby (1977:201) explains that, when people interact with attachment figures who are responsive and protective, they form positive mental representations of relationship partners (called internal working models of others) as well as representations of the self (called internal working models of self) which can serve as a guide to their perceptions and judgements when approaching new relationships throughout their entire life span. During early research on the attachment theory, these internal working models (self and other) mostly focused exclusively on

childhood relationships (Ainsworth *et al.*, 1978; Bowlby, 1958). However, Hazan and Shaver (1987) later adapted the attachment theory to adult relationships and translated the typology into an adult relationship context.

Although the attachment theory is well-established in human-to-human connections (e.g. parent-infant and adult relationships) (Ainsworth *et al.*, 1978; Bowlby, 1958; Hazan & Shaver, 1987; Shaver & Mikulincer, 2005), recent research has extended the attachment theory beyond the very close relationships with other people. For instance, research in marketing revealed that customers' internal working models (attachment representations) may be activated when engaging with particular brands, organisations or employees (Beldona & Kher, 2015:362-363; Mende *et al.*, 2013:139; Tsai, 2014:998).

Paulssen (2009:511) argues that, if attachment theory can explain behaviour in non-affectionate relationships (groups, strangers, institutions, abstract or symbolic figures), it may be able to explain individual behaviour in organisational relationships as well. As a result, customers' perceptions and judgements of relationships with organisational partners should be affected by their internal working models of self and other, formed as a result of their past experiences with personal relationships.

This study will therefore adapt the attachment theory as a guiding framework to explain individual behaviour in organisational relationships and more specifically in relationship-specific, organisationally-focused customer attachment styles.

2.4.2 Conceptualisation of customers' attachment styles

Building on Bowlby's (1977:201) and Shaver and Mikulincer's (2005:27) work, Mende and Bolton (2011:285) define an attachment style as capturing an individual's emotional and behavioural tendencies in personal relationships that results from the internalisation of particular past attachment experiences. Research shows that customer attachment styles are best measured and conceptualised along two underlying dimensions, which are customer attachment anxiety and customer attachment avoidance (Mende & Bolton, 2011:287; Wei *et al.*, 2007:201).

Customer attachment *anxiety* can be defined as the degree to which customers fear that an organisation is unavailable in times of need. They seek approval, and fear that the organisation may reject or abandon them. Customer attachment *avoidance* can be defined as the degree to

which customers mistrust the organisation. They may have an excessive need for self-reliance, fear depending on the organisation, and strive for emotional and cognitive distance from it (Mende & Bolton, 2011:286; Wei *et al.*, 2007:201). Mende *et al.* (2013:128) explain that, although both attachment anxiety and avoidance are related to a person's preference to form a close bond with a partner, they are two distinct mechanisms that function as quasi-opposing effects. In relation to specific partners, attachment anxiety captures how a person views himself/herself, whereas attachment avoidance captures how someone views others. Beldona and Kher (2015:357) advocate that these attachment styles are not mutually exclusive in a particular individual and may change, depending on the interaction, context and relationship. Customers may score high or low in either or both of these attachment styles (Mende & Van Doorn, 2015:355).

Mende and Van Doorn (2015:355) refer to customers who score low on both attachment styles as having a secure customer attachment to an organisation, and those who score high in one or both of the customer attachment styles as having an insecure customer attachment style in relation to an organisation. According to Mende and Bolton (2011:296), both secure and insecure customer attachment styles affect how customers perceive an organisation with which they have a relationship.

2.4.3 Customers' attachment styles in organisational relationships

Table 2-3 provides evidence of significant research conducted on customers' attachment styles in organisational relationships.

Table 2-3: Significant research on customers' attachment styles in organisational relationships

Author(s)	Focus	Setting
Aldlaigan and Buttle (2005)	Investigated the different types of customer attachment to retail banks.	Banking
Thomson and Johnson (2006)	Illustrated how individual differences in personal relationship attachment style can be used to predict the likely success of consumer relationships.	University
Paulssen (2009)	Examined whether attachment theory can be fruitfully extended to business-to-business relationships.	Automotive
Vlachos <i>et al.</i> (2010)	Investigated loyalty building and the creation of affectionate bonds in the consumer-firm dyad.	Grocery retailing

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Mende and Bolton (2011)	Explained customer-firm and customer-employee relationships using attachment theory.	Insurance
Erciş (2011)	Identified the efficiency of the variables that positively or negatively affect customer attachment, which constitutes a significant place among the goals regarding marketing communications practices.	Travel agencies

Table 2-3: Significant research on customers' attachment styles in organisational relationships (cont.)

Author(s)	Focus	Setting
Danjuma and Rasli (2012)	Addressed the issues of service quality, satisfaction and attachment based on the application of theory of planned behaviour (TPB).	Higher education institutions
Mende <i>et al.</i> (2013)	Introduced a theoretical framework that explains how relationship specific attachment styles account for customers' distinct preferences for closeness and how both attachment styles and preferences for closeness influence loyalty.	Insurance
Moussa and Touzani (2013)	Conceptualised customer-service firm attachment; as well as proposed a theoretical framework that provides insights into the formation and development of affectionate ties in customer service firm relationships.	Theoretical investigation
Hyun and Kim (2014)	Identified optimal rapport building behaviours for inducing customers' emotional attachment to a service provider in the luxury restaurant context. These authors also investigated the moderating role of customers' motivational orientation in the emotional attachment formation process, and examined the ways in which customers' emotional attachment induces dedicational behaviours in the luxury restaurant industry.	Luxury restaurants
Mende and Van Doorn (2015)	Longitudinal study that demonstrated that consumers' co-production of financial counselling services is pivotal in increasing their credit scores and decreasing their financial stress.	Financial counselling services
Beldona and Kher (2015)	Used a newly developed measure of how well guests feel they are treated – perceived hospitality – this study outlined the interplay of customer sacrifice with customer attachment styles.	Hospitality service providers
Abdullah <i>et al.</i> (2015)	Measured the influence of six university qualities, namely academic quality, academic staff quality, management quality, industrial linkage quality and facilities' quality on students' total experience (STE) and emotional attachment.	Private higher academic institution

From Table 2-3 it can be deduced that researchers are aiming to develop a better understanding of customers' attachment styles in organisational relationships by developing models, frameworks, processes, outcomes, benefits and dimensions. Building on prior literature relating

to Psychology, research done by Aldlaigan and Buttle (2005), Danjuma and Rasli (2012), Mende and Bolton (2011), Moussa and Touzani (2013), and Paulssen (2009) focused mainly on the conceptualisation and scale development of customer attachment styles in organisational relationships, whereas research by Abdullah *et al.* (2015), Beldona and Kher (2015), Erciş (2011), Hyun and Kim (2014), Mende and Van Doorn (2015), Mende *et al.* (2013), Thomson and Johnson (2006), and Vlachos *et al.* (2010) focused more on creating and testing theoretical and conceptual models.

Some of the abovementioned research contributed to the understanding of customers' attachment styles in organisational relationships by revealing that attached customers experience higher levels of satisfaction, service quality, commitment, loyalty and trust in their relationship with an organisation than those customers with an insecure attachment, and as a consequence have stronger intentions of continuing the relationship (Erciş, 2011:93; Mende *et al.*, 2013:139; Vlachos *et al.*, 2010:1491). Thus, from a relationship marketing perspective, it makes sense for relationship marketing managers to identify customers' attachment styles as this will help them build and maintain long-term customer relationships and identify customers who have stronger intentions of continuing the relationship (Mende & Bolton, 2011:295-296). Mende and Bolton (2011:295-297) add that identifying customers' attachment styles could also assist with the following relationship building activities:

- **Understanding customer behaviour:** Organisations should identify customers' attachment styles to form a better understanding of their customers' perceptions and behaviours, which in turn should enable them to form a better understanding of their customers' needs and preferences.
- **Segmentation and target marketing:** The customer attachment measure can be used as a basis for segmentation, which could assist in the allocation of resources and customisation of marketing activities.
- **Resource allocation:** Organisations should take customers' attachment styles into consideration before deploying relationship marketing strategies, as it is wasteful to draw on organisational resources to build relationships with customers who are not attached to the organisation. The organisation's profitability could improve by allocating relationship marketing resources only to valuable customers with a secure attachment style.

- **Employee training:** To manage customer-organisational relationships efficiently, employees should be trained in approaching customers with different attachment styles.
- **Deepening customers' relationships with the organisation:** Identifying customers' attachment styles could assist organisations in developing deeper relationships through customising sales, providing better support during service delivery, and providing relationship-marketing activities.

2.4.3.1 Customer attachment vs customer loyalty

As mentioned in section 1.4.10.2, attached customers experience higher levels of loyalty in their relationship with an organisation compared to those customers with an insecure attachment (Erciş, 2011:93; Mende *et al.*, 2013:139; Vlachos *et al.*, 2010:1491). Therefore, for a customer to be viewed as truly loyal, he/she must feel emotionally attached to the organisation (Khan (2012:246). Although various studies have empirically supported the influence of customer attachment on customer loyalty, it is important to note that both similarities and differences exist within these two constructs. For example, previous research on customer attachment and customer loyalty acknowledges the important role emotions (attitudinal dimension) play in both these constructs (see sections 2.4.1 and 2.6.1) (Bowlby, 1977:201; Kumar & Srivastava, 2013:141). However, despite the important role of customer emotions in both these constructs (customer attachment and loyalty), it is important to differentiate between them as they consist of different dimensions.

According to Mende and Bolton (2011:285) and Wei *et al.* (2007:201) customer attachment mainly focuses on individuals' emotional tendencies which are measured by customer attachment anxiety and customer attachment avoidance. Customer loyalty on the other hand focuses both on individuals' emotional and behavioural tendencies which entails repeatedly patronising a product or service which can be measured as a series of purchases, and referrals (Kumar & Shah, 2004:318; Pitta *et al.*, 2006:421). Moreover, according to Khan (2012:257) if provided with the the appropriate opportunity, loyal customer are more willing to switch as oppose to attached customers who do not search for alternatives at all as they have a sense of belonging to the partnertship and to the organisation, motivating them to stay.

Customers who are attached are not only motivated to stay with the organisation, but are also more likely to be able to regulate their own emotions (positive and negative) during emotional

experiences (Jensen *et al.*, 2015:90). This form of emotional regulation can be advantageous to organisations aiming to establish and enhance close customer relationships, as is evident from various studies on parent-infant and adult relationships (Pascuzzo *et al.*, 2013:97-98; Zimmer-Gembeck *et al.*, 2015:88). Seeing that customers' emotions are evoked through specifically making use of products and/or services (Westbrook & Oliver, 1991:84), this study focuses on consumption emotion, which is discussed in the following section.

2.5 CONSUMPTION EMOTIONS

With regard to consumption emotions, the following section set out to provide a discussion on the conceptualisation of consumption emotions and the role of consumption emotions in customer relationships.

2.5.1 Conceptualisation of consumption emotions

Incorporating emotions in the discipline of marketing has been well established over the years, as it contributes to explaining how customers behave. Specifically, studies found that emotions play a significant role in the selection of an organisation, evaluation of a product or service, and building customer relationships (Kuo & Wu, 2012:135; Pappas *et al.*, 2014:195; Prabhu & Kazi, 2016:7; Razzaq *et al.*, 2017:256). Accordingly, to create a better understanding of customers' emotional experiences and behaviours when consuming a product or service, certain researchers and practitioners have focused on the conceptualisation of consumption emotion (Ali *et al.*, 2016:50; Dubé & Menon, 2000:288; Westbrook & Oliver, 1991:84). Westbrook and Oliver (1991:84) refer to consumption emotion as a set of feelings provoked in customers based on their use of products, services or consumption experiences. Customers therefore draw on their current emotional state when assessing a specific consumption experience (Ali *et al.*, 2016:25; White, 2010:390).

The emotional state on which customers draw when assessing a specific consumption experience can be divided into positive and negative emotional dimensions (Koenig-Lewis & Palmer, 2014:443). According to Koenig-Lewis and Palmer (2014:443), positive emotions (which comprise happiness, joy, excitement, pride and gratitude) and negative emotions (which comprise shame, anger, envy, fear, annoyance and sadness) may occur simultaneously in customers. Although positive and negative emotions may occur simultaneously, Barclay and Kiefer (2012:1885) and Pappas *et al.* (2014:195) note that it is important to differentiate between

these two emotions, as they have different consequences. Within the customer context, positive emotions refer to the extent to which a customer feels happy and valued and experiences warm feelings. Negative emotions refer to the extent to which a customer feels irritated, is in a bad mood and feels upset (Pappas *et al.*, 2014:195). This study uses both the positive and the negative consumption emotions.

2.5.2 The role of consumption emotions in customer relationships

According to Levy and Hino (2016:145) and Von Gilsa *et al.* (2014:892), emotions are a fundamental aspect of customer-organisational relationships, as they guide customers' behaviour and influence their future relations with the organisation. Prabhu and Kazi (2016:1) explain that both customers and employees transfer their emotions when they interact with each other during the service encounter. The emotions the customer transfers during the service encounter can be either positive or negative, while in some cases the customer transfers both emotions (positive and negative) simultaneously. Research indicates that customers experience positive emotions with quality service experiences which may result in favourable behaviours (Ali *et al.*, 2016:63; Prabhu & Kazi, 2016:1). On the other hand, if the customer's service experience is below standard, negative emotions may have developed, which is detrimental to building relationships with customers (Razzaq *et al.*, 2016:256).

Consequently, managers should stimulate positive emotions among the customers, as it positively influences customers' level of satisfaction (Ali *et al.*, 2016:18; Su *et al.*, 2014:523), purchase intent (Pappas *et al.*, 2014:195), word-of-mouth action (Su *et al.*, 2014:523) and loyalty (Razzaq *et al.*, 2016:255), which contributes to building a strong bond between the customer and the organisation. The influence of positive emotions on customer loyalty has been particularly highlighted by various studies which confirm a positive relationship between these two constructs (Jani & Han, 2015:55; Rychalski & Hudson, 2017:89; Peng *et al.*, 2017:9). These studies indicate that customers' positive emotions mean that they are having a pleasant experience and consequently wish to recommend the organisation to other customers or continually purchase products or services over a period of time, contributing to building a loyal customer base (Jani & Han, 2015:55; Rychalski & Hudson, 2017:89; Peng *et al.*, 2017:9). Evanschitzky *et al.* (2012:633-634) and Komunda and Osarenkhoe (2012:94) regard the establishment of a loyal customer base as a necessity for organisations' relationship-building objectives, as a loyal customer base may result in long-term financial growth. Considering the

important role customer loyalty plays in customer-organisational relationships, the next section discusses the concept of customer loyalty.

2.6 CUSTOMER LOYALTY

To create a better understanding of customer loyalty, the following sections provide additional background on customer loyalty by conceptualising it, discussing the benefits of customer loyalty and explaining how organisations can build customer loyalty.

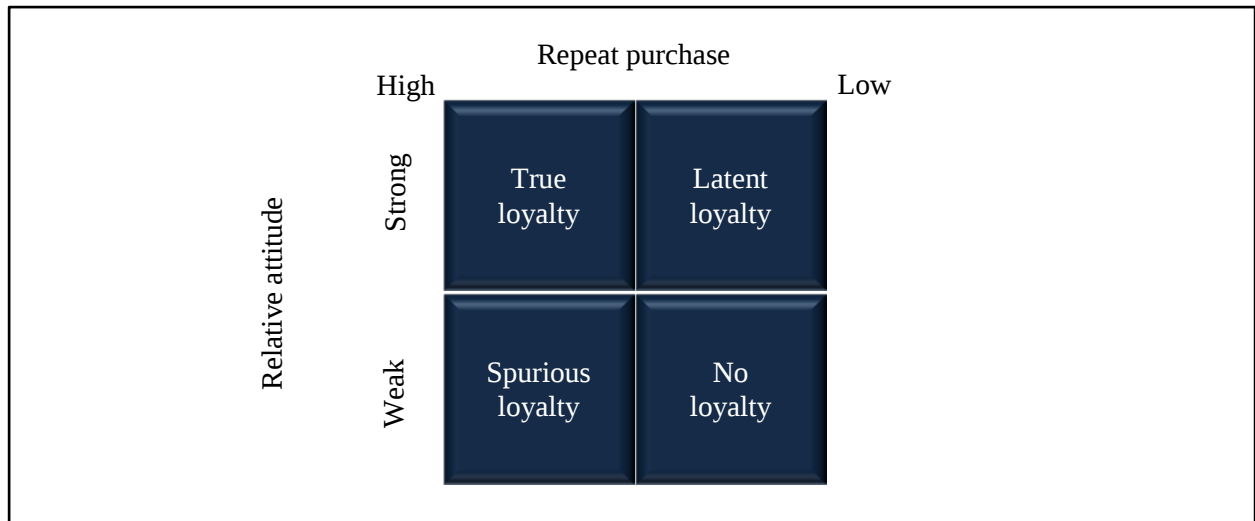
2.6.1 Conceptualisation of customer loyalty

Customer loyalty can be viewed predominantly from three main schools of thought, behavioural, attitudinal, and composite loyalty (Khan, 2013:169-170). According to Kumar and Shah (2004:318) and Pitta *et al.* (2006:421), early research saw customer loyalty as a behavioural concept which entails repeatedly patronising a product or service which can be measured as a series of purchases, referrals or magnitude of customer-organisational relationships. Loyalty was therefore measured in terms of customers' purchasing behaviours.

However, various researchers found the conceptualisation of customer loyalty as a behavioural concept insufficient when it came to measuring customers' loyalty. Repeat purchases are not always the result of a psychological commitment to an organisation (Dick & Basu, 1994:100; Khan, 2013:170; Marshall, 2010:77). Dick and Basu (1994:100) and Oliver (1999:34-35) accordingly suggest that loyalty should be conceptualised with attitudinal measures. Attitudinal loyalty encompasses the feelings customers express for the organisations, which can be measured in terms of the emotional and psychological state of the customer in repurchasing and recommending the organisation to other people (Kumar & Srivastava, 2013:141; Kumar *et al.*, 2013:63).

Even though some researchers measure customer loyalty solely from the attitudinal perspective, recent studies have shown that customers' true loyalty can be precisely measured only by taking both the attitudinal and behavioural aspects into consideration, that is, composite loyalty (Khan, 2013:170; Kumar & Srivastava, 2013:141; Mandhachitara & Poolthong, 2011:122). Dick and Basu (1994:101) corroborated this view and brought the two variables of behavioural and attitudinal loyalty together as a comprehensive model of customer loyalty, which they cross-classified into four dimensions (see Figure 2-8).

Figure 2-8: Comprehensive model of customer loyalty



Source: Adopted from Dick and Basu (1994:101).

The four dimensions of customer loyalty, as recommended by Baron *et al.* (2010:47-48) and Dick and Basu (1994:101), can be observed from Figure 2-8 and include the following:

- **True loyalty:** Truly loyal customers are those customers who hold a strong attitude to the organisation and show high levels of repeat buying.
- **Latent loyalty:** Customers who hold a strong attitude to the organisation, but do not purchase frequently, are classified as having latent loyalty.
- **Spurious loyalty:** Spuriously loyal customers are those who make high-frequency purchases, but who hold a weak attitude to the organisation. Their high-frequency purchases can be explained by referring to their habits, conveniences or financial incentives.
- **No loyalty:** Customers who have a weak attitude to the organisation and who demonstrate low levels of repeat purchase, are classified as being without loyalty.

Based on the discussion above, this study measures and defines customer loyalty in terms of composite loyalty. Taking the composite view into consideration, this study accordingly defines customer loyalty as customers' attachment to and psychological bond with the organisation, as well as their continuous purchase intentions and behaviours towards an organisation (Komunda & Osarenkhoe, 2012:83; Kumar & Srivastava, 2013:141). From the discussion above it can also

be deduced that several forms of customer loyalty and loyalty orientations exist in the conceptualisation of customer loyalty. Evanschitzky *et al.* (2012:633), however, emphasise the need to identify the most appropriate conceptualisation of true customer loyalty, as the benefits customer loyalty can offer to organisations cannot be over-emphasised. The following section will therefore provide a brief discussion on the benefits customer loyalty can offer organisations.

2.6.2 Benefits of customer loyalty

Relationship marketing literature increasingly stresses the importance of retaining loyal customers as their retention could lead to several positive benefits, such as profitability, share of wallet, willingness to pay more and word-of-mouth (Evanschitzky *et al.*, 2012:633-634; Kandampully *et al.*, 2014:394-396).

- **Profitability**

Evanschitzky *et al.* (2012:633-634) and Komunda and Osarenkhoe (2012:94) state that loyal customers display behaviours like intentions to repurchase, dividing their purchases across competing organisations, spreading positive word-of-mouth opinions and exhibiting a willingness to pay more. These behaviours can be attributed to loyal customers' intentions to nurture their bond with the organisation. Ultimately, customers' loyalty to their organisation should therefore lead to higher profitability.

- **Share of wallet**

Keiningham *et al.* (2015:23-24) maintain that the share of the wallet is valuable to organisations as it allows them to investigate how their customers make their purchases across their competitors. Insight into how their customers divide their purchases across their competitors enables organisations to adopt a strategy that will increase their customers' share of total purchases.

- **Willingness to pay more**

Research by Čater and Čater (2009:1163) and Evanschitzky *et al.* (2012:633-634) indicates that loyal customers are more willing than non-loyal customers to pay higher prices for remaining in their relationship with specific organisations. Compared with non-loyal customers who focus only on receiving economic benefits, loyal customers see this as

receiving value from the relationship with the specific organisation in the form of emotional benefits, which ultimately motivates them to pay higher prices.

- Word-of-mouth

According to Ahmad (2012:107) and Kazemi *et al.* (2013:12), loyal customers are more likely to engage in positive word-of-mouth action. Positive word-of-mouth influences customers' decision-making, product evaluations and purchase decisions (Cantalops & Salvi, 2014:47; Litvin *et al.*, 2008:465). Litvin *et al.* (2008:465) and Sotiriadis and Van Zyl (2013:119) explain that customers regard word-of-mouth information as reliable, because the organisation cannot manipulate it. As a result, it attracts the interest of prospective customers, reducing the costs of acquisitions.

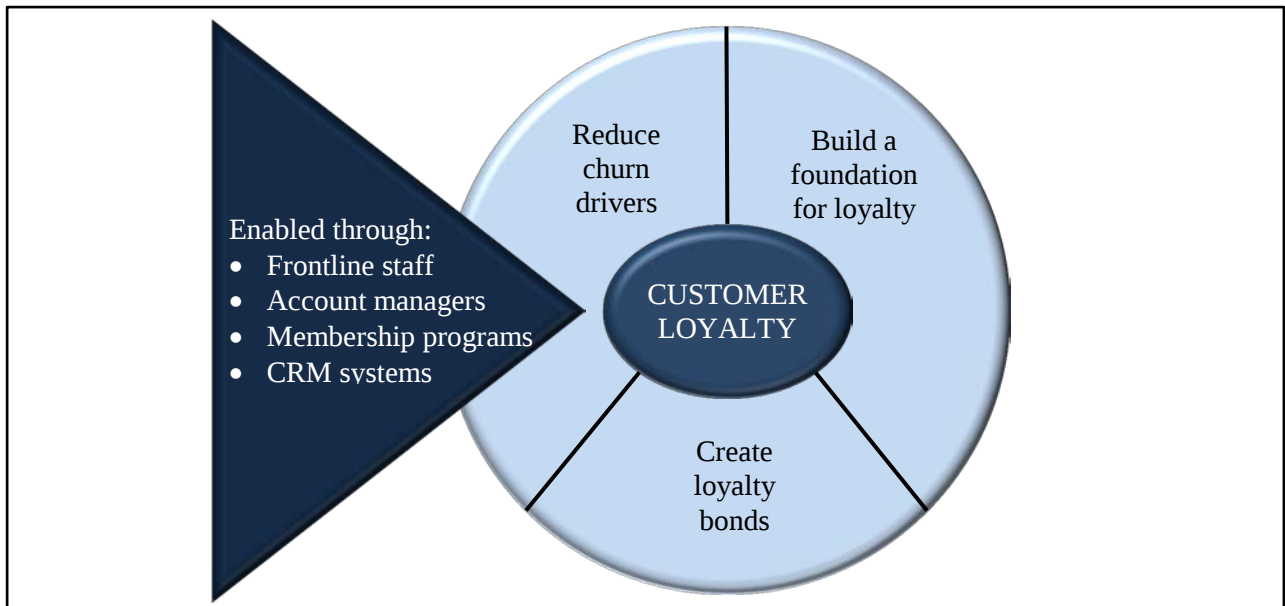
The above benefits of customer loyalty are, according to Kandampully *et al.* (2014:398), the reason why organisations make vast investments in loyalty-building activities. Lovelock and Wirtz (2011:345), however, state that not every organisation is successful in building true customer loyalty. These authors therefore suggest the implementation of an organising framework on building customer loyalty to ensure that organisations do not waste any of their valuable resources on loyalty-building activities.

2.6.3 Building customer loyalty

To develop a framework for customer loyalty, Lovelock and Wirtz (2011:345) have compiled "The Wheel of Loyalty" (see Figure 2-9). This framework encompasses three consecutive strategies, including building a foundation for loyalty, creating loyalty bonds, and reducing churn drivers, which are subsequently described.

- (i) Build a foundation for loyalty

Building and maintaining a loyal customer base requires effective relationship marketing strategies (Tweneboah-Koduah & Farley, 2016:257). Even though various effective relationship marketing strategies can be identified to increase customers' loyalty levels, Lovelock and Wirtz (2011:345) suggest targeting the right portfolio of customer segments, attracting the right customers, tiering the service and delivering high levels of satisfaction.

Figure 2-9: The Wheel of Loyalty

Source: Adopted from Lovelock and Wirtz (2011:345).

(ii) Reduce churn drivers

According to Lovelock and Wirtz (2011:345-360), various factors contribute to the loss of existing customers, that is, customer churn. Knox and Van Oest (2014:24) and Lovelock and Wirtz (2011:345-360) suggest building a loyal customer base, organisations need to eliminate the factors that result in customer churn by analysing customer defections and monitoring declining accounts, addressing key churn drivers, implementing effective complaint handling and service recovery procedures and increasing switching costs.

(iii) Create loyalty bonds

Lovelock and Wirtz (2011:345) and Moore *et al.* (2012:259) emphasise the need to build true loyalty with customers, by developing a close bond that could potentially increase the strength of the relationship between a customer and an organisation (through cross-selling and bundling) and also add value to the customer (through loyalty rewards and higher level bonds).

One way in which organisations can build a stronger bond with customers is through involvement. Prayag and Ryan (2012:9) argue that involved customers form an emotional bond with organisations through their connections with employees and organisational activities, which in turn, may lead to loyal customers. Dagger and David (2012:450) and Ruiz *et al.* (2007:1094)

add that involved customers are also more open to building relationships with organisations, as their own needs, values and interests could be well served by the relationship with the organisation through relationship benefits. Customer involvement thus plays an integral part in building successful customer-organisational relationships, which necessitates a better understanding.

2.7 INVOLVEMENT

To form a better understanding of customers' involvement in customer-organisational relationships, the following sections provide additional background on customer involvement by conceptualising customer involvement, discussing the different customer involvement levels and explaining the outcomes of highly involved customers.

2.7.1 Conceptualisation of customer involvement

The importance and the effect of involvement on customers' behaviour have prompted various researchers to explore the concept (Hollebeek & Brodie, 2009:34; Taylor, 2007:747). Over the years, researchers have, however, detected a lack of consistency in the conceptualisation of customer involvement. This can be attributed to the fact that involvement can be applied to various aspects of the marketing field (for example, advertisements, promotional material, service delivery and improvements, purchase decisions and building customer relationships) (Dagger & David, 2012:365; Howcroft *et al.*, 2007:482). Nonetheless, in an attempt to form a better understanding of customers' involvement, Bloch and Richins (1983:77) suggested that customer involvement should be conceptualised through the following three dimensions:

- **Personal:** Individuals are motivated towards an object through their inherent interests, values or needs.
- **Physical:** Characteristics of the object that leads to differentiation and increased interest.
- **Situational:** When relevance or interest in an object temporarily increases for some reason.

Using similar dimensions as Bloch and Richins (1983:77), Kapferer and Laurent (1985:291-292) further elaborated on the topic of customer involvement by proposing that customer involvement can be conceptualised and measured along the following five dimensions:

- **Interest:** Refers to the personal interest an individual has in an object.
- **Pleasure:** The pleasures, hedonic or emotional appeal an individual stands to gain from an object.
- **Sign value:** The extent to which an individual's self is reflected or expressed through an object.
- **Importance risk:** Refers to an individual's perceived importance of the negative consequences of making a bad purchase.
- **Risk probability:** An individual's perceived probability of making a bad purchase.

Taking the abovementioned dimensions into consideration, Zaichkowsky (1985:342) subsequently defines involvement as the importance and personal relevance of a product or service to a customer in terms of his/her own needs, values and interests. Bojanic and Warnick (2012:363) and Hollebeek and Brodie (2009:342) explain that the importance or personal relevance of products or services can positively affect customers' product selections, purchase decisions and co-creation behaviours.

This study, however, focuses on customer relationships, and involvement will, therefore, for the purposes of this study be viewed in terms of customers' involvement in a relationship with an organisation. From a relationship marketing perspective, Baker *et al.* (2009:116) define involvement as the importance and personal relevance of a relationship with an organisation to a customer in terms of their own needs, values and interests. When customers consider their relationship with the organisation important and their own needs, values and interests are well served by the relationship with the organisation, they become more involved in the relationship activities (Dagger & David, 2012:450; Ruiz *et al.*, 2007:1094).

For example, highly involved customers are motivated to get more involved in relationship activities as it could lead to relationship benefits, such as being highly satisfied (while purchasing a product or service from a particular organisation), creating greater social bonds (a sense of belonging and identity) and gaining greater psychological value (empathy and personal attention) (Karantinou & Hogg, 2009:255-256; Kumar *et al.*, 2003:670; Nambisan, 2002:405). Spies and Mostert (2015:490) add that customers who are motivated to get involved in

relationship activities are also more likely to express an interest in building a relationship with the organisation.

Bloemer and De Ruyter (1999:325) maintain that some customers might, however, be more involved and receptive to organisations' relationship marketing efforts than others. For example, low-involvement customers may consider any relationship-building efforts by organisations as unnecessary and a waste of both organisational and customer resources and time, compared with high-involvement customers (Bloemer & De Ruyter, 1999:325; Varki & Wong, 2003:89). Organisations therefore need to determine customers' levels of involvement as these could be indicative of whether they are receptive to organisations' relationship marketing efforts, preventing an unnecessary waste of resources and time (Ashley *et al.*, 2011:755; Varki & Wong, 2003:83).

2.7.2 Customer involvement levels

According to Chang and Hsieh (1996:19), the level of customers' involvement in the delivery of services is essential for relationship-building strategies. To distinguish between the different customer involvement levels, these authors categorise customer involvement as follows:

- **Low involvement:** These types of customers usually depend on themselves to deliver the service and will depend on the organisation to deliver the service only if the necessary facilities are not available.
- **Medium involvement:** The minimum output is required from this type of customer to deliver the service. Medium involved customers usually interact passively with the employees and receive assistance from the facilities provided.
- **High involvement:** Highly involved customers can be characterised by active participation in the service process and a high degree of interaction with the employees and organisation.

Dagger and David (2012:461) and Kinard and Capella (2006:365) argue that a high degree of interaction between the customer and employees, organisation and facilities, may result in more positive relationship building outcomes for organisations, which can be regarded as a necessity for building successful customer relationships.

2.7.3 Outcomes of customer involvement

Relationship marketing literature increasingly stresses the importance of customer involvement as it could lead to several positive outcomes, such as providing frequent feedback and higher expectations, service quality, satisfaction and attachment (Cheung & To, 2014:192; Prayag & Ryan, 2012:11; Ruiz *et al.*, 2007:1094; Seiders *et al.*, 2005:30; Varki & Wong, 2003:89). Researchers and marketing practitioners should acknowledge the importance of these positive outcomes as this could ultimately lead to long-term, successful customer-organisational relationships (Varki & Wong, 2003:89). The next sections briefly discuss each of the abovementioned outcomes.

- **Feedback**

According to Ruiz *et al.* (2007:1094) highly involved customers are more likely to give informative and positive feedback to organisations. Involved customers' motivation to provide feedback stems from not only from the need to improve the organisations services but also from the need to prevent other customers from experiencing the same unsatisfactory services (Liu & Matilla, 2015:219; McCullough *et al.*, 1997:322; Wirtz *et al.*, 2010:380).

- **Expectations**

Varki and Wong (2003:89) emphasise the need to identify highly involved customers, as they have higher expectations than low involvement customers. Compared to low involvement customers, high involvement customers have higher expectations that the organisation will treat them fairly and involve them in the solutions to any problems (or service failures) which may occur.

- **Service quality**

Highly-involved customers can contribute to the quality of service they receive from the organisation (Cheung & To, 2014:192). Cheung and To (2014:192) state that customers who are more involved in service encounters, facilitate information sharing, which, in turn, enhances the level of customers' perceived service quality.

- **Attachment**

According to Nambisan (2002:405), customers develop a sense of belonging and identity by becoming more involved with the employees and organisational activities which may contribute to customers developing an emotional bond with the organisation or its employees. The bond created between the customer and the organisation may, in turn, result in customer attachment (Prayag & Ryan, 2012:11; Pretty *et al.*, 2003:24; Ruiz *et al.*, 2007:1094).

- **Satisfaction**

Research by Seiders *et al.* (2005:30) reveals that customers who are more involved will generally be more satisfied with the services provided than are those customers who are less involved. The rationale behind this outcome is that highly-involved customers invest more time, money and effort in search of superior services that will provide exceptional satisfaction. According to Chen (2012:208) and Pleshko and Heiens (2015:68), the importance of customer satisfaction in customer-organisational relationships cannot be challenged, as customer satisfaction may lead to positive outcomes, such as loyalty, repurchasing, recommendation, cross buying, lower price elasticity and positive word-of-mouth (as discussed in section 2.8.4). For this reason, it is important to form a better understanding of the concept satisfaction.

2.8 SATISFACTION

This section commences with a discussion on the concept of customer satisfaction, which is followed by a consideration of the role of customer expectations in customer satisfaction. This section concludes with a description of the determinants and importance of customer satisfaction.

2.8.1 Conceptualisation of customer satisfaction

In order to form a better understanding of customer satisfaction, various models have been suggested, including a variety of survey instruments and conceptual definitions. Although the literature includes significant differences in the definition of satisfaction, most definitions share three common components (Jahanshahi *et al.*, 2011:256):

- Customer satisfaction is a response (emotional or cognitive);

- The response relates to a particular focus (such as expectations, products, consumption experience);
- The response takes place at a particular time (such as after consumption, after choice, based on accumulated experience).

Most researchers agree that the components mentioned above are best encapsulated in the definition proposed by Oliver (2010:10), who defines satisfaction as customers' attitudes or assessments that are formed by comparing their pre-purchase expectations (what they would gain from a product) to their subjective perceptions of the performance (what they actually did gain). In addition, customer satisfaction can also be distinguished by two components, which are transaction-specific satisfaction and overall or cumulative satisfaction (Homburg & Giering, 2001:45; Oliver, 2010:10):

- **Transaction-specific satisfaction** entails the post-choice evaluation of a specific purchase occasion.
- **Overall or cumulative satisfaction** refers to customers' evaluation of the total consumption experience of a product or service.

Several researchers focus on overall satisfaction, as they maintain that overall satisfaction serves as a better predictor of customers' future behavioural intentions and are very useful in understanding the relationship between customers and the organisation over time (De Matos *et al.*, 2013:534; Williams & Naumann, 2011:26; Zhao *et al.*, 2012:646). This study will consequently implement the perspective of cumulative satisfaction.

According to Oliver (2010:100), cumulative satisfaction can also be viewed as a function of the expectancy disconfirmation paradigm, which can be described as the subjective difference between customers' pre-purchase expectations and actual performance. Three possible outcomes could result from the expectancy disconfirmation paradigm (Lovelock & Wirtz, 2011:58-59):

- **Confirmed expectations:** Expectations are confirmed when the actual performance of the service delivered is simply confirmed.
- **Positive disconfirmation of satisfaction:** occurs when the actual performance of the service delivered exceeds customers' expectations, which leads to customer satisfaction.

- **Negative disconfirmation of satisfaction:** occurs when the actual performance of the service delivered is below the customers' expectations, which consequently leads to dissatisfaction.

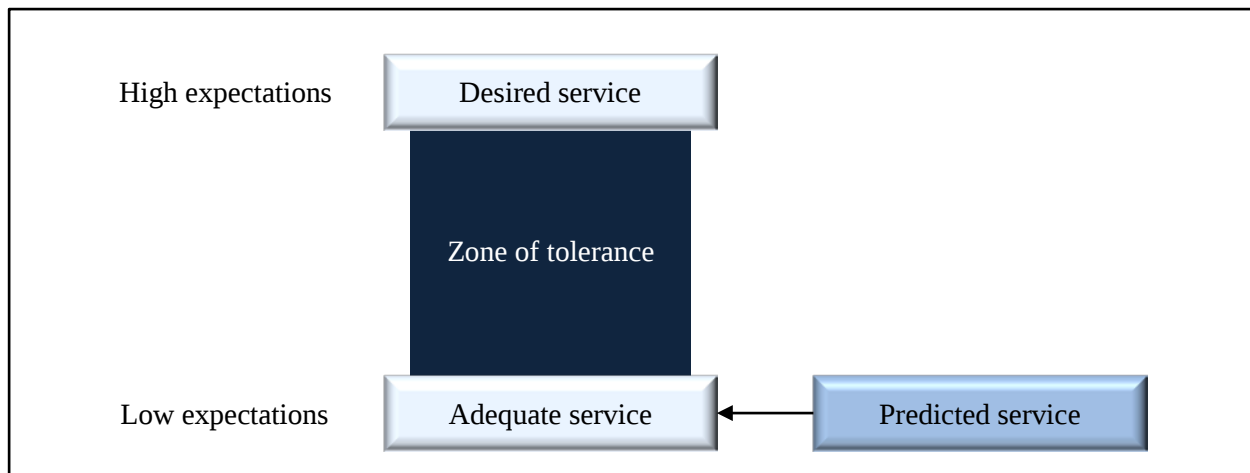
From the discussion above it can be deduced that customers' expectations play an important role in understanding customer satisfaction. Consequently, a brief discussion on the role of customer expectations in customer satisfaction is warranted.

2.8.2 The role of customer expectations in customer satisfaction

Oliver (1980:460) and Zeithaml *et al.* (1993:1) define customer expectations in terms of the service standards which act as the frame of reference whereby perceived experiences are compared and are used to judge satisfaction levels. Hoffman and Bateson (2017:305) maintain that customers' levels of expectations vary depending on their points of reference. These authors accordingly encourage organisations to develop a better understanding of the different customer expectation levels in order to ensure the effective implementation of marketing strategies. According to Wilson *et al.* (2012:53), the three different levels of expectation include the desired level of service, the adequate level of service and the predicted level of service.

- **Desired level of service** refers to the expectations customers hold regarding the level of service they want to receive from organisations.
- **Adequate level of service** refers to the expectations customers are willing to accept.
- **Predicted level of service** refers to the expectations customers believe is likely to occur.

As shown in Figure 2-10, Zeithaml *et al.* (1993:6) explain that the gap between the desired level of service and the adequate service level can be referred to as the zone of tolerance. The zone of tolerance is thus the gap between customers' expectations of the level of service they want to receive, and customers' expectations of the level of service they are willing to accept.

Figure 2-10: Zone of tolerance

Source: Adopted from Wilson *et al.* (2012:58).

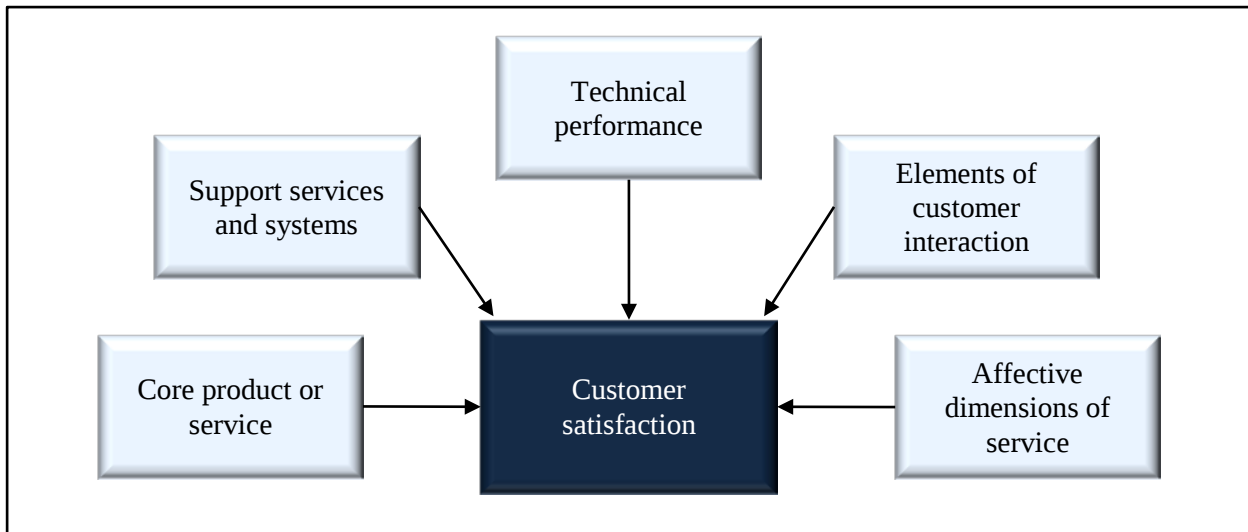
According to Zeithaml *et al.* (1993:6), if the service performance falls within the zone of tolerance, it means that customers' expectations of the service have been met and this should result in customer satisfaction. Hoffman and Bateson (2017:306), however, suggest that the zone of tolerance may not only differ between both individuals and different services and products for the same individual.

Another point to consider is the predicted levels of service which influence the adequate level of service. Zeithaml *et al.* (1993:6) argue that, if customers predict that they are going to receive good service, their levels of adequate service are likely to be higher than their prediction of receiving poor service. As a result, their high levels of adequate service will lead to higher levels of satisfaction.

2.8.3 Determinants of customer satisfaction

After forming a better understanding of customer satisfaction, it is vital to understand what determines customers' satisfaction levels. The five determinants of customer satisfaction, as shown in Figure 2-11, comprise the core product or service, support services and systems, technical performance, elements of customer interaction, and affective dimensions of service. These five determinants are discussed below.

Figure 2-11: Determinants of customer satisfaction



Source: Adopted from Egan (2011:128).

- **Core product or service:** The quality of an organisation's core product and service offering determine customers' satisfaction levels. An offering of high quality products and services, satisfies customers, which will in turn enable organisations to gain a competitive advantage (Egan, 2011:128; Machado & Diggines, 2012:152).
- **Support services and systems:** According to Egan (2011:128), customers become dissatisfied with the organisation if they encounter inferior support services and systems, despite receiving excellent core products or services from the same organisation. To ensure they are satisfied, organisations should, therefore, always aim to provide quality support services and systems, in addition to providing exceptional core products or services.
- **Technical performance:** The way in which the organisation appropriately delivers the core product or service and support services during each customer interaction can be referred to as the technical performance. The customer will experience dissatisfaction if the technical performance is below standard (Egan, 2011:128; Zeithaml *et al.*, 2009:110).
- **Elements of customer interaction:** According to Egan (2011:128), organisations should think beyond the simple delivery of core products and service and support systems to satisfy their customers. This author advocates that organisations focus on the way in which they interact with customers, as positive interactions between the customer and the organisation could result in satisfied customers.

- **Affective dimensions of service:** Chiappa *et al.* (2014:427) and Egan (2011:128) maintain that customers' emotions (positive and negative) influence their perceptions of whether they are satisfied with products or services. Positive emotions enhance customers' satisfaction with the service, whereas negative emotions lower their satisfaction with the service.

2.8.4 Importance of customer satisfaction

Organisations' interest in customer satisfaction is driven by the notion that customer satisfaction lies at the core of profitable, long-term customer relationships (Levy, 2014:296). Similarly, various research consistently recognises the importance of customer satisfaction in customer-organisational relationships by identifying them as a key antecedent to important relationship marketing constructs such as retention and loyalty, which in turn contribute to the organisation's overall financial performance (Kumar *et al.*, 2013:285; Sun & Kim, 2013:76; Thakur, 2014:632).

Consequently, organisations need to establish and generate high levels of customer satisfaction by constantly measuring and improving customers' satisfaction levels (Li *et al.*, 2013:799; Lonial & Raju, 2015:161), which may serve not only as an antecedent to important relationship marketing constructs, but also as a lead to the following positive outcomes:

- **Reduced marketing costs:** Customers who are satisfied generally require less encouragement to repurchase products/services from the organisation, thereby lowering the organisation's marketing costs (Sun & Kim, 2013:76).
- **Decreasing price sensitivity:** Satisfied customers are willing to pay more and stay with an organisation that meets their needs as opposed to taking the risk of moving to another organisation that offers lower-priced services (Hoffman & Bateson, 2017:290).
- **Protection against price competition:** Organisations that continually satisfy their customers' needs can remain apart from competitive pressures, particularly price competition (Hoffman & Bateson, 2017:290).
- **Saving time:** Organisations do not waste time on solving problems owing to poor offerings. Time should rather be spent on improving an already good offering (Machado & Diggines, 2012:150).

- **Positive word-of-mouth:** Positive word-of-mouth generated by existing customers is a cost-effective way of attracting new, valuable customers (Walsh & Bartikowski, 2013:993).
- **Enhanced reputation:** Organisations gradually develop a positive reputation when they continually satisfy their customers' needs. As a result, organisations attract more customers (Machado & Diggines, 2012:150).
- **Better working environment:** Organisations that pride themselves on the investments they make in satisfying their customers' needs generally provide better working environments, resulting in employees who are motivated to deliver quality service (Hoffman & Bateson, 2017:290).
- **Customer loyalty and repeat business:** Customers who are satisfied generally tend to be more loyal to an organisation that exceeds their expectations, leading to repeat purchases (Oliver, 2010:5).

Taking the above positive outcomes of satisfaction into consideration, Jemaah and Turnois (2014:8) note that satisfaction contributes to organisations' cost reductions, which increases the difference between what is received and what is given in a customer-organisational relationship, thus leading to higher relationship value.

The importance of ensuring customer satisfaction becomes apparent with the realisation that this could positively influence customers' propensity to spread positive word-of-mouth communications, create repeat business, foster greater trust in the organisation (Fang *et al.*, 2013:353; Wen & Chi, 2013:319) and positively influence customers' commitment, retention and loyalty (Chen, 2012:208; Kau & Loh, 2006:108), all of which contribute to their becoming relationship partners with organisations. The influence of customer satisfaction on customer loyalty has been particularly highlighted by various studies which confirm a positive relationship between these two constructs (Chen, 2012:208; Mittal & Frennea, 2010:30; Pleshko & Heiens, 2015:68). Organisations should therefore establish customer satisfaction to ensure loyalty, with the ultimate aim of retaining customers (Cant & Erdis, 2012:938).

2.9 RELATIONSHIP VALUE

To form a better understanding of relationship value, this section explores the concept, importance and outcomes of relationship value.

2.9.1 Concept of relationship value

Creating superior value to customers as a competitive strategy is essential to organisations' success (Cui & Coenen, 2016:61; Leroi-Werelds *et al.*, 2014:430). For this reason, the value concept has been thoroughly researched over the years in marketing research. Viewed as a multi-dimensional concept, four recurring characteristics can be identified in defining the value concept (Ulaga & Eggert, 2006b:314):

- it is a subjective concept;
- it is a trade-off between benefits and costs;
- benefits and costs can be multi-faceted; and
- value perceptions are relative to competition.

In short, value is commonly defined as a trade-off between the benefits of what one gets and the costs of what one gives in a market exchange (Zeithaml, 1988:13). Traditionally, research on the value concept focused mainly on the value of physical products, neglecting the relational dimensions of customers' perceived value (Cui & Coenen, 2016:61; Sun *et al.*, 2014:94). However, with the rise and importance of building successful long-term customer relationships, recent studies have adopted a relational approach that examines customer value from a relationship marketing perspective, which can be described as "relationship value" (Corsaro *et al.*, 2013:296; Cui & Coenen, 2016:46).

Drawing from the relationship marketing literature, relationship value can be defined as a trade-off between the relationship benefits and the relationships costs customers may experience in their relationship with an organisation (Eggert & Ulaga, 2002:110; Ulaga & Eggert, 2006a:131). Higher value in relationships, therefore, results either from increasing benefits or decreasing costs (Ravald & Grönroos, 1996:25-26). While there is little agreement on what constitutes both the benefits and the costs dimensions of relationship value, the common thread remains that the benefits should exceed the costs (Dorai & Varshney, 2012:405). Notwithstanding the difficulties

of conceptualising and assessing relationship value, there has been progress over recent years in forming a better understanding of relationship value (Cui & Coenen, 2016:46). Table 2-4 encapsulates the emerging body of research on relationship value.

Table 2-4: Conceptualisations of relationship value

Authors	Benefit dimensions	Cost dimensions	Industry
Anderson <i>et al.</i> (1993)	Economic benefits, technical benefits, service benefits, social benefits	Price	Theory-based
Wilson and Jantrania (1995)	Economic benefits, strategic benefits, behavioural benefits	None	Theory-based
Ravald and Grönroos (1996)	Episode benefits, relationship benefits	Episode sacrifices, relationship sacrifices	Theory-based
Grönroos (1997)	Core solution, additional services	Price, relationship costs	Theory-based
Lapierre (2000)	Product-related benefits, service-related benefits, relationship-related benefits	Price, relationship-related sacrifices	Finance sector
Möller and Törrönen (2003)	Efficiency function, effectiveness function, network function	None	Theory-based

Table 2-4: Conceptualisations of relationship value (cont.)

Authors	Benefit dimensions	Cost dimensions	Industry
Walter <i>et al.</i> (2003)	Direct functions (quality, volume, safeguard), indirect functions (market, scout, innovation, social support)	Direct function, cost reduction	Manufacturing
Uлага and Eggert (2005)	Product quality, service support, delivery, supplier know-how, time-to-market, personal interaction	Price, process costs	Manufacturing
Uлага and Eggert (2006)	Core benefits, sourcing benefits, operations benefits	Direct costs, acquisition costs, operation costs	Vendors

From Table 2-4 it can be observed that Anderson *et al.* (1993:5) were among the first authors who tried to conceptualise relationship value by defining it as the worth (economic, technical, service and social benefits) customers perceive they are receiving from an organisation in exchange for the price paid. Wilson and Jantrania (1995:63) excluded the cost dimension and

categorised relationship value according to three dimensions, namely, economic, strategic and behavioural value.

The relationship value assessment by Raval and Grönroos (1996:25-26) takes both episode and relationship benefits and costs into account, whereas Grönroos (1997:412) distinguishes between two benefit (core solution, additional services) and two cost (price, relationship costs) dimensions.

Elsewhere, Lapierre (2000:125) groups 13 drivers of relationship value into three benefit dimensions (product, service, relationship) and two cost dimensions (price and relationship costs). Möller and Törrönen (2003:112) propose conceptualising relationship value along three dimensions, which include: efficiency function, effectiveness function and network function. Walter *et al.* (2003:160). On the other hand, they identify four direct functions (cost, quality, volume, safeguard) and four indirect functions (market, scout, innovation, social support) in conceptualising relationship value in buyer-seller relationships.

Further, Ulaga and Eggert (2005:87) describe several sub-dimensions that capture the benefits of relationship value, which include product quality, service support, delivery, supplier know-how, time-to-market, personal interaction, and the costs, which include the price and process costs. These authors later build on their research by suggesting other dimensions which perhaps better describe relationship value. Their research describes three relationship benefits, which comprise core benefits, sourcing benefits, operations benefits and three costs, which include direct, acquisition and operation costs (Ulaga & Eggert, 2006a:135). More recent research by Cui and Coenen (2016:49) and Voss and Kock (2013:849) shows that relationship value is best conceptualised by the dimensions proposed by Ulaga and Eggert (2006a:122). These studies, therefore, adopted the items as proposed by Ulaga and Eggert (2006a:135), in an attempt to measure relationship value (Cui & Coenen, 2016:49; Voss & Kock, 2013:849).

From the discussion above, it can be concluded that relationship value is related to the exchange of various benefits and costs. For the purposes of this study, both benefit and cost dimensions suggested by Ulaga and Eggert (2006a:122) are adopted in measuring relationship value. This way of measuring relationship value will ensure that marketing researchers reap the benefits offered by this construct.

2.9.2 The importance and outcomes of relationship value

Most marketing researchers agree that an organisation's success can be improved by focusing on current customers as opposed to attracting new ones (Mark *et al.*, 2013:233). Building long-term customer relationships is therefore essential if organisations are to stay competitive and achieve superior results (Almunawar & Anshari, 2014:98; Kanthe *et al.*, 2016:36; Sheth & Parvatiyar, 2002:4). In recent years, marketing managers have focused particularly on the concept relationship value as a key building block for establishing customer-organisational relationships (Cui & Coenen, 2016:49; Ulaga & Eggert, 2006a:130; Voss & Kock, 2013:849).

The importance of studying relationship value lies in organisations benefiting from customers' intention to stay with the organisation (Sun *et al.*, 2014:92), customers being a tolerant partner and investing resources in the relationship (Walter *et al.*, 2000:168) and customers being less price sensitive (Ulaga & Chacour, 2001:537), all of which, in turn, could contribute to building better relationship marketing strategies.

To establish the positive behavioural outcome from the discussion above, numerous researchers have elaborated on the concept of relationship value by identifying relationship marketing constructs that are driven by relationship value. Research reveals that relationship value has a major influence on important relationship marketing constructs like satisfaction (Cui & Coenen, 2016:54), loyalty (Chen & Myagmarsuren, 2011:966), commitment (Dorai & Varshney, 2012:407) and trust (Cui & Coenen, 2016:54), all of which contribute to building successful customer-organisational relationships.

Aldlaigan and Buttle (2005:356-357) advocate that researchers also investigate the influence of relationship value on customers' attachment to an organisation. In their conceptualisation of customer attachment, these authors argue that customers become more attached to an organisation when the organisation meets the conditions they value. Relationship value therefore influences the level of customers' attachment to the organisation.

As the relationship value concept has now been discussed, it is important to understand the role of customers' fear of relationship loss in building successful customer-organisational relationships. The concept of fear of relationship loss is discussed in the following section.

2.10 FEAR OF RELATIONSHIP LOSS

Fear of relationship loss can be referred to as a customer's concern about the consequences of losing a relationship with the organisation, employees or brand (Kumar *et al.*, 2003:670). Gwinner *et al.* (1998:102), Jones *et al.* (2007:337) and Kumar *et al.* (2003:670) maintain that relationship benefits, switching costs and relationship bonds contribute to customers' fear of losing their relationship with an organisation.

2.10.1 Relationship benefits

Research shows that customers are more likely to stay and build a relationship with an organisation when the relationship benefits exceed the relationship costs (Conze *et al.*, 2010:58; Wei *et al.*, 2014:16). The relationship benefits that customers feel they receive from the organisation comprise confidence benefits, social benefits and special treatment benefits (Gwinner *et al.*, 1998:109-110; Wei *et al.*, 2014:16). Each of these benefits is discussed in section 2.3.3.2.

2.10.2 Switching costs

Jones *et al.* (2007:337) define switching costs as sacrifices or penalties customers may experience with the decision to move from one organisation to another. Switching costs include financial, procedural, and relational switching costs (Blut *et al.*, 2016:88).

- **Financial switching costs:** Financial switching costs relate to the structural bonds created by an organisation. Financial switching costs capture those that stem from the specific benefits customers could lose when switching from a current organisation (costs of lost performance) or from earlier investments (sunk costs) (Blut *et al.*, 2016:88; Burnham *et al.*, 2003:120-12).
- **Procedural switching costs:** Procedural switching costs encapsulate an individual's evaluation of the necessary steps to be taken in switching and the perceived effort of information gathering. Customers may experience difficulty in switching organisations with procedural switching costs, as they lack the expertise, skills, or ability to gather the necessary information associated with the switching process (pre-switching costs), to evaluate alternative organisations (uncertainty costs) or to learn the procedures and

routines of the new organisation (setup costs, post-switching and behavioural costs) (Blut *et al.*, 2016:88; Burnham *et al.*, 2003:120-12).

- **Relational switching costs:** Relational switching costs arise from the organisation's efforts to build relationships with customers. Customers experience emotional discomfort if they have to break a bond with an organisation (relationship costs) or with an employee (personal relationship loss costs) (Blut *et al.*, 2016:88; Burnham *et al.*, 2003:120-12).

2.10.3 Relationship bonds

According to Liang and Wang (2006:123), a relationship bond is built through interaction, and can be described as the economic, psychological, emotional or physical attachment between a customer and an organisation that ties parties together during a relational exchange. Relationship bonds can be classified under three broad categories: financial, structural and social bonds (Wang, 2014:320).

- **Financial bonds:** From the relationship marketing perspective, financial bonds stem from the economic benefits customers feel they receive from the long-term relationship with the organisation (such as price incentives and volume discounts) (Gwinner *et al.* 1998:102; Lee *et al.*, 2015:831). Customers are therefore motivated to create a bond with the organisation on account of the money they are saving from the relationship (Lima & Fernandes, 2015:336; Peltier & Westfall, 2000:6).
- **Structural bonds:** Structural bonds refer to an organisation's effort to create customer relationships by providing value-added benefits which competing organisations cannot provide (such as tailored rates and customised services/products) (Huang *et al.*, 2014:195; Lee *et al.*, 2015:832). The value-added benefits which competitors are unable to provide prevent customers from switching organisations which in turn assists organisations in creating and maintaining successful customer relationships (Huang *et al.*, 2014:195; Liang & Wang, 2005:80).
- **Social bonds:** Huang *et al.* (2014:195) and Lima and Fernandes (2015:336) regard social bonds as fundamental to building customer-organisational relationships as they capture the personal bond formed between the customer and the organisation. According to Lee *et al.* (2015:838) and Liang and Wang (2005:79), the personal bond between the customer and

the organisation are created through personal interaction and involve feelings of familiarity, personal recognition, friendship and social support. It is through these feelings that a mutual understanding and a degree of closeness between the customers and the organisation are established (Huang *et al.*, 2014:195; Lima & Fernandes, 2015:336).

Kumar *et al.* (2003:670) and Yagil and Luria (2015:565) add that a customer who has developed a bond with an organisation not only exhibits a fear of losing his/her relationship with their organisation, but is also more willing to forgive a transgression in an attempt to restore the relationship.

2.11 FORGIVENESS

To grasp the forgiveness concept in marketing, this section explores the conceptualisation of forgiveness and the role of forgiveness in customer-organisational relationships.

2.11.1 Conceptualisation of forgiveness

The construct of forgiveness initially emerged in theology and philosophy, but in recent decades it has received attention from researchers in different disciplines, such as Psychology (da Silva *et al.*, 2017; Wenzel *et al.*, 2017), Political Studies (Misztal, 2016; Wigura, 2017) and Marketing Management (Bies *et al.*, 2016:20; Joireman *et al.*, 2016:76-77). Forgiveness in the marketing field has been explored mostly in the context of service failures as a motivational phenomenon, which is often defined in terms of behavioural, affective, or cognitive responses following interpersonal transgression (Tsarenko & Tojib, 2011:387). Most research concerning service failures also views forgiveness as a process rather than an act that develops over time. Chung and Beverland (2006:98) and Siamagka and Christodoulides (2016:267) explain that the forgiveness process is initiated by a transgressing service failure, which is followed by the customer's cognitive effort to understand the service failure. The cognitive reaction of the customer leads to an emotional response, which necessitates the release of negative emotions associated with the service failure. By letting go of negative emotions, the customer becomes less motivated to punish the service provider by switching to a competitor. Forgiveness is therefore a process that starts with a cognitive reaction which leads to emotional elicitation and results in motivational outcomes. Individuals can therefore be describe as forgiving if they let go of destructive responses and respond instead with constructive behaviours, affect, and recognition. North

(1987:507-508) has similar views and regards forgiveness as an intended, deliberate activity, which incorporates four major elements, namely:

- The recognition of being offended or experiencing an injustice;
- Accepting the choice/decisions to let go of negative emotions like anger and revenge;
- Achieving relief from internal tension; and
- Feeling compassion for an offender.

The first two elements relate to the abandonment of negative feelings like anger and revenge, whereas the last two elements relate to fostering positive feelings like compassion and generosity. True forgiveness is therefore achieved not by merely removing negative emotions toward an offender, but also by increasing positivity in terms of attitudes or behaviour to the offender. The concept of relinquishing negative emotions and increasing positive emotions is the main component common to most definitions of forgiveness which can be viewed in Table 2-5 below.

Table 2-5: Prominent definitions of forgiveness

Author(s)	Definition
Enright and the Human Development Study Group (1991)	“A decrease in negative and increase in positive affect, cognitions, and behaviors toward an offender even though the offender does not deserve these changes”
McCullough <i>et al.</i> (1997)	“set of motivational changes whereby one becomes decreasingly motivated to retaliate against an offending relationship partner, decreasingly motivated to maintain estrangement from the offender, and increasingly motivated by conciliation and goodwill for the offender, despite the offender’s hurtful actions”

Table 2-5: Prominent definitions of forgiveness (cont.)

Author(s)	Definition
Enright <i>et al.</i> (1998)	“Forgiveness is a willingness to abandon one’s right to resentment, negative judgment, and indifferent behaviour towards one who unjustly hurt us, while fostering the undeserved qualities of compassion, generosity, and even love towards him or her”
Exline and Baumeister (2000)	“Debt cancelation by the victim”
McCullough and Hoyt	“Forgiveness consisting of decreases in revenge and avoidance motivation

(2002)	and increases in benevolence toward the offender.”
Berecz (2001)	“letting go of past hurt and bitterness”
McCullough <i>et al.</i> (2003)	“A reduction of revenge and avoidance and an increase in conciliation over time”
Zechmeister <i>et al.</i> (2004)	“Forgiveness is behavioural, affective, and cognitive responses following an interpersonal offence”
Chung and Beverland (2006)	“Consumer forgiveness implies an intentional effort by the consumers toward overcoming post transgression negative emotions through forgiveness for the sake of maintaining a constructive relationship with the brand.”
Tsarenko and Tojib (2011)	“Forgiveness involves acknowledging the seriousness of the offense, but also the process of relinquishing vengeful thoughts and revenge motivations.”
Joireman <i>et al.</i> (2016)	“Customers’ internal act of relinquishing anger and the desire to seek revenge against a firm that has caused harm as well as the enhancement of positive emotions and thoughts toward this harm-doing firm.”
Bies <i>et al.</i> (2016)	“Forgiveness is the internal act of relinquishing anger, resentment, and the desire to seek revenge against someone who has caused harm as well as the enhancement of positive emotions and thoughts towards the harm-doer.”

Taking the prominent definitions of forgiveness in Table 2-5 into consideration, as well as the preceding discussion on the conceptualisation of forgiveness, this study defines forgiveness as a customer’s internal act to relinquish negative reactions like anger and revenge against an organisation that has caused harm, but to heighten positive reactions like compassion and generosity toward the harm-doing organisation (Bies *et al.*, 2016:20; Joireman *et al.*, 2016:76-77). According to Yagil and Luria (2016:561-564), forgiving customers’ willingness to relinquish negative reactions and enhance positive reactions should not be undervalued, as it holds various benefits for organisations in the form of higher levels of tolerance of customers, customers taking perspective and positive reframing. Each of these benefits are discussed below.

- **Tolerance:** Forgiving customers demonstrate more tolerance as they engage in positive communication and refrain from harmful reactions. In addition to positive communication, these forgiving customers show patience and avoid behaviours like complaining, shouting, demanding an apology, or engaging in negative word-of-mouth.
- **Perspective taking:** According to Yagil and Luria (2016:562-563), forgiving customers relate to a situation from the employee’s point of view. These types of customers have acknowledged the difficulties employees experience and view them as possible reasons for

service failures. Perspective taking also encompasses not only forgiving customers' awareness of the constraints the organisation may experience, but also show appreciation of the efforts made by the employees to provide good service.

- **Positive reframing:** The decision to focus on positive aspects of a situation instead of on the negative is a conscious decision forgiving customers make. This is reflected, for example, in their decision to view a service failure as a single event. Forgiving customers also nurture positive emotions and relinquish negative emotions for their own sake, as these actions will establish emotional enhancement. Moreover, customers who emphasise the importance of interpersonal relationships tend to be more forgiving, which Yagil and Luria (2016:565) regard as a necessity for relationship-building purposes.

2.11.2 The role of forgiveness in customer-organisational relationships

According to Chung and Beverland (2006:98) and Tsarenko and Tojib (2011:381,387), forgiveness can be viewed as a relationship-constructive mechanism which enables organisations to restore relationships with customers after an interpersonal transgression, and also to enhance the quality of the relationship. These authors explain that all customer-organisational relationships are susceptible to disruption and problems (transgressions), as service failures are inevitable (Tsarenko & Tojib, 2015:1851). Following a transgression, a customer may choose to retaliate and leave the organisation or they may act constructively in the relationship by choosing to forgive the transgression and stay with the organisation (Yagil & Luria, 2016:576). Customers leaving the organisation could have a detrimental effect on customer retention and profitability (Siamagka & Christodoulides, 2016:267). For this reason, it is vital for organisations to understand and encourage customer forgiveness.

Bugg Holloway *et al.* (2009:392) and McCullough *et al.* (2010:374) are of the opinion that customers are generally more motivated to forgive an organisation for a transgression when the relationship with the organisation offers them value in the form of relational benefits (social and psychological) and interpersonal bonds. It is through the interpersonal bonds that customers feel emotionally connected to the organisation, as they invest a great deal in the relationship (Yagil & Luria, 2015:565). The emotional connection between the customer and the organisation encourages the customer to forgive the organisation for the transgression in an effort to repair the relationship (Chung & Beverland, 2006:98; Yagil & Luria, 2015:565). Marketing managers are therefore accordingly advised to strengthen customer forgiveness by using appropriate recovery

strategies, showing appreciation for customers' attempts to forgive and developing strategies to build stronger customer relationships (Siamagka & Christodoulides, 2016:267; Yagil & Luria, 2015:576). Customers who are in a strong relationship with an organisation are prone to act positively in the case of a transgression, because they tend to be more satisfied, committed and loyal (Kumar *et al.*, 2003:670; Siamagka & Christodoulides, 2016:267; Yagil & Luria, 2015:565).

2.12 CONCLUSION

This chapter has presented a theoretical overview of marketing and relationship marketing. Various relationship marketing constructs (i.e., attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss, forgiveness) that can be used to measure the success of relationship marketing were discussed. The aim of this chapter was, therefore, to provide sufficient explanation for the constructs relevant to the study which, in return, form the foundation of this research study. The literature overview in this chapter will be used in the following three chapters which comprise three articles. The aim of each article is as follows:

- The first article (Chapter 3) aims to determine the relationship between patients' attachment and consumption emotions in the South African hospital industry.
- The second article (Chapter 4) investigates the extent to which patients' involvement, satisfaction and relationship value influence their attachment to their hospital.
- The third article (Chapter 5) investigates the antecedents and outcomes of patients' attachment in the South African hospital industry.

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CHAPTER 3: ARTICLE 1

Customer attachment and consumption emotions in the South African hospital industry

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ABSTRACT

Rising costs, escalating market demand and increasing patient dissatisfaction have led South African hospitals to implement effective relationship marketing strategies with the aim of improving patient retention. Relationship marketing strategies in hospitals necessitate a better understanding of patients' attachment, as attached patients are not only able to build a lasting bond with the hospital, but are also more willing to return and make use of the services offered. One of the main contributory factors in establishing a bond and enhancing relationships is the attached individuals' ability to regulate their own emotions (positive and negative) during emotional experiences. However, despite the importance of the way in which attached individuals handle emotional experiences, the relationship between customer attachment and consumption emotions in patient-hospital relationships has not yet been tested. The purpose of this paper is therefore to investigate the relationship between individuals' attachment and consumption emotions in the South African hospital industry. Non-probability convenience sampling was used, and 303 respondents participated in this research. The results indicate that, as respondents' attachment increases, so do the positive consumption emotions experienced during their service delivery. It was also found that, as respondents' attachment increases, their negative consumption emotions decrease during the service delivery.

Keywords: attachment, consumption emotions, hospital industry, relationship marketing

3.1 INTRODUCTION

Customer-organisational relationships are ever-evolving, with increasing opportunities for connecting and developing relationships with other potential customers, leading to a sustainable competitive advantage (Gummerus *et al.*, 2017:7; Kanthe *et al.*, 2016:36). Thus, forming a better understanding of how customers behave and relate to organisations in these constantly evolving customer-organisational relationships becomes crucial to organisations seeking to establish successful customer relationships (Payne & Frow, 2017:11; Sheth, 2017:2). One construct which could possibly influence customer-organisational relationships and which has not been fully explored is that of customers' attachment to their organisation. According to Prayag and Ryan (2012:11), the value of customers' attachment in relationship marketing lies in the strong bond that is formed between the customer and the organisation. This bond not only enables the organisation to gain a better understanding of how its customers behave in relationships, but also assists them in fostering higher levels of trust, repurchase intentions and reduced switching behaviour, which is essential for relationship-building purposes (Khan, 2012:242; Mende & Bolton, 2011:296 & Paulssen, 2009:523).

Jensen *et al.* (2015:90) add that an important element in studying attachment is that of attached individuals' ability to regulate their own emotions (positive and negative) during emotional experiences. Mikulincer and Shaver (2007:3) and Pascuzzo *et al.* (2013:97-98) explain that attached individuals have the ability to loosen their cognitive strategies, open up to emotional experiences and openly process information after experiencing either positive or negative emotions. This, in turn, results in wider visual search patterns, more creative problem solving and more flexible goals and mind-sets. Pascuzzo *et al.* (2013:97-98) and Zimmer-Gembeck *et al.* (2015:88) maintain that this form of emotional regulation is advantageous for individuals aiming to establish and enhance close relationships. This is evident in various studies on parent-infant and adult relationships (Levesque *et al.*, 2017; Viddal *et al.*, 2017).

Despite the importance of the way in which attached individuals regulate their own emotions during emotional experiences, there is no evident research on the relationship between attachment and emotions in customer-organisational relationships. This paper argues that the components of attachment theory, specifically the emotional interaction of relationships in adult relationships, can be used to explain the relationship between attachment and emotions in customer-organisational relationships. When individuals in adult relationships face certain

emotional experiences, their internal working models of attachment are activated, that is, early emotionally relevant experiences with caregivers that form a cognitive and emotional framework in the adult's life play a role in mediating current interactions (Rholes, 2017:22). As the relationship between a customer and the representatives of an organisation can be viewed as an adult relationship, it can be argued that customers' internal working models of attachment will be activated when they undergo certain emotional experiences (such as a service failure). Further, if attached adults are able to regulate their emotions during emotional experiences, it can be assumed that attached customers are going to do the same, which in turn will allow organisations to build successful customer relationships.

Drawing on the relationship marketing view whereby a competitive advantage is gained through building long-term customer relationships, this paper investigates the association between two important relationship constructs, attachment and consumption emotions. Investigating customer attachment and its relation to consumption emotions will go towards explaining the role of customer attachment in customer-organisational relationships. According to Almunawar and Anshari (2014:87) and Poku *et al.* (2016:101), building successful long-term customer relationships is particularly important in the hospital industry, as patient retention increases hospitals' long-term profitability, ultimately contributing to their sustainability. Moreover, while a few studies have investigated customers' attachment styles (Beldona & Kher, 2015:355; Verbeke *et al.*, 2017:51), no research has empirically investigated patients' attachment styles and their consumption emotions in the South African hospital industry. The purpose of this paper is therefore to determine the relationship between customers' attachment and the consumption emotions in the South African hospital industry.

3.2 OVERVIEW OF THE SOUTH AFRICAN HOSPITAL INDUSTRY

The South African hospital industry, which contributes nearly 8.6% to the South African GDP, comprises both the private and the public hospital industries (Health financing profile, 2016). According to KPMG (2015), there are major disparities between the two industries. The South African *public hospital* industry serves about 80% of the South African population; it operates 394 hospitals and spends approximately €9 billion per year on serving public healthcare patients (RH Bophelo, 2017; KPMG, 2015). Ranked among the worst in the world, the South African *public hospital* industry is characterised by poor service delivery, resource shortages, dilapidated equipment and the limited availability of qualified staff (Oxford Business Group, 2016).

In comparison with the public hospital industry, the standard of healthcare in the South African *private hospital* industry is considered the best on the African continent, as it is well-funded and well-equipped (Allianz, 2015; Deloitte, 2015). The South African private hospital industry, which spends approximately the same amount as does the public health industry (€9 billion), serves 20% of the South African population, operates 340 private hospitals, and is controlled by three hospital groups (i.e., Medi-Clinic, the Life Healthcare Group and Netcare), holding 70% of the market share (RH Bophelo, 2017; KPMG, 2015; Oxford Business Group, 2016). In spite of the dominant presence of Medi-Clinic, the Life Healthcare Group and Netcare, these hospital groups have been exposed to considerable change in the marketplace, as well as a surge of competitors (RH Bophelo, 2017). In the past few years, these hospital groups have faced major challenges in the form of increased healthcare costs, high prices, legislative changes, staff shortages and poor service delivery, forcing hospitals to compete for a share in a stagnant market (AON, 2016; RH Bophelo, 2017; Jobson, 2015:3-6). However, to face the challenges presented by the hospital industry and establish a bigger share in the market, Almunawar and Anshari (2014:87) and Habidin *et al.* (2015:293) advocate the idea of hospitals pursuing more successful patient relationships in an effort to retain them.

3.3 LITERATURE REVIEW

From the above discussion, it can be inferred that understanding the relationship development between a customer and an organisation is important to the success of relationship marketing in organisation-to-customer markets (Gummerus *et al.*, 2017:7; Skarmeas *et al.*, 2016:31). Despite the important role of customer attachment in customer-organisation relationships, only a few studies have considered the role of customer attachment in determining long-term customer relationships (Beldona & Kher, 2015:355; Verbeke *et al.*, 2017:51). However, no apparent research has investigated customers' attachment styles and their consumption emotions. To form a better understanding of the key constructs under investigation (attachment and consumption emotions), this section provides a detailed discussion on the literature pertaining to each related construct. Based on the literature discussion, the hypothesised interrelationships between the related constructs are also presented.

3.3.1 The attachment theory

The attachment theory was initially introduced by Bowlby (1977:201), who defined attachment as people's instinctive need to form affectionate bonds with particular others. The attachment

theory stems from the belief that the attachment system motivates people to seek physical proximity with those who support them (also called attachment figures) in times of need. These attachment figures generally protect people from physical and psychological threats, promote the regulation of their emotions and encourage healthy environmental exploration. Bowlby (1977:201) and Main *et al.* (2011:430) explain that, when people interact with responsive and protective attachment figures, they tend to form positive mental representations of relationship partners and the self (called internal working models of others and self). These internal working models serve as a guide to one's perceptions and judgements when it comes to approaching new relationships throughout the entire lifespan.

Although most of the early attachment research focused almost exclusively on parent-infant (Ainsworth *et al.*, 1978; Bowlby, 1958) and adult relationships (Shaver & Mikulincer, 2005), marketing studies have suggested that customers' internal working models (attachment representations) may be activated when engaging with particular brands, companies or employees (Beldona & Kher, 2015: 362-363; Mende, Bolton & Bitner, 2013:139; Tsai, 2014:998). Paulssen (2009:511) argues that, because the attachment theory is not limited to romantic or marital relationships in adults, it can explain behaviour in non-affectionate relationships, and should be able to explain individual behaviour in organisational relationships as well. Therefore, the internal working models of self and other – shaped through experience in personal relationships – should affect individuals' perceptions and judgements of their relationships with organisational partners as well. This research therefore follows Paulssen's (2009:511) suggestion of using the attachment theory to explain individuals' behaviour in organisational relationships, and more particularly in relationship-specific, organisational-focused customer attachment styles (Chapter 2 provides a more detailed discussion on the attachment theory in section 2.4.1).

3.3.1.1 Customers' attachment styles and organisational relationships

A customer's attachment style can be defined as a systematic pattern of relational expectations, needs, emotions and social behaviours that results from the internalisation of particular past attachment experiences (Shaver & Mikulincer, 2005:27). Mende and Bolton (2011:295) emphasise the importance of attachment styles, as they influence how people perceive a partner in close interpersonal relationships. This is particularly important for relationship marketing

managers, because the success of customer-organisational relationships often depends on forming a better understanding of customers' behaviours and how they relate to the organisation.

Wei *et al.* (2007:201) posit that attachment styles can be conceptualised and measured along two continuous dimensions, namely, attachment anxiety and attachment avoidance. Customer attachment *anxiety* is the extent to which a customer forms doubts about the availability of the organisation in times of need. This customer has an excessive need for approval, or fears that the specific organisation will reject and abandon him/her. Customer attachment *avoidance* refers to the extent to which a customer has an excessive need to be independent, develops a fear of depending on the organisation, is suspicious of the organisation's goodwill, and wishes to distance himself/herself (emotionally and cognitively) from the organisation (Mende & Bolton, 2011:286; Wei *et al.*, 2007:201). Mende and Van Doorn (2015:5) state that customers who score low in both these dimensions develop a secure attachment style towards the organisation, and customers who score high on one or both dimensions develop an insecure attachment style.

According to Mende and Bolton (2011:296), both of these attachment styles (secure and insecure) influence how customers perceive their relationship with the organisation. Paulssen (2009:523) explains that customers with a secure attachment style tend to be more satisfied with their relationship experiences and display higher levels of trust, in comparison with those customers with an insecure attachment, and are therefore more prone to building long-lasting relationships with organisations. Consequently, Beldona and Kher (2015:362) advocate that organisations who want to build successful customer relationships identify customers with a secure attachment, as this would enable them to both understand their customers' behaviour better and improve their segmentation strategies, as well as allocating relationship marketing resources more effectively (Customers' attachment styles in organisational relationships is discussed in more detail in Chapter 2, section 2.4.3).

3.3.2 Consumption emotions

In the field of services marketing, various marketing researchers and managers regard customers' emotions as a key element in understanding their perceptions of the service experience, as customers often draw on their current emotional state when evaluating a specific consumption experience (Ali *et al.*, 2016:25; White, 2010:390). Westbrook and Oliver (1991:84) define consumption emotions as the set of feelings evoked in customers through the consumption of products and/or services (i.e. consumption experiences). This set of consumption emotions

consists of the two dominant dimensions of positive and negative emotions (Lee *et al.*, 2009:307). *Positive emotion* is associated with happiness, joy, excitement, pride and gratitude, whereas *negative emotion* is associated with shame, anger, envy, fear, annoyance and sadness (Koenig-Lewis & Palmer, 2014:443). Barclay and Kiefer (2012:1885) and Pappas *et al.* (2014:195) note that positive and negative emotions should be viewed as two independent dimensions that may occur simultaneously in customers during the consumption experience.

Consequently, not only should there be a differentiation between customers' positive and negative emotions, but they should also be studied together, as these emotions can have different consequences and effects when it comes to how customers behave (Barclay & Kiefer, 2012:1885; Pappas *et al.*, 2014:195). For example, previous research on customer emotions acknowledges the difference between the positive and negative emotions experienced by customers during a service experience, by demonstrating that positive emotions are likely to influence customers' level of satisfaction (Vinagre & Neves, 2008:98), purchase intention (Pappas *et al.*, 2014:195), word-of-mouth (White, 2010:391) and loyalty (Lee *et al.*, 2009:319) more positively than would negative emotions, which in turn, might enhance organisations' attempts to build successful customer relationships (A more detailed discussion about consumption emotions is provided in section 2.5 of Chapter 2).

3.3.3 The relationship between attachment and emotions

Within a psychological framework, adult attachment styles play an important mediating role during interactions during which individuals can encounter either positive or negative emotions. In such interactions, individuals with secure attachment styles have a greater capacity for functional emotion regulation, making use of internal working models and appropriately seeking social resources for dealing successfully with their emotions (Cooper *et al.*, 1998:1392; Pascuzzo *et al.*, 2013:97-98). Mikulincer and Shaver (2013:3) note that, when individuals repeatedly experience positive interactions, their sense of attachment security gradually becomes associated in their minds with memories of positive experiences and emotions. Consequently, the evocation of mental representations of attachment security caused by either internal or external stimuli repeatedly makes individuals feel relaxed, relieved, loved and happy. Moreover, when attached individuals experience negative emotions, they adopt constructive problem-solving or task-oriented strategies for dealing with distressing emotions or situations (Pascuzzo *et al.*, 2013:96). Pascuzzo *et al.* (2013:96) further explain that this constructive behaviour can be attributed to

attached individuals who had sensitive and responsive attachment figures associated with their protection and proximity-seeking needs. Attached individuals are therefore better equipped to handle negative emotional experiences and to embrace positive emotional experiences, which Game (2008:380-384) and Jensen *et al.* (2015:90) regard as necessary for building successful relationships. The importance of individuals regulating their emotions for relationship purposes is prevalent in previous research, which indicated that secure individuals who are more capable of regulating their emotions during emotional experiences are also more satisfied and trusting in relationships with others (Frazier *et al.*, 2015:381; Mikulincer & Shaver, 2013:7).

However, the relationship between attachment and emotions has been empirically tested only in parent-infant and adult relationships, yet the importance of individual attachment levels and their connection to emotions are assumed in customer-organisational relationships (Pascuzzo *et al.*, 2013:97-98; Zimmer-Gembeck *et al.*, 2015:88). This paper, therefore, adapts the attachment theory of adult relationships and argues that a relationship between a customer and the representatives of an organisation can also be viewed as an adult relationship, which, at certain times, can create a scenario in which internal working models of attachment are activated. For example, one such scenario shows how a service failure may occur. A service failure creates anxiety for the customer, thereby activating the customer's attachment style. When such a customer presents with a secure attachment style, it can be assumed that s/he will be better equipped to regulate the negative emotions related to the service failure. Another scenario that may present demonstrates how attached customers are satisfied with the service and their sense of attachment security gradually becomes mentally associated with memories of positive experiences and emotions, causing them to feel relaxed, relieved, loved and happy.

Taking the preceding discussion into consideration, the following alternative hypotheses are formulated for this paper.

- H₁: There is a significant and positive relationship between positive consumption emotions and the respondents' attachment.
- H₂: There is a significant and negative relationship between negative consumption emotions and the respondents' attachment.

3.4 RESEARCH PROBLEM

Creating and sustaining profitable relationships with customers has become necessary for hospitals aiming to gain a competitive advantage in a stagnant market (Almunawar & Anshari, 2014:98; Gummerus *et al.*, 2017:7; Kanthe *et al.*, 2016:36). Marketing researchers and managers alike have identified customers' attachment styles as a crucial success indicator for building customer relationships (Khan, 2012:242; Mende & Bolton, 2011:296; Paulssen, 2009:523). attached customers offer organisations several advantages, including creating bonds which are hard to break and which seem to persist even though the organisation provides no support. It is through creating bonds with customers that high levels of trust and loyalty are realised. These are considered to be the essence of strong relationships (Mende *et al.*, 2013:139; Paulssen, 2009:523).

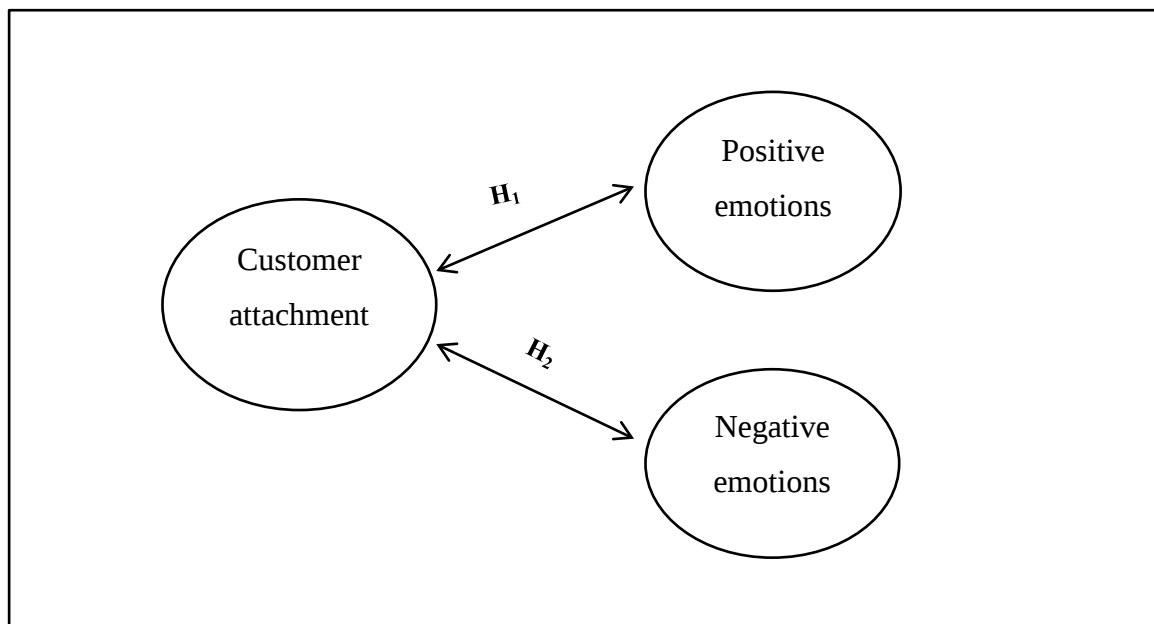
Jensen *et al.* (2015:90) add that the importance of studying attachment lies also in attached individuals' ability to regulate their own emotions (positive and negative) during emotional experiences. Such regulation of emotions is especially valuable in the establishment and enhancement of close relationships, a fact that prevails in research studies on various parent-infant (Zimmer-Gembeck *et al.*, 2015:88) and adult relationships (Pascuzzo *et al.*, 2013:97-98). However, despite the importance of how attached individuals handle emotional experiences, the relationship between attachment and emotions in customer-organisational relationships has not yet been tested. Nonetheless, this paper adapts the attachment theory of adult relationships and argues that a relationship between a customer and an organisation can also be viewed as an adult relationship which at certain times can create a scenario whereby internal working models of attachment are activated.

If attached individuals are able to cope more effectively with emotional experiences, it is anticipated that attached customers will cope more effectively with emotional experiences, which could ultimately improve their relationship with the organisation. Taking this reasoning into consideration, it becomes essential to explore the relationship between customers' attachment and their consumption emotions. Further, determining the relationship between attachment and emotions in patient- hospital relationships in the South African hospital industry can be viewed as a priority, as hospitals are embracing the establishment of patient relationships (Almunawar & Anshari, 2014:87; Habidin *et al.*, 2015:293). The purpose of this paper is

accordingly to determine the relationship between customer attachment and consumption emotions in the South African hospital industry.

In the above literature discussion a number of relationships between the relevant constructs are proposed. Figure 4-1 shows the hypothesised relationship between customer attachment and positive emotions and customer attachment and negative emotions.

Figure 3-1: Conceptual model



3.5 RESEARCH METHODOLOGY

This research made use of a cross-sectional descriptive research design which was quantitative in nature. The target population included South Africans residing in the Gauteng, KwaZulu-Natal or North West provinces of South Africa, who have made use of hospital services during the last three years. This population was chosen because of its accessibility, and also because the Gauteng and KwaZulu-Natal provinces comprise the largest share (44.9%) of the South African population (Stats SA, 2017). The sampling procedure encompassed a non-probability sampling method in the form of convenience sampling. The researchers opted for this sampling technique owing to budgetary constraints and the lack of a sampling frame. Prospective respondents were therefore approached on the basis of convenience.

A structured self-administered questionnaire (see Appendix A) – comprised of three sections – was designed to collect the data. The questionnaire commenced with a preamble setting out the

instructions for completing the questionnaire, the aim of the research, and respondents' rights and obligations. The preamble also included a screening question to ensure that only eligible respondents took part in the research (respondents who had made use of hospital services during the last three years). The following sections of the questionnaire incorporated structured questions designed to gain insight into the demographic information and patronage habits of respondents (section A). Section B of the questionnaire measured respondents' attachment, using a five-point unlabelled Likert-type scale, with 1 representing 'strongly disagree' and 5 representing 'strongly agree'. The items used to measure respondents' attachment were adapted from the reliable and valid measurement scale by Mende *et al.* (2013:130).

The last section (section C) of the questionnaire measured respondents' consumption emotions (positive and negative), using unlabelled Likert-type scale questions, for which respondents had to indicate the intensity of emotion they generally experience when using their hospital's services, where 1 represents 'not felt at all' and 5 represents 'very strongly felt'. The items used to measure the respondents' consumption emotions were adapted from the reliable and valid scale by Koenig-Lewis and Palmer (2014:443).

Before the final questionnaire was fielded, it was pre-tested among 30 respondents from the target population to identify and correct any problems the respondents may experience when completing the questionnaire. Based on the feedback received from the pilot-sample, a few technical adjustments were made to the questionnaire. The final questionnaire was fielded by trained post-graduate fieldworkers under the target population on the basis of convenience. A total of 303 usable questionnaires were completed and could be used in the analysis.

3.5.1 Data analysis

The Statistical Package for Social Sciences (SPSS) (version 24) was used to capture, clean and code the data. Frequencies and percentages were calculated to compile and present the respondents' descriptive statistics. The data analysis strategy included the calculation of standard deviations and means for each of the items measuring the respondents' attachment and consumption emotions (positive and negative). Cronbach's alpha coefficient values were calculated to evaluate the reliability of the scales measuring the respondents' attachment and consumption emotions (positive and negative). Field (2013:679) recommends that Cronbach's alpha values should preferably be larger than 0.70 to specify the acceptable internal consistency and reliability of the measurement scales of customer attachment and consumption emotions. To

evaluate the dimensionality of the data and evaluate the validity of the measurement scales used to measure the related constructs, a confirmatory factor analysis was conducted.

For hypotheses testing and determining whether there are significant and positive relationships between pairs of variables, Pearson product-moment correlations were performed. In this instance, correlations between the respondents' attachment and their consumption emotions (positive and negative) were investigated. To indicate significant correlations, a 95% confidence level ($p \leq 0.05$) was used. Pallant (2013:134) regards a correlation coefficient of 0.10 to 0.30 as a weak correlation, while a correlation coefficient of 0.30 to 0.50 is a moderate correlation, and a correlation coefficient of more than 0.50 is a strong correlation between variables.

3.6 RESULTS

3.6.1 Descriptive statistics

Table 3-1 provides an overview of the descriptive statistics of the patronage habits and demographics of the respondents who participated in the research.

Table 3-1: Sample profile

Variable	Response categories	Total sample (n = 303)	
		Frequency	%
Gender	Male	112	37.0
	Female	191	63.0
Employment status	Employed full-time by an organisation	141	46.5
	Housewife or househusband	9	30.0
	Employed part-time by an organisation	11	3.6
	Retired	24	7.9
	Self-employed	26	8.6
	Student	83	27.4
	Unemployed	7	2.3
	Other	2	0.7
Population group	Asian	5	1.7
	Black	42	13.9
	Coloured	14	4.6
	Indian	4	1.3

	White	238	78.5
Age	28 years or younger	121	39.9
	29 to 37 years	51	16.8
	38 to 49 years	64	21.1
	50 to 68 years	45	14.9
	69 years or older	22	17.3
Length of time supporting hospital	Less than 1 year	104	34.3
	1 to 3 years	75	24.8
	3 to 5 years	60	19.8
	6 to 10 years	64	21.1

As indicated in Table 3-1, more than half of the respondents (63.0%) were female. Regarding the respondents' employment status, the majority of respondents were employed full time by an organisation (46.5%), with a large contingent playing the role of housewife or househusband (30.0%), or student (27.4%). Further, the majority of the respondents were white (78.5%), and were aged 28 years or younger (39.9%). Lastly, in terms of the time period during which the respondents had supported their hospital, 34.3% had used the services of a hospital for less than one year, 24.8% between one and three years, 19.8% between three and five years and 21.1% between six and ten years. Table 3-2 below provides a summary of the means and standard deviations (SD) derived from the continuous variables examined. Customer attachment was rated highest by the respondents (mean = 3.54, SD = 1.00), followed by positive emotions (mean = 3.35, SD = 1.01), and negative emotions (mean = 2.20, SD = 0.99). Using a five point scale, the respondents, indicated that they were generally attached to their hospital. In addition, the respondents indicated that they experience more positive than negative emotions with their hospitals' services. The low scores captured for the respondents negative emotions can be attributed to the positive emotions they experienced with their hospitals' services.

3.6.2 Validity and reliability

All measures were either adopted or adapted from existing scales measuring attachment (Mende *et al.*, 2013:130), positive emotions and negative emotions (Koenig-Lewis & Palmer, 2014:443). These respective authors found the scales valid to measure these constructs in their respective studies, thus confirming face validity.

In addition, a confirmatory factor analysis was conducted to assess the validity and reliability of the measures. As indicated in Table 3-2, all the standardised factor loadings were above the lower threshold of 0.50 (as suggested by Hair *et al.*, 2014:617), with all the items loading significantly onto their respective constructs ($p < 0.01$). The measurement model further provided good fit statistics, and as such confirmed construct validity: $\chi^2/df = 3.156$, CFI = 0.939, RMSEA = 0.085.

Table 3-2: Validity and reliability of measures

Construct, item	Std. factor loadings	Mean	SD	AVE	Construct reliability	Cronbach alpha
Customer attachment		3.54	1.00	0.701	0.903	0.902
It is a comfortable feeling to depend on my hospital.	0.752	3.47	1.14			
I am comfortable having a close relationship with my hospital.	0.866	3.43	1.15			
It is easy for me to feel warm and friendly toward my hospital.	0.894	3.60	1.13			
It helps to turn to my hospital in times of need.	0.830	3.68	1.15			

Table 3-2: Validity and reliability of measures (cont.)

Construct, item	Std. factor loadings	Mean	SD	AVE	Construct reliability	Cronbach alpha
Positive consumption emotions		3.35	1.01	0.608	0.885	0.882
Happiness	0.822	3.57	1.13			
Joy	0.798	3.37	1.16			
Excitement	0.789	2.94	1.28			
Pride	0.796	3.19	1.31			
Gratitude	0.685	3.69	1.23			
Negative consumption emotions		2.20	0.99	0.677	0.872	0.870
Shame	0.744	1.97	1.17			
Anger	0.786	2.06	1.14			
Fear	0.687	2.46	1.31			
Annoyance	0.806	2.30	1.23			
Sadness	0.768	2.23	1.27			

Table 3-2 further indicates the AVE values for each construct, which were above the lower limit of 0.50, confirming convergent validity. Finally, all constructs appeared to be reliable, as both the construct reliability values and the Cronbach's alpha coefficient values exceeded the cut-off value of 0.70.

3.6.3 Customer attachment and positive and negative consumption emotions

Using Pearson product-moment correlation, the relationships between customer attachment and consumption emotions were investigated. Table 3-3 presents the r-values of the Pearson product-moment correlation coefficients between respondents' attachment with positive consumption emotions, as well as negative consumption emotions.

Table 3-3: Customer attachment and positive and negative consumption emotions

Correlation between customer attachment and:	r-value
Positive emotion	0.66*
Negative emotion	-0.37*

r = correlation coefficient

* significance at the 0.05 level

In Table 3-3 it can be observed that there is a statistically significant and strong positive correlation between customer attachment and positive consumption emotions ($r = 0.66$, $p \leq 0.05$). It can therefore be concluded that as the respondents' attachment increases, so do their positive consumption emotions experienced during the service delivery, thereby **supporting H₁**. Table 3-3 also indicates that there is a statistically significant and medium negative correlation between customer attachment and negative consumption emotions ($r = -0.37$, $p \leq 0.05$). It can, therefore, be concluded that, as the respondents' attachment increases, the negative consumption emotions that they experienced during the service delivery decrease, **supporting H₂**.

3.7 DISCUSSION AND RECOMMENDATIONS

South African hospitals should try to retain patients if they want to remain competitive in an industry facing the challenges of rising costs, escalating market demand and increasing patient dissatisfaction (Bisschoff & Clapton, 2014:49; PWC, 2017). One way in which hospitals could retain their patients is by building successful long-term patient relationships (Almunawar & Anshari, 2014:98; Kanthe *et al.*, 2016:36). A patient's attachment to his/her hospital is recognised as an essential aspect of their long-term relationship, as the patient could help create a

lasting bond with the hospital, and would be more willing to return and use the services offered (Khan, 2012:242; Mende & Bolton, 2011:296; Mende *et al.*, 2013:139; Paulssen, 2009:523). Hospitals who wish to identify attached patients for relationship-building purposes can utilise the reliable and valid attachment measurement as indicated in table 3-2.

According to Jensen *et al.* (2015:90), attached individuals' ability to regulate their own emotions (positive or negative) during emotional experiences is one of the main factors contributing to the establishment of a bond and enhancing close relationships with significant others. Notwithstanding the importance of how attached individuals manage emotional experiences, the relationship between attachment and consumption emotions in patient-hospital relationships has not yet been tested. The purpose of this paper was thus to determine the relationship between customer attachment and consumption emotions in the South African hospital industry.

The results indicate that all the measurement scales used in this research were reliable and valid. The results of this research also indicate that the respondents are generally attached to their hospital. In addition, the respondents experience more positive than negative emotions with their hospitals' services. The results confirm a positive linear relationship between the respondents' attachment and their positive consumption emotions experienced during the service delivery. Consequently, if the respondents' secure attachment increases, so do their positive consumption emotions experienced during service delivery. This finding coincides with those reported by Mikulincer and Shaver (2013:11), who found that, as individuals' attachment security increases, so do their positive emotions. Therefore, hospitals who wish to build long-term relationships with their patients should identify attached patients, whose positive consumption emotions are more likely to increase during service delivery. These patients' sense of attachment security might gradually become associated in their minds with memories of positive experiences and emotions, making them feel relaxed, relieved, loved and happy (Mikulincer & Shaver, 2013:3). The positive consumption emotions experienced by patients could, in turn, influence patients' level of satisfaction (Vinagre & Neves, 2008:98), purchase intentions (Pappas *et al.*, 2014:195), word-of-mouth (White, 2010:391) and loyalty (Lee *et al.*, 2009:319), contributing to building successful, long-lasting patient relationships.

The results also indicate that, as the respondents' attachment security increases, the negative consumption emotions experienced during the service delivery decrease. This finding accords with previous adult attachment studies which established that, as individuals' attachment security

increases, the negative emotions experienced decrease (Mikulincer & Shaver, 2005:16; Overall *et al.*, 2015:745; Wiebe *et al.*, 2017:221). Hospitals who wish to build long-term relationships with their patients should therefore identify attached patients, as their negative consumption emotions would be more likely to decrease, especially at times when their internal working models of attachment are activated by an emotional experience, such as a service failure (Beldona & Kher, 2015; Rholes, 2017:22). These attached patients should therefore be able to deal with distressing emotions or situations like a service failure as they have adopted constructive problem-solving or task-oriented strategies (Pascuzzo *et al.*, 2013:96). This form of emotional regulation may also lead to a attached patient being satisfied and more trusting in the relationship with their hospital (Frazier *et al.*, 2015:381).

3.8 LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Taking the research into consideration, a number of limitations can be identified. First, non-probability convenience sampling and a single service setting (hospital) was used, limiting the generalisability of the results. Further, research done on attachment in marketing suggests that customers' attachment should be examined in both the employees and the organisation, as certain customers prefer an interpersonal relationship with employees rather than an abstract attachment target such as an organisation, and vice versa (Mende & Bolton, 2011:295). This paper, however, focused exclusively on customers' attachment to a specific organisation without considering the customers' attachment to employees, thus limiting organisations' ability to segment their customers according to their attachment preferences. Lastly, the possible antecedents of customers' attachment, which could provide better insight into the development of customer attachment, were not explored in this research.

The first limitation of this research could be addressed in future research using probability sampling, across multiple industries. Further, to optimally utilise customer attachment segmentation strategies, it is suggested that customers' attachment to both the organisation and its employees should be measured. Lastly, to form a better understanding of the customer attachment concept, future research could consider examining possible customer attachment antecedents which are thought to influence the formation of relationships like customer satisfaction, involvement, loyalty, commitment and trust.

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MAIN FINDINGS FROM ARTICLE 1 CONTRIBUTING TO THE OBJECTIVES OF THIS STUDY

Main finding 3.1: The measurement scale of customer attachment – with items adapted from Mende *et al.* (2013:130) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 3.2: The measurement scale of consumption emotions – with items adapted from Koenig-Lewis and Palmer (2014:443) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 3.3: Respondents were generally attached to their hospital.

Main finding 3.4: In general, respondents experienced more positive emotions with their hospitals' services than negative emotions.

Main finding 3.5: There was a positive linear relationship between respondents' attachment and their positive consumption emotions experienced during the service delivery.

Main finding 3.6: There was a negative linear relationship between respondents' attachment and their negative consumption emotions experienced during the service delivery.

CHAPTER 4: ARTICLE 2

The influence of customer involvement, satisfaction and relationship value on customers' attachment in the South African hospital industry

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ABSTRACT

In an industry characterised by fierce competition, it is imperative for South African hospitals to retain patients if they are to establish profitable, long-term patient relationships. To establish a long-term bond between patients and their hospital necessitates hospitals to shift their focus on cultivating emotionally attached patients. However, only a limited number of studies have set out to determine customers' attachment and the constructs that could possibly influence this. To address the gap, this paper investigates the extent to which patients' involvement, satisfaction and relationship value influence their attachment to their hospital. The researcher used non-probability convenience sampling to collect data from 303 patients residing in the Gauteng, KwaZulu-Natal and North West Provinces of South Africa. A structural equation modelling analysis revealed that relationship value has the strongest influence on patients' attachment to their hospital, followed by involvement. No significant relationship exists between patients' satisfaction and their attachment. Subsequently, it is recommended that South African hospitals who wish to form an attachment with their patients should focus primarily on adding value to the relationship and enhancing the patients' involvement.

Keywords: attachment, hospital industry, involvement, relationship marketing, relationship value, satisfaction

4.1 INTRODUCTION

The increase in the cost of healthcare, high prices, legislative changes, staff shortages and poor service delivery have forced South African hospitals to compete for a sustainable/profitable

share in a stagnant market (Jobson, 2015:3-6). To ensure a competitive advantage, hospitals should, like any other organisation, consider cultivating long-term relationships with their patients in order to retain them (Almunawar & Anshari, 2014:98; Kanthe *et al.*, 2016:36). The value of retaining customers is noticeable when they return regularly to the organisation, driving sustained growth and profitability (Jena *et al.*, 2011:23). It is therefore important to both determine and understand what drives customer-organisational relationships as well as whatever improves customer retention.

Relationship marketing literature proposes that several bonds have to develop between the customer and the organisation if successful customer relationships are to be established (Prayag & Ryan, 2012:11). The strong bond between the customer and the organisation eventually culminates in customer attachment (Danjuma & Rasli, 2012:99; Esch *et al.*, 2006:103; Mende *et al.*, 2013:139). Khan (2012:242), Mende and Bolton (2011:296) and Paulssen (2009:523) consider customer attachment to be the quintessence of building customer relationships, as it provides an understanding of customers' relationship behaviour and foster higher levels of trust, repurchase intent and reduced switching behaviour to promote long-term customer relationships. Insights into customer attachment when it comes to establishing long-term customer relationships could therefore be of value to both marketing managers and researchers.

Mende and Bolton (2011:285) maintain that, although the importance of customer attachment is recognised in the relationship marketing literature, only a few studies have attempted to determine which factors may influence customer attachment. Existing research on customer attachment indicates that customer involvement may influence customer attachment (Prayag & Ryan, 2012:11; Pretty *et al.*, 2003:24; Ruiz *et al.*, 2007:1094). Prayag and Ryan (2012:11) and Ruiz *et al.* (2007:1094) explain that involved customers interact continually with employees and organisational activities that facilitate emotional bonding between the customer and the organisation, resulting in an attached customer. Research also shows that customer satisfaction plays an important role in customers becoming more attached to the organisation (Bahri-Ammari *et al.*, 2016:574; Erciş, 2011:92; Esch *et al.*, 2006:102). If they are satisfied with the services provided by the organisation, customers tend to be more willing to maintain and improve their relationship with the organisation, which eventually results in attachment (Danjuma & Rasli, 2012:99; Esch *et al.*, 2006:103). Moreover, the strength of customers' attachment to their organisation is also associated with the value of what they receive from the relationship with the

organisation, as customers who consider this relationship to be valuable will be more attached to the organisation (Aldlaigan & Buttle, 2005:356-357).

The above discussion shows clearly that customer involvement, satisfaction and relationship value all influence customer attachment. Although these constructs may influence customer attachment, it is important to note that they are not the only variables. However, for the purposes of this study customer involvement, satisfaction and relationship value are utilised seeing as determining the role of these constructs in patients' attachment could benefit hospitals, and could guide them in focusing their efforts only on those specific elements. Further, despite the importance of long-term patient relationships generating higher profits, the capacity of patients' involvement, satisfaction and relationship value to influence their attachment has never been examined in relation to the South African hospital industry. This suggests the necessity of determining the extent to which patients' involvement, satisfaction and relationship value influence their attachment, specifically in the South African hospital industry.

The aim of this paper is thus to determine the extent to which patients' involvement, satisfaction and relationship value influence their attachment to their hospital. The following objectives were formulated to address the overall aim:

- Determine respondents' involvement with their hospital.
- Determine respondents' satisfaction with their hospital.
- Determine respondents' relationship value with respect to their hospital.
- Determine respondents' attachment to their hospital.
- Determine the influence of respondents' involvement, satisfaction and relationship value on their attachment to their hospital.

4.2 LITERATURE REVIEW

This section presents a discussion of the key constructs under investigation (attachment, involvement, satisfaction and relationship value), and reveals the hypothesised interrelationships among these constructs.

4.2.1 Attachment

Attachment theory can be seen as an interdisciplinary study encompassing psychology and evolutionary and ethological theory (Brown *et al.*, 2008:353). Developed by Ainsworth *et al.* (1978) and Bowlby (1958), the attachment theory centres on the emotional bonds that exist among humans, with the mother-child attachment relationship as the foundation of understanding later patterns of attachment behaviour (Bretherton, 1992:759). Attachment behaviour is based on the outcome of an infant's biological drive for survival, by seeking physical proximity to a caregiver (an attachment figure) in times of need. The caregiver's ability to comprehend emotional signals and to sensitively respond to the needs communicated by these signals forms the foundation of the formation of the infant's attachment behaviour in the relationship with that caregiver. The caregiver's response also influences the infant's future expectations and behaviours in relationships with other persons (Main *et al.*, 2011:439-440). Secure attachment relationships, characterised by responsive and protective attachment figures, enable the infant to develop positive mental representations or internal working models which ultimately guide the individual's perceptions and expectations in new relationships (Bowlby, 1977:201).

The majority of attachment studies focus on parent-child (Ainsworth *et al.*, 1978; Bowlby, 1958) and adult relationships (Shaver & Mikulincer, 2005), yet research has shown that internal working models additionally regulate individuals' perceptions and behaviours when engaging with brands and organisations (Beldona & Kher, 2015:362-363; Mende *et al.*, 2013:139; Tsai, 2014:998). Attachment theory is consequently relevant to marketing research and this research investigates the influence of relationship marketing elements on customers' attachment to their hospital. Understanding customers' internal working models may enhance the customer-organisational relationship by providing relationship marketing managers with a deeper understanding of customers' behaviours relative to the organisation (Mende & Bolton, 2011:295).

Previous research in psychology reveals that attachment styles are best conceptualised and measured alongside two dimensions, namely attachment anxiety and attachment avoidance. *Attachment anxiety* stems from an individual's uncertainty about the organisation's availability in times of need, and is observed in his/her heightened dependence on confirmation by the organisation. In contrast, *attachment avoidance* is seen as an emphasis on independence to the

extent that there is an emotional and cognitive distancing from the organisation's attempts to engage (Wei *et al.*, 2007:201). Customers with low scores on these dimensions have secure customer attachment styles, while those with high scores have insecure customer attachment styles (Mende & Van Doorn, 2015:355). Customers with secure attachments form longer-lasting relationships with organisations, as they display higher levels of trust and are more satisfied with their relationship experience (Mende & Bolton, 2011:296; Paulssen, 2009:523). It would thus be advisable for organisations to focus their relationship marketing strategies on this segment of customers, as such an investment would develop into enduring customer-organisation relationships with better relationship outcomes (Beldona & Kher, 2015:362; Mende *et al.*, 2013:138) (Attachment is discussed in more detail in Chapter 2, section 2.4).

4.2.2 Customer involvement

From the perspective of relationship marketing, Kumar *et al.* (2003:670) define customer involvement as the customer's willingness to participate in a relationship with an organisation without being obliged or coerced into doing so. According to Dagger and David (2012:450) and Ruiz *et al.* (2007:1094), customers become more involved with an organisation's relationship activities once they regard the relationship with the organisation as significant, and their own needs, values and interests are well served by it. Karantinou and Hogg (2009:255-256), Kumar *et al.* (2003:670) and Nambisan (2002:405) consider that customers' own needs, values and interests are best served through the relationship benefits they stand to gain by becoming more involved, which means being highly satisfied (while purchasing a product or service from a particular organisation), creating greater social bonds (a sense of belonging and identity), and attaining greater psychological value (empathy and personal attention).

Eisingerich *et al.* (2014:49) add that the value of customer involvement to organisations in terms of building successful customer relationships cannot be undervalued. Without customers' involvement, organisations may not have the opportunity of receiving valuable feedback (Ruiz *et al.*, 2007:1094), satisfying customers' needs (Chen, 2012:208), exceeding customers' expectations (Engeseth, 2006:36-37) and developing social bonds (Eisingerich *et al.*, 2014:49), all of which contribute to the establishment and maintenance of valuable long-term customer relationships. (A more detailed discussion of customer involvement is provided in section 2.7.)

4.2.2.1 The relationship between customer involvement and attachment

Research by Prayag and Ryan (2012:9) established that customer involvement significantly and positively affects their attachment to an organisation. Prayag and Ryan (2012:11), Pretty *et al.* (2003:24) and Ruiz *et al.* (2007:1094) explain that it is through interaction with the employees and organisational activities that emotional bonds between the customer and the organisation are created, which, in turn, may result in customer attachment. It can therefore be hypothesised that:

H₁: The respondents' involvement significantly and positively influences their attachment to their hospital.

4.2.3 Customer satisfaction

The positive outcomes of customer satisfaction in terms of loyalty, repurchasing, recommendation, cross-buying, lower price elasticity and positive word-of-mouth cannot be underestimated or contested (Chen, 2012:208; Pleshko & Heiens, 2015:68). For this reason, customer satisfaction lies at the core of profitable long-term customer relationships (Levy, 2014:296). Oliver (2010:8) defines customer satisfaction as the formation of customers' attitude or assessment by comparing their pre-purchase expectations (what they would receive from a product) with their subjective perceptions of the performance (what they actually did receive). Customers will, therefore, be satisfied if the performance of a product or service meets or exceeds their expectations. However, if customers' expectations are not met, they will be dissatisfied. It therefore becomes vital for organisations not only to meet customers' expectations, but also to exceed them to ensure satisfaction (Rust & Huang, 2014:17; Srivastava & Sharma, 2013:274).

When evaluating customer satisfaction, marketing researchers usually consider one of two components, which are transaction-specific satisfaction (post-choice evaluation of a specific purchase occasion) and overall or cumulative satisfaction (customers' evaluation of the total consumption experience with a product or service) (Homburg & Giering, 2001:45; Oliver, 2010:10). While transaction-specific satisfaction provides insight into a specific service encounter, overall satisfaction serves as a better predictor of customers' future behavioural intentions (De Matos *et al.*, 2013:534; Williams & Naumann, 2011:26). This research consequently applies the overall satisfaction component. According to Oliver (2010:100-101), overall satisfaction can also be viewed as a function of the expectancy-disconfirmation

paradigm, which is a utility of both expectations and performance. When actual performance exceeds expectations, positive disconfirmation occurs and leads to satisfaction, while actual performance below expectations results in negative disconfirmation and dissatisfaction (Lovelock & Wirtz, 2011:58-59). Organisations aiming to generate high levels of customer satisfaction should therefore ensure that their overall performance corresponds with their customers' expectations (Raychaudhur & Farooqi, 2013:35). Establishing high levels of customer satisfaction will lead not only to the abovementioned positive outcomes, but also to the ultimate successful long-term customer relationships (Chen, 2012:208; Pleshko & Heiens, 2015:68). (Chapter 2 provides a more detailed discussion of customer satisfaction in section 2.8).

4.2.3.1 The relationship between customer satisfaction and attachment

Danjuma and Rasli (2012:99) and Esch *et al.* (2006:103) regard satisfaction as an important driver of customer attachment. These authors argue that customers who are satisfied with the brand or organisation's service experience, are more willing to improve and sustain an effective bond with the brand or organisation. A stronger bond between the customer and brand or organisation eventually results in attachment. Research by Bahri-Ammari *et al.* (2016:574), Erciş (2011:92) and Esch *et al.* (2006:102) has further empirically supported and confirmed the positive relationship between customer satisfaction and attachment. Consequently, on the premise of the preceding discussion and empirical evidence, it can therefore be expected that customer satisfaction is positively related to customer attachment. It can be hypothesised that:

H₂: The respondents' satisfaction significantly and positively influences their attachment to their hospital.

4.2.4 Relationship value

The importance of creating superior value to customers as a strategic marketing strategy has been the focus of intense research interest for both marketing practitioners and researchers (Cui & Coenen, 2016:49; Ulaga & Eggert, 2006:131; Voss & Kock, 2013:849). The research into creating superior value to customers has, however, predominantly emphasised the value that products can offer, thereby neglecting the value that can be offered by relational dimensions. The rise and importance of customer relationships, however, prompted researchers to examine customer value from the perspective of relationship marketing, which can be described as relationship value (Corsaro *et al.*, 2013:296; Cui & Coenen, 2016:46).

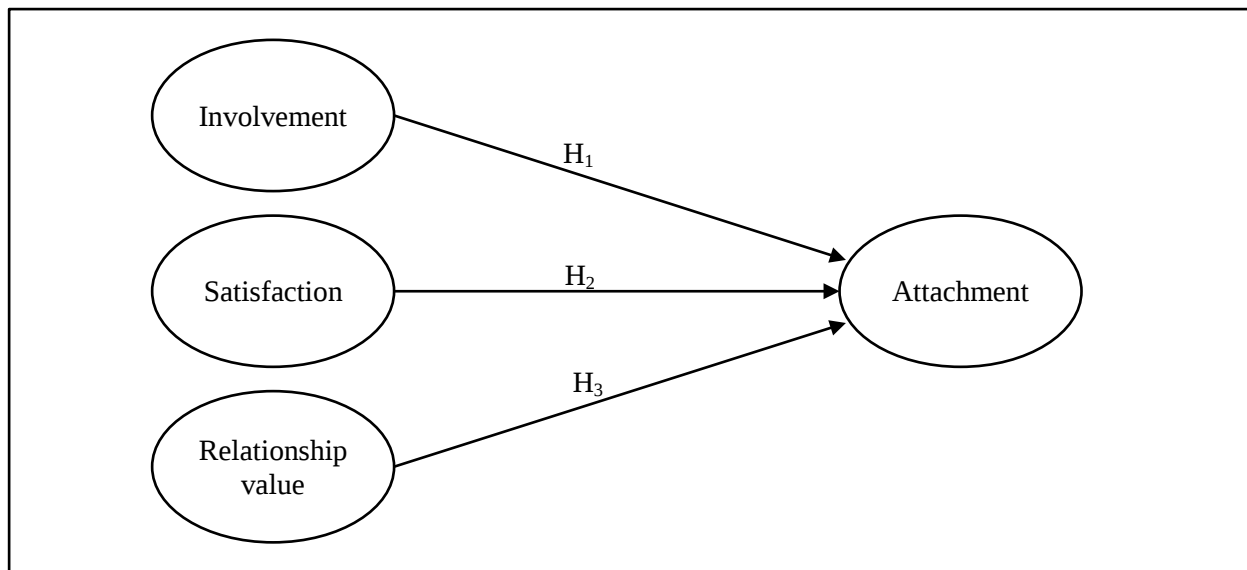
Building on the value literature, Eggert and Ulaga (2002:110) define relationship value as a compromise between the relationship benefits and the relationship costs customers may experience in a relationship with an organisation. Ulaga and Eggert (2006:122) explain that the *relationship benefits* may encompass core benefits, sourcing benefits and operations benefits, whereas the *relationship costs* may encompass direct, acquisition and operational costs. By increasing the relationship benefits or decreasing the relationship costs, a higher value is established in customer-organisational relationships (Ravald & Grönroos, 1996:25-26), which may lead to customers with more significant intentions remaining with the organisation (Sun *et al.*, 2014:92) along with the less price sensitive (Ulaga & Chacour, 2001:537), all of which, in turn, could contribute to building better relationship marketing strategies (Relationship value is discussed in more detail in Chapter 2, section 2.9).

4.2.4.1 Relationship between relationship value and customer attachment

According to Aldlaigan and Buttle (2005:356-357) and Buttle and Aldlaigan (1998:15), customers develop an attachment to an organisation when it meets the conditions they value. The strength of customers' attachment to their organisation is therefore likely to be associated with the presence or absence of the different sources they value. The sources that customers value may include instrumental rewards (financial rewards) or an environment conducive to the establishment and growth of personal relationships. These authors further argue that customer-organisational relationships may account for one of the sources that customers value. In other words, high or low levels of customer attachment may be derived from the relational value for the customers as far as the organisation is concerned. Subsequently, it can be hypothesised that:

H₃: The respondents' relationship value significantly and positively influences their attachment to their hospital.

In the above literature discussion a number of relationships between the relevant constructs are proposed. Figure 4-1 shows the hypothesised influence of customer involvement, satisfaction and relationship value on customer attachment in the South African hospital industry.

Figure 4-1: Conceptual model

4.3 RESEARCH PROBLEM

The South African hospital industry, which includes both private and public hospital industries, is facing complex challenges to its development and maintenance. Ranked among the worst in the world, the South African public hospital industry serves about 80% of the South African population; operates 394 hospitals and spends approximately €9 billion per year on serving public healthcare patients (KPMG, 2015). According to Deloitte (2015) and the Oxford Business Group (2016), the low ranking of the South African public hospital industry can be attributed to poor service delivery, resource shortages, deteriorating equipment and the limited availability of qualified staff. The South African private hospital industry, on the other hand, spends roughly the same amount as the public health industry (€9 billion), serves 20% of the South African population, operates 340 private hospitals and is ranked among the best on the African continent, as it is well-funded and well-equipped (Allianz, 2015; Deloitte, 2015; KPMG, 2015; Oxford Business Group, 2016). Dominated by three hospital groups (i.e., Medi-Clinic, the Life Healthcare Group and Netcare), which hold 70% of the market share (KPMG, 2015; Oxford Business Group, 2016), this industry faces its own share of challenges in the form of increased healthcare costs, high prices, legislative changes, staff shortages and poor service delivery, leading to both changes in the marketplace and a surge of competitors (AON, 2016; Jobson, 2015:3-6).

Consequently, seeing that both the private and the public South African hospital industries are facing unprecedented challenges, South African hospitals will have to compete for a share in the market (Jobson, 2015:3-6). One way in which hospitals are able to acquire and maintain a competitive edge is by establishing more profitable, long-term relationships with patients as a strategy for retaining them (Almunawar & Anshari, 2014:98; Kanthe *et al.*, 2016:36). It is through forming personal patient relationships that hospitals could discourage patients from easily switching to other hospitals, thereby contributing to reduced marketing costs (Almunawar & Anshari, 2014:98; Spake & Megehee, 2010:316).

However, establishing beneficial long-term relationships with patients necessitates a good understanding of patients' attachment styles relative to their hospital, seeing that their styles influence their perception of hospitals in close interpersonal relationships (Mende *et al.*, 2013:139). According to Mende *et al.* (2013:139) and Paulssen (2009:523), customers with high levels of attachment are more likely to form a bond with an organisation as they display high levels of trust and loyalty, which are essential for customer-organisational relationship-building strategies. Patients' attachment styles should therefore enjoy prominence when the development of patient relationships is examined.

Notwithstanding the importance of customer attachment in customer-organisational relationships, only a few studies have attempted to determine which factors may influence customer attachment (Aldlaigan & Buttle, 2005:356-357; Esch *et al.*, 2006:103; Prayag & Ryan; 2005:356-357). Aldlaigan and Buttle (2005:356-357), Esch *et al.* (2006:103) and Prayag and Ryan (2005:356-357) maintain that customer involvement, satisfaction and relationship value could possibly influence customers' attachment. These authors argue that customers' continual interaction with employees and organisational activities, satisfaction with the services provided by the organisation and receiving value from the relationship facilitate emotional bonding between the customer and the organisation, which could lead to an attached customer.

Customer involvement, satisfaction and relationship value could therefore influence customer attachment. Hospitals could benefit from determining the role of the abovementioned constructs forming patients' attachment, as this could assist them in focusing their efforts exclusively on those specific elements. Further to that, although involvement, satisfaction and relationship value have been found to significantly and positively influence customer attachment, no research has investigated these relationships empirically in the South African hospital industry. With hospitals

embracing the establishment of customer relationships (Almunawar & Anshari, 2014:87; Habidin *et al.*, 2015:293), it is particularly important for South African hospitals to determine the factors that influence patients' attachment, as hospitals could possibly influence the type of relationships they establish with their patients. This research was thus undertaken to determine the influence of patients' involvement, satisfaction and relationship value on their attachment to their hospital.

4.4 METHODOLOGY

In order to achieve the research objectives, the researcher followed a quantitative descriptive research design (cross-sectional). The population included residents of three different South African provinces (i.e., Gauteng, KwaZulu-Natal and North West) who had used hospital services during a three-year period. The researcher decided to focus on these three provinces owing to easy access, and because they represent a significant portion (50.7%) of the South African population (Statistics SA, 2015). As a sampling frame of the target population was not available, a non-probability convenience sampling technique was employed. The researchers opted for a sample size of 320 respondents, which falls within the parameters suggested by Malhotra (2010:375).

A structured questionnaire (see Appendix A), in the form of a self-administered survey, was used to gather the relevant data from the respondents. The questionnaire was comprised of two sections, commencing with a preamble which explained the instructions for completing the questionnaire, the purpose of the research, and respondents' rights and obligations. A screening question was also included in the preamble to ensure that only eligible respondents completed the questionnaire (respondents who used hospital services during the last three years). The first section asked for respondents' demographic characteristics and patronage habits, and the second section measured the related constructs (i.e. attachment, involvement, satisfaction and relationship value).

To measure these constructs, the respondents were requested to answer a series of structured, closed-ended questions on a five-point Likert type scale (where 1 is "strongly disagree" and 5 is "strongly agree"). Customer attachment was measured using a scale with items taken from the research by Mende *et al.* (2013:130). To measure customer satisfaction, a scale was adapted from Dagger and David (2012:24), who developed the scale based on the work by Oliver (2010), Hennig-Thurau *et al.* (2002), Zeithaml *et al.* (1996), and Plank and Newell (2007). Relationship

value was measured by adapting a scale from Ulaga and Eggert (2006:235). To measure customer involvement, a scale was adapted from the work of Kumar *et al.* (2003:675-676). To test the relevance of the questionnaire and identify any vital problems in the design, a pilot study involving 30 respondents was carried out. Based on the feedback, minor changes were made to the wording of the questionnaire before it was fielded among the respondents.

The researchers trained the fieldworkers (post-graduate students), who were instructed to (1) identify prospective respondents on the basis of convenience, (2) screen these respondents to determine their eligibility, (3) request them to complete the questionnaire, (4) collect the completed questionnaires, and (5) check the questionnaires for completeness, consistency in responses and possible errors. In the end, a total of 303 questionnaires were completed and could be used in the analysis.

4.4.1 Data analysis

Both the SPSS (version 23) and Mplus 7.31 statistical programmes were used to process the relevant statistics. SPSS was used to calculate the descriptive statistics and Cronbach's alpha coefficient values. These were calculated to determine the internal consistency reliability of the measurement scales.

Through Mplus, latent variable modelling via structural equation modelling (SEM) was applied to compare the relationships between respondents' involvement, satisfaction and relationship value with their attachment (Muthén & Muthén, 2017). According to Babin and Svensson (2012:320-321) and Westland (2010:10), SEM is theory-driven and can be viewed as a powerful statistical technique that allows for the models to be thorough tested. Through SEM, the researcher can test how well a theory fits the reality, by specifying all the applicable research variables in one model (Muthén & Muthén, 2017). SEM was, therefore, deemed an appropriate statistical technique, as it tested the theory that customers' involvement, satisfaction and relationship value will positively influence their attachment.

For the purposes of the SEM analysis, the mean and variance-adjusted unweighted least squares method (ULSMV) estimator was used, seeing that the categorical latent variables were specified. ULSMV is an effective method to follow, as it displays more accurate estimates in analysing observed categorical data for latent variables purposes when a model converges (Rhemtulla *et al.*, 2012:354). To estimate the correlation between latent variables, a polychoric correlation

matrix was applied with Mplus, with the aforementioned estimators. The possibility of generating a polychoric correlation matrix via Mplus was owing to the categorical nature of the variables. In comparison with other methods, polychoric correlations have been shown to produce the most accurate results with categorical data (Holgado-Tello *et al.*, 2010:153). When it came to the effect sizes for the correlation values, $r \geq 0.30$ was considered a medium practical effect, and $r \geq 0.50$ was considered a large practical effect (Cohen, 1988:25-26).

Further, the comparative fit index (CFI), the Tucker-Lewis index (TLI) and the root means square error of approximation (RMSEA) were considered as indices to evaluate the fit of the measurement model to the data (Kline, 2011:181; Van de Schoot *et al.*, 2012:487-488). The CFI is used to evaluate the fit of the proposed model relative to the null or independence model, whereas the TLI is another incremental fit measure (Blunch, 2011:115; Meyers *et al.*, 2006:608). The recommended value for both CFI and TLI is above 0.90 (Van de Schoot *et al.*, 2012:487). The RMSEA is used as an absolute measure of fit to assist researchers in determining the extent to which the overall model, measurement and structural models predict the observed covariance or correlation matrix (Blunch, 2011:116). For the RMSEA, a value of up to 0.10 is considered acceptable (Browne & Cudeck, 1993:160).

4.5 RESULTS

4.5.1 Sample profile

Table 4-1 presents the sample profile of this research, indicating the frequencies (counts) and percentages of each variable.

Table 4-1: Sample profile

Variable	Response categories	Total sample (n = 303)	
		Frequency	%
Gender	Male	112	37.0
	Female	191	63.0
Population group	Asian	5	1.7
	Black	42	13.9
	Coloured	14	4.6
	Indian	4	1.3

	White	238	78.5
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Table 4-1: Sample profile (cont.)

Variable	Response categories	Total sample (n = 303)	
		Frequency	%
Highest level of education	Primary school completed	10	3.3
	Some high school	17	5.6
	Matric / Grade 12	130	42.9
	Certificate	30	9.9
	Diploma	46	15.2
	Degree	60	19.8
	Postgraduate degree	10	3.3
Age	28 years or younger	121	39.9
	29 to 37 years	51	16.8
	38 to 49 years	64	21.1
	50 to 68 years	45	14.9
	69 years or older	22	17.3
Length of time supporting hospital	Less than 1 year	104	34.3
	1 to 3 years	75	24.8
	3 to 5 years	60	19.8
	6 to 10 years	64	21.1

From Table 4-1 it can be deduced that more females (63%) than males (37%) participated in the research. When it came to the respondents' population groups, the majority of respondents were white (78.5%). Most of the respondents had completed Grade 12 / Matric (42.9%) or a tertiary level of education (48.2%), and were aged 28 years or younger (39.9%). Lastly, the length of time during which the respondents had used their hospital ranged from less than one year (34.3%), 1 to 3 years (24.8%), 3 to 5 years (19.8%), and 6 to 10 years (21.1%).

4.5.2 Reliability

Table 4-2 shows the Cronbach's alpha coefficients calculated to determine the internal consistency reliability of the measurement scales (i.e. attachment, involvement, satisfaction and

relationship value). Field (2013:679) suggests that Cronbach's alpha values of 0.70 and more can be considered reliable. From Table 4-2, it can be seen that the Cronbach's alpha coefficient values for all the measurement scales were greater than 0.70, indicating acceptable reliability.

Table 4-2: Cronbach's alpha coefficients

Construct	Cronbach's alpha coefficients
Attachment	0.90
Involvement	0.87
Satisfaction	0.97
Relationship value	0.94

4.5.3 Correlation matrix

Table 4-3 reflects the statistics for the polychoric correlation matrix of the variables from the analysis. It can be observed from Table 4-3 that high correlations between all the variables used in the analysis at the $r \geq 0.50$ level were found. The high correlations between the variables could indicate that there is a high degree of multicollinearity in the structural model (Malhotra, 2010:586). According to Tabachnick and Fidell (2013:90), multicollinearity occurs at correlations of 0.90 and higher, which is discernible between involvement and satisfaction ($r = 0.90$) and satisfaction and relationship value ($r = 0.91$).

Table 4-3: Correlation matrix of the latent variables

Variables	Attachment	Involvement	Satisfaction	Relationship value
Attachment	–			
Involvement	0.82	–		
Satisfaction	0.83	0.90	–	
Relationship value	0.89	0.87	0.91	–

Large effect size ($r \geq 0.50$)

4.5.4 Structural paths and validity

Table 4-4 offers the structural paths of the latent variables for the model in terms of the hypotheses (H_1 to H_3), the path coefficients (β), the standard error (SE), the statistical significance at the 0.05 level (p -value), and the result.

Table 4-4: Structural paths of the latent variables

H	Path	β	SE	p -value	Result
H_1	Involvement $\rightarrow$ Attachment	0.187	0.076	0.014	Significant
H_2	Satisfaction $\rightarrow$ Attachment	0.007	0.085	0.937	Not significant
H_3	Relationship value $\rightarrow$ Attachment	0.718	0.083	0.001	Significant

β : beta coefficient; SE: standard error; p : two-tailed statistical significance

The results of the SEM analysis showed that the fit of the model to the data was acceptable (CFI = 0.99; TLI = 0.99; RMSEA=0.090). Owing to the acceptable model fit and the positive significant loading of all the items on the variables, convergent validity was confirmed. The structural paths were then added to the model. As can be seen from Table 4-4 that both involvement ($\beta = 0.187$; $p < 0.001$) and relationship value ($\beta = 0.718$; $p < 0.001$) were statistically significantly related to attachment. For the purposes of hypothesis testing, **H_1 and H_3 can therefore be confirmed.** In terms of satisfaction, there was no statistically significant relationship with attachment ($\beta = 0.007$; $p > 0.001$). For the purposes of hypothesis testing, **H_2 can therefore be declined.**

4.6 DISCUSSION AND RECOMMENDATIONS

Despite hospitals' best efforts to establish successful patient relationships in an attempt to retain them, the role of patients' attachment in relationship development and the constructs that could possibly influence it has not been sufficiently investigated. Studies by Aldlaigan and Buttle (2005:356-357), Esch *et al.* (2006:103) and Prayag and Ryan (2005:356-357) indicate that customer involvement, overall satisfaction and relationship value could influence customers' attachment. This paper therefore aimed to determine the extent to which patients' involvement, overall satisfaction and relationship value influence their attachment to their hospital.

The results indicate that patients' attachment is influenced mostly by relationship value. This finding concurs with those reported by Aldlaigan and Buttle (2005:356-357), who found that high levels of customer attachment may be derived from the value customers experience in their relationship with the organisation. Hospitals who wish to identify attached patients should therefore focus on adding value to the relationship with the patient. By increasing the relationship benefits (core benefits, sourcing benefits, operations benefits) or decreasing the relationship costs (direct costs, acquisition costs and operational costs), hospitals should be able to establish higher relationship value with their patients. To increase their core benefits, hospitals are advised not only to provide satisfactory service delivery, but also to ensure that they produce quality products and services. They are also advised to increase their sourcing benefits by providing high levels of support during service delivery and personal interaction. Knowing their patients' needs, getting along well with their patients, and encouraging them to become more involved all contribute to high levels of personal interaction. To increase their operations benefits, hospitals must gain knowledge of their customers' needs and must make sure that their services and products are in time available for marketing.

In terms of the relationship costs, hospitals should attempt to decrease their direct costs by offering a fair market price and reducing prices when internal costs are reduced. They should also aim to decrease their acquisition costs by handling patients' requests more efficiently and ensuring that the products and services provided exceed their patients' expectations. To decrease their operational costs, hospitals should focus on the costs by considering their existing products and services. Cost reductions be achieved by reducing the services or product costs, the process or the warranty costs of the existing services and products offered.

Aligned with the findings by Prayag and Ryan (2012:9), the results of this research also indicate that patients' attachment is influenced by their involvement. The findings accord with the contention that customers develop emotional bonds with organisations through interaction, which in turn may result in customers' attachment (Prayag & Ryan, 2012:11; Pretty *et al.*, 2003:24; Ruiz *et al.*, 2007:1094). As patients' involvement influences their attachment, it is important for hospitals to motivate their patients to become more involved with the hospital's relationship activities. This can be done by providing feedback, which would enable hospitals to satisfy their patients' needs, exceed their expectations and allow them to develop social bonds. Patients' involvement in the relationships with their hospitals could also be enhanced by creating an environment wherein involvement is well received. For example, hospitals could develop a

website or a blog whereby patients voluntarily receive information about the organisation and the services provided, thus encouraging involvement. Further, it is also suggested that patient involvement could be enhanced through joint activities (such as developing a new service) and by hospitals emphasising the customised service offered to the patient.

The results also indicated that the level of patients' overall satisfaction does not influence their attachment. In other words, the respondents indicated that they could still be overall satisfied with the service received from the hospital without becoming attached to the hospital. Subsequently, it is recommended that South African hospitals who wish to develop an attachment in their patients should focus specifically on adding value to the relationship and motivating their patients to become more involved with the hospital's relationship activities, as opposed to satisfying their patients' service needs.

4.7 LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

First, owing to the absence of a sample frame, non-probability sampling was implemented to select the respondents, which imposes limitations on the generalisation of the results to the entire South African population. The generalisability of the results is also limited to one service setting, namely hospitals. Future research should therefore not only attempt to obtain a sample frame (such as customer database information), but should also consider replicating this research in other service industries, which would contribute to greater confidence in generalising the current results. According to Jobson (2015:3-6), significant disparities exist between the public and private hospital industries in terms of patients' spending patterns and the quality care they receive. Regarding the hospital industry, the sampling method used for this research did not implement quota sampling, which could have made provision for comparing the public and private hospital industries. It is therefore suggested that future research include quota sampling which would assist researchers in drawing comparisons between the public and private hospital industries.

Lastly, although the influence of involvement, satisfaction and relationship on patients' attachment was adequately motivated by the literature, the research did not examine other prevalent relationship marketing elements that could provide additional insight into how hospitals could increase patients' attachment. Consequently, future research could consider including other relationship marketing elements (such as trust, commitment and loyalty), which

are believed to influence the formation of customer-organisational relationships as possible constructs that could influence customer attachment.

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MAIN FINDINGS FROM ARTICLE 2 CONTRIBUTING TO THE OBJECTIVES OF THIS STUDY

Main finding 4.1: The measurement scale of customer attachment – with items adapted from Mende *et al.* (2013:130) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 4.2: The measurement scale of involvement – with items adapted from Kumar *et al.* (2003:675-676) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 4.3: The measurement scale of satisfaction – with items adapted from Dagger and David (2012:24) who developed the scale based upon the work of Oliver (2010), Hennig-Thurau *et al.* (2002), Zeithaml *et al.* (1996) and Plank and Newell (2007) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 4.4: The measurement scale of relationship value – with items adapted from Ulaga and Eggert (2006:235) – was regarded reliable and valid in the research, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 4.5: There is a direct positive relationship between respondents' involvement and attachment.

Main finding 4.6: There is a direct positive relationship between respondents' relationship value and attachment.

Main finding 4.7: There is no relationship between respondents' satisfaction and attachment.

CHAPTER 5: ARTICLE 3

Investigating the antecedents and outcomes of patients' attachment in the South African hospital industry

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ABSTRACT

The need to build profitable long-term patient relationships intensifies as South African hospitals compete for a share in the market. To establish and maintain profitable long-term customer relationships, marketing managers and researchers have particularly focused on the concept of customer attachment as a key building block. However, despite the importance of attachment in customer-organisational relationships, only a limited number of studies have attempted to form a theoretical and empirical understanding of the factors that contribute to the development and maintenance of attached customers. To address this gap, this paper investigates the antecedents and outcomes of patients' attachment in the South African hospital industry. Non-probability convenience sampling was used to collect 303 useable questionnaires from patients residing in the Gauteng, KwaZulu-Natal and North West Provinces of South Africa. The results indicate that respondents' attachment was significantly related to loyalty, fear of relationship loss and forgiveness. Significant relationships also exist between patients' involvement and attachment and loyalty. Although a significant relationship was found between relationship value and attachment, no significant relationship was found between relationship value and loyalty. Moreover, the indirect effect of attachment in the relationship between relationship value and forgiveness, as well as in the relationship between relationship value and fear of relationship loss was found to be significant. Conclusions and recommendations are presented below.

Keywords: attachment, fear of relationship loss, forgiveness, hospital industry, involvement, loyalty, relationship marketing, relationship value

5.1 INTRODUCTION

Building and establishing profitable, long-term customer relationships has been acknowledged by various marketing researchers and practitioners as an integral part of an organisation's marketing strategy, as it provides a foundation for organisations to acquire new proficiencies, retain resources, and contributes to a sustainable competitive advantage (Gummerus *et al.*, 2017:7; Skarmeas *et al.*, 2016:31). Forming a better understanding of how customers behave in relationships with organisations therefore becomes mandatory for organisations seeking to establish and maintain successful customer relationships (Payne & Frow, 2017:11; Sheth, 2017:2). Beldona and Kher (2015:363) and Mende *et al.* (2013:139) are of the opinion that the success of customer relationships are anchored on the bond created between the customer and the organisation. It is through this bond that the customer forms an attachment with the organisation, encouraging the relationship longevity and organisation's success (Moussa & Touzani, 2017:157; Sheth, 2017:2).

As a result, it becomes essential for marketing researchers and managers to not only understand what customer attachment entails, but also to identify the antecedents and outcomes that may influence the development thereof (Erciş, 2011:93; Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). There, is however, little theoretical and empirical understanding substantiation of the factors that contribute to the development and maintenance of attached customers, which warrants future research. While a few studies (Moussa & Touzani, 2017:147; Vlachos *et al.*, 2010:1491) have attempted to examine the antecedents and outcomes of customer attachment, these studies neglected to include prominent relationship variables and a combination thereof, limiting the comprehension of the concept. A closer look into the various antecedents and outcomes of customer attachment can enhance marketing managers understanding of customer attachment in customer-organisational relationships.

This paper empirically examines a comprehensive model which includes patients' attachment styles, and the apparent antecedents and outcomes. Moreover, previous research reveals that patients' relationships with hospitals form a core component of healthcare in South Africa (Boshoff & Gray, 2004:33, Rowe & Moodley, 2013:8). However, despite the importance of patients relationships in South African healthcare and the attachment customers has formed with service organisations like banks (Levy & Hino, 2016:136), hotels (Beldona & Kher, 2015:355), higher education (Danjuma & Rasli, 2012:96) and restaurants (Hyun & Kim, 2014:1), patients'

attachment and its antecedents and outcomes has not yet been examined within the South African hospital industry, therefore, signifying a need to determine the antecedents and outcomes of patients' attachment in the South African hospital industry.

The paper commences with a literature review that focuses on customer attachment and the constructs that serve as either antecedents or outcomes, followed by the research methodology, and the empirical results. In conclusion a discussion on the implications and recommendations of this research and an overview of the limitations, and some directions for future research are provided.

5.2 LITERATURE REVIEW

5.2.1 Attachment

Bowlby, along with his student, Ainsworth formulated the fundamental principles of attachment theory, describing attachment as an innate, evolutionary based motivational system that protects infants from predation and environmental dangers through the maintenance of proximity to a consistent caregiver (Ainsworth *et al.*, 1978; Bowlby, 1958; Bretherton, 1992:759; Brown *et al.*, 2008:353). Attachment theory has its philosophy rooted in evolution theory, ethology and cybernetics, asserting that the attachment system developed as a behavioural strategy in humans to optimise survival and reproduction (Fearon & Roisman, 2017:131). Infants communicate physiological and emotional needs in a variety of ways, including crying, reaching and eye contact, and it is the caregiver's task to comprehend these signals and to sensitively respond to them. The infant's experiences of the caregiver's availability and need gratification moulds their attachment relationship with that caregiver in the long run. Ainsworth *et al.* (1978), in a series of observations, known as the Strange Situation Procedure, identified three distinct behaviour patterns that infants utilise to maintain proximity to the caregiver in times of distress, leading to the classification of the secure, insecure-avoidant and insecure-resistant relationships (Ainsworth *et al.*, 1978; Bowlby, 1958; Mende *et al.*, 2013:139). A fourth classification, namely insecure disorganised relationships, was later identified by Main and Solomon (1986).

Children in their infant and preschool years form multiple attachment relationships with caregivers, and all of these relationships build a repertoire of attachment related memories which they internalise as an internal working model. Internal working models shape interactions with fellow human beings and become especially relevant in times of distress throughout the person's

life. Internal working models accumulate and regulate expectations of relationships, needs and emotions to develop into attachment styles at adulthood (Main *et al.*, 2011:439-440; Shaver & Mikulincer, 2005:27). Infants in secure attachment relationships experience their caregivers as responsive and protecting, thus forming positive internal working models that they use to guide their perceptions and expectations in future relationships (Bowlby, 1977:201).

Originally a psychological construct, most research in attachment focussed on relationships between parents and children (Ainsworth *et al.*, 1978; Bowlby, 1958) or pair-bonds in romantic relationships (Shaver & Mikulincer, 2005); however internal working models regulate perceptions and behaviour in most interactions and extend to individuals' interactions with brands and organisations (Beldona & Kher, 2015:362-363; Mende *et al.*, 2013:139; Tsai 2014:998). Attachment theory, therefore provides a useful framework to understand customers' attachment to either their brands or organisations. Attachment styles in adulthood converge in the dimensional model into two dimensions of insecurity, namely attachment anxiety and attachment avoidance (Ravitz *et al.*, 2010:421). Individuals experiencing attachment anxiety are uncertain with regards to the availability of the organisation in times of need, they long for confirmation from the organisation and are characterised by heightened dependence. Individuals high in attachment avoidance, on the other hand, long for independence and will distance themselves emotionally and cognitively from engaging attempts from the organisation (Wei *et al.*, 2007:201). Customers scoring low on both dimensions can be regarded as having secure attachment styles (Mende & Van Doorn, 2015:355).

Previous research emphasised the importance of identifying attached customers in customer-organisational relationships, as attached customers are more likely to experience high levels of satisfaction, service quality, commitment, loyalty and trust in their relationship with an organisation than customers that are not attached. Attached customers will therefore also have stronger intentions to continue their relationship with the organisation (Erciş, 2011:93; Mende *et al.*, 2013:139; Vlachos *et al.*, 2010:1491) (A more detailed discussion about attachment is provided in section 2.4 of Chapter 2).

5.2.2 Loyalty

Customer loyalty is generally defined as customers' attachments to, psychological bond with, and continuous purchase intentions and behaviours towards an organisation (Cossío-Silva *et al.*, 2016:1622; Komunda & Osarenkhoe, 2012:83). This definition incorporates both an attitudinal

and behavioural dimension of loyalty (Cossío-Silva *et al.*, 2016:1622; Komunda & Osarenkhoe, 2012:83). Attitudinal loyalty considers how customers think and feel about a brand, product, service or organisation (psychological bond or attachment formed). Attitudinal loyalty is reflected, for instance, in customers' willingness to recommend an organisation to other customers, customers preferences for a specific organisation and their intention to purchase (Kumar & Srivastava, 2013:14; Kumar *et al.*, 2013:63). Behavioural loyalty, on the other hand, considers customers' repeated purchase behaviour (purchase volume or share of spending) and is reflected by customers' commitment to buy from a preferred organisation despite the existence of financial and/or switching barriers (Khan *et al.*, 2015:168-169; Pitta *et al.*, 2006:421). Behavioural loyalty is therefore viewed as a substantial element, whereas attitudinal loyalty is viewed as a psychological construct (Cheng, 2011:250).

Despite the two views regarding loyalty, studies done by Kumar and Srivastava (2013:141) and Mandhachitara and Poolthong (2011:122) have shown that a positive relationship exists between attitudinal loyalty and behavioural loyalty and have accordingly suggested that organisations measure customers' overall loyalty by means of integrating both attitudinal and behavioural dimensions of loyalty. According to Evanschitzky *et al.* (2012:633-634) and Komunda and Osarenkhoe (2012:94), measuring and forming an understanding of customer loyalty is necessary for organisations aiming to achieve a sustainable competitive advantage, seeing as loyal customers have the ability to continuously purchase products or services over a period of time, which results in long-term financial growth. Further to that, loyal customers are less sensitive to price changes (Khan *et al.*, 2015:170), are less likely to switch (Wang & Li, 2012:149), will recommend the organisation to other customers (Khan, 2012:253), spend more (Evanschitzky *et al.*, 2012:633-634), and even spread positive word-of-mouth (Kazemi *et al.*, 2013:12) (Loyalty is discussed in more detail in Chapter 2 in section 2.6).

5.2.2.1 The relationship between customer attachment and loyalty

According to Khan (2012:246), for a customer to be truly loyal, he/she must feel emotionally attached to the organisation. Levy and Hino (2016:138,145) and Yim *et al.* (2008:752,753) explain that customers' emotional attachment to an organisation is formed during service experiences, and develops gradually over time. As customers become more connected to the organisation, they develop feelings of intimacy, passion and commitment, which lead to a

stronger bond and hence a resistance to switch organisations (Khan, 2012:246; Yim *et al.*, 2008:752). Therefore, it can be hypothesised for this paper that:

H₁: The respondents' attachment significantly and positively influences their loyalty to their hospital.

5.2.3 Involvement

Originating from the social psychology field, customer involvement has been studied from various perspectives, such as service and product involvement, and cognitive and affective involvement (Terblanche, 2017:795). The focus of this paper is on the value and role of customer involvement in customer-organisational relationships, and can accordingly be defined as customers' willingness to participate in relationship activities with the organisation without being forced (Kumar *et al.*, 2003:670). Studying customer involvement from a relationship marketing perspective is vital, as it assists organisations in obtaining valuable customer feedback, which in turn enables them to exceed their customers' expectations and satisfy their needs (Chen, 2012:208; Engeseth, 2006:36-37; Tuu & Olsen, 2010:157). Eisingerich *et al.* (2014:49) and Kinard and Capella (2006:365) add that customer involvement also supports the development of social bonds, as involved customers are more receptive towards building relationships.

However, despite the important role of customer involvement in building relationships, it is the customer who ultimately decides whether he/she want to get involved (Baker *et al.*, 2009:117). Dagger and David (2012:450) are of the opinion that customers willingly decide to get involved with the organisation when they regard the relationship with the organisation as important. Customers also become more involved when their own needs, values and interests are well served by the relationship with the organisation in the form of relationship benefits (such as satisfaction, social bonds and psychological value) (Karantinou & Hogg, 2009:255-256; Kumar *et al.*, 2003:670; Nambisan, 2002:405; Ruiz *et al.*, 2007:1094) (Chapter 2 provides a more detailed discussion of involvement in section 2.7).

5.2.3.1 Relationship between customer involvement, attachment and loyalty

Previous research done by Dagger and David (2012:461) and Prayag and Ryan (2012:9) regard customer involvement as an important driver for both customer attachment and loyalty. Prayag

and Ryan (2012:9) argue that involved customers form an emotional bond with organisations through their interactions with employees and organisational activities, which in turn, may result in customer attachment. Kumar (2003:670) add that involved customers value the emotional bond created with the organisation and the relationship benefits the organisation has to offer. It is through their enhanced perception of the relationship benefits and emotional bond they stand to gain that customers become more involved, which results in the likelihood of returning to the organisation and engaging in long-term relationships, thus establishing loyalty (Dagger & David, 2012:462; Kinard & Capella; 2006:365; Kumar *et al.*, 2003:670). Therefore, it can be hypothesised for this paper that:

H₂: The respondents' involvement significantly and positively influences their attachment to their hospital.

H₃: The respondents' involvement significantly and positively influences their loyalty to their hospital.

5.2.4 Relationship value

Cui and Coenen (2016:61) and Sun *et al.* (2014:80) state that for customer-organisational relationships to be successful, both parties must work together in such a way that they both receive value from the relationship. Customers whom receive value from a relationship with an organisation are not only more willing to invest more resources into the relationship, but are also more likely to have higher intentions to stay with the organisation and become attached (Aldlaigan & Buttle, 2005:356-357; Cui & Coenen, 2016:61; Sun *et al.*, 2014:92). For these reasons, marketing researchers have predominantly focused on the concept of relationship value as a key building block for building and establishing customer-organisational relationships (Skarmeas *et al.*, 2016:33; Sun *et al.*, 2014:92).

Drawing from the relationship marketing literature, Eggert and Ulaga (2002:110) and Ulaga and Eggert (2006:122) conceptualise relationship value as a trade-off between the relationship benefits (core benefits, sourcing benefits and operations benefits) and the relationships costs (direct costs, acquisition costs and operational costs) customers may experience in their relationship with an organisation. Customers therefore receive value from the relationship with the organisation due to increased relationship benefits or decreased relationship costs offered by the organisation (Ravald & Grönroos, 1996:25-26). Cui and Coenen (2016:61) and Skarmeas *et*

al. (2016:34) accordingly advocate organisations who wish to establish long-term customer relationships to add value to the relationship by increasing the relationship benefits or decreasing relationship costs. (A more detailed discussion on relationship value is provided in section 2.9).

5.2.4.1 Relationship between relationship value and customer attachment and loyalty

Research done by Adlaigan and Buttle (2005:356-357) and Buttle and Adlaigan (1998:16) reveal that the strength of customers' attachment towards their organisation is associated with the presence or absence of different sources which customers' value. These sources which customers value may appear in the form of customer-organisational relationships. These authors argue that if the customer values the relationship with the organisation he/she will be more attached towards the organisation. Sun *et al.* (2014:92) add that customers are also more prepared to buy more from the organisation and maintain a long-term relationship with the organisation when they perceive to receive higher value from the relationship with the organisation. Consequently, customers are more likely to become loyal if they receive value from the relationship with the organisation (Chen & Myagmarsuren, 2011:969). Therefore, it can be hypothesised that:

H₄: The respondents' relationship value significantly and positively influences their attachment to their hospital.

H₅: The respondents' relationship value significantly and positively influences their loyalty to their hospital.

5.2.5 Fear of relationship loss

Customers who have the desire to continue a relationship with an organisation tend to fear the consequences of losing the valuable relationship with an organisation due to the relational bond that has been created over time through continuous satisfactorily interaction (Blut *et al.*, 2016:286; Kumar *et al.*, 2003:670). The relational bond between customers and an organisation adds value to customer-organisational relationships in that it motivates customers to develop a lasting commitment towards the organisation (Gounaris & Boukis, 2013:328; Spake & Megehee, 2010:316, 319-320). The relational bond created between the customer and service provider can either be psychological, emotional, economic or physical and are driven by relationship benefits which customers perceive to receive from the relationship (Homburg *et al.*, 2003:44; Liang & Wang, 2006:123).

According to Conze *et al.* (2010:58) and Wei *et al.* (2014:16), customers will more likely continue a relationship with the organisation if the relationship benefits they receive (comprising of confidence, social and special treatment benefits) exceed the perceived relationship costs. When faced with a service failure, customers will consider the abovementioned relationship benefits and bonds in order to make a decision whether they will switch or stay with their organisation (Chelminski & Coulter, 2011:366). To avoid any losses with regard to the relationship benefits and bonds organisations have to offer, customers will more likely stay and continue the relationship with the organisation (Blut *et al.*, 2016:286; Kumar *et al.*, 2003:670). Chen and Hu (2013:1092) and Teng and Huan (2016:22) therefore, accordingly advise organisations to nurture their bonds with their customers, as well as increase the relationship benefits they have to offer in order to ensure their customers develop a fear of losing a relationship with them, which will more likely result into a long-term relationship (Fear of relationships loss is discussed in more detail in Chapter 2, section 2.10).

5.2.5.1 Relationship between attachment and fear of relationship loss

Previous research done by Liang and Wang (2006:123) and Spake and Megehee (2010:316) reveal that both relationship benefits and interactions with organisations encourage customers to develop a relational bond with organisations. By developing a bond with the organisation, the customer becomes more committed towards the organisation, increasing the likelihood of developing a successful, long-term relationship. According to Chelminski and Coulter (2011:366) and Kumar *et al.* (2003:670), customers who have developed a bond with an organisation are emotionally attached to the organisation and will exhibit fear of the possible consequences of losing their relationship with their organisation, which comprises of losing relational benefits and bonds. Therefore, it can be hypothesised that:

H₆: The respondents' attachment significantly and positively influences their fear of losing their relationship with their hospital provider.

5.2.6 Forgiveness

Customer forgiveness can be defined as a customer's willingness to refrain from negative reactions (such as anger or revenge) against an organisation that has caused harm, but enhance positive reactions (such as compassion or generosity) toward the harm-doing organisation (Joireman *et al.*, 2016:76-77; Xie & Peng, 2009:578). Forgiving customers' enhanced positive

reactions are noticeable as they are more willing to view transgressed situations from the organisation's point of view, view the failure as a single event, take some responsibility for the failure, and illustrate tolerant behaviours towards the organisation's employees (Yagil & Luria, 2015:574). According to Grégoire and Fisher (2006:34) and McCullough *et al.* (2010:374), the underlying reason why some customers choose to forgive the organisation for the transgression that took place, lies within the value the relationship has to offer. Yagil and Luria (2015:565) explain that in valued relationships, customers invest a great deal into the relationship and therefore feel emotionally connected to the organisation. The emotional connection formed between the customers and the organisation motivates the customers to forgive the organisation for transgressions in an attempt to restore the relationship (Chung & Beverland, 2006:98; Yagil & Luria, 2015:565).

Kumar *et al.* (2003:670), Siamagka and Christodoulides (2016:267), and Yagil and Luria (2015:565) also add that customers who are in a strong relationship with an organisation tend to be more satisfied, committed and loyal, and as a result more prone to act positively in the case of a transgression. Forgiveness can therefore be seen as a relationship-constructive mechanism which not only assists organisations in restoring relational closeness with customers following an interpersonal transgression, but also enhances the quality of the relationship (Chung & Beverland, 2006:98; Tsarenko & Tojib 2011:381,387). Forming an understanding of customers' willingness to forgive a transgression therefore becomes a necessity for marketers aiming to build profitable long-term customer relationships (Riaz & Khan, 2016:430). Siamagka and Christodoulides (2016:267) and Yagil and Luria (2015:576) accordingly advocate marketers to reinforce customer forgiveness by applying recovery strategies, showing appreciation for customers' forgiving reactions, and developing strategies to build stronger customer relationships (Chapter 2 provides a more detailed discussion of forgiveness in section 2.11).

5.2.6.1 The relationship between customer attachment and forgiveness

The attachment theory explains that the core components of relationship bonding comprises of both security and dependence (Hazan & Zeifman, 1999:351). Attached customers whom have formed a strong relationship bond with an organisation are more likely to experience personal growth and social qualities, among which forgiveness plays a central role (Tsarenko & Strizhakova, 2010:373). Previous research done by Beverland *et al.* (2009:442) confirmed that

those customers who have a secure relationship attachment with their organisation are more willing to forgive a transgression. Subsequently, it can be hypothesised that:

H₇: The respondents' attachment significantly and positively influences their forgiveness of their hospital.

5.3 RESEARCH PROBLEM

The South African hospital industry can be characterised as pluralistic with distinct public and private hospital industries, reflecting inequality (KPMG, 2015; Rowe & Moodley, 2013:1). The inequality is visible, as the Gross Domestic Product (GDP) spent on private healthcare in 2015 was €9 billion, covering 20% of the South African population, and the GDP spent on the public healthcare in 2015 was €9 billion, covering 80% of the South African population (KPMG, 2015). Allianz (2015), Deloitte (2015), Econex, (2013) and Oxford business group (2016) add that the inequality between the public and private hospital sector is even more noticeable in the world healthcare rankings, as the South African public hospital industry is ranked among the worst in the world (due to poor service deliveries, resource shortages, deteriorated equipment and limited availability of qualified staff) compared to the South African private hospital industry, ranked amongst the best in the world (due to proper funds and equipment).

However, despite being ranked amongst the best in the world, the South African private hospital industry have been exposed to considerable changes in the marketplace in the form of new technologies, more informed patients and higher patient demands for better service delivery, leading to a surge of competitors (Bisschoff & Clapton, 2014:48,49; Lancaster, 2016:42). Consequently, these changes have forced South African hospitals to compete for a share in the market. In order to compete and differentiate themselves from competitors, Poku *et al.* (2016:101) suggest that hospitals invest their resources in building long-term profitable patient relationships. It is through building long-term profitable patient relationships that hospitals can gain relational and performance outcomes such as trust, commitment, loyalty, increased sales, cost reduction and profit growth (Almunawar & Anshari, 2014:98; Kanthe *et al.*, 2016:37-38; Poku *et al.*, 2016:101; Rowe & Moodley, 2013:8; Yaghoubi, 2017:4;). The value of building long-term profitable patient relationships can therefore not be undervalued (Jena *et al.*, 2011:23). However, to establish successful customer relationships, various marketing researchers argue that customer attachment is what organisations should create and maintain (Mende & Bolton, 2011:296; Moussa & Touzani, 2017:157). Customer attachment solidifies the bond that has been

created between customers and organisations which may serve as a prerequisite to building affectionate long-term relationships with profitable customers (Moussa & Touzani, 2017:157; Sheth, 2017:2).

A review of the relevant literature reveals that, despite the importance of customer attachment, little research has examined the antecedents and outcomes of customer attachment in customer-organisational relationships (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). Drawing on the relationship marketing view whereby organisations can gain a competitive advantage, the researcher synthesise important relationship constructs with the aim of developing a comprehensive model of antecedents and outcomes of customer attachment. Examining the antecedents and outcomes of customer attachment will clarify and explicate the role of customer attachment in customer-organisational relationships. Moreover, the marketing literature in the hospital industry emphasises the importance of building bonds between patients and hospitals to ensure and reap the benefits of long-term patient relationships (Almunawar & Anshari, 2014:87; Habidin *et al.*, 2015:293; Poku *et al.*, 2016:101). However, notwithstanding the importance of creating bonds with patients for relationship purposes, patients' attachment within the South African hospital services have never been examined, posing a need for future research. In light of the abovementioned information, this paper therefore aims to determine the antecedents and outcomes of patients' attachment in the South African hospital services.

5.4 METHODOLOGY

A quantitative descriptive research design was considered most suitable to achieve the objectives and test the formulated hypotheses. The research was also cross-sectional in nature, as respondents were surveyed only once at a particular point in time. The research population consisted of residents from the Gauteng, KwaZulu-Natal or North West Provinces of South Africa who have utilised the services of a hospital during the last three years. This population was appealing, seeing as establishing successful relationships between patients and hospitals play a predominant role in a competitive service industry such as healthcare (Lonial & Raju, 2015:163). Furthermore, these selected provinces (Gauteng, KwaZulu-Natal or North West Province) not only accommodate the two biggest hospitals in South Africa (Chris Hani Baragwanath and King Edward VIII) (Chris Hani Baragwanath Hospital, 2015; King Edward VIII Hospital, 2015), but are also responsible for over 56.6% of South Africa's total GDP (Stats SA, 2015).

In the absence of a sample frame and due to budget constraints, the researcher opted for a non-probability convenience sampling technique. A sample size of 320 was decided upon, which falls within the limits set by Malhotra (2010:375). Trained post-graduate students conducted the fieldwork, and approached potential respondents on the basis of convenience. Upon completion the questionnaires were assessed for completeness, consistency in responses and possible errors. In the end, a total of 303 questionnaires were usable for statistical analysis.

A self-administered questionnaire encompassing closed-ended questions was designed to collect the data (see Appendix A). Apart from the introductory section, the questionnaire consisted of two sections. The introductory section of the questionnaire included the screening question, instructions for respondents to complete the questionnaire, explaining the purpose of the research and indicating respondents' rights and obligations. Section A of the questionnaire aimed to obtain information on respondents' patronage habits and demographic information. Section B measured the constructs, using unlabelled five-point Likert-type scale questions (where 1 represents "strongly disagree" and 5 represents "strongly agree"), upon which respondents had to indicate their level of agreement with the provided statements. The statements used to measure customer loyalty were adapted from the work of Dagger and David (2012:24) who develop the scale based upon the work of Oliver (2010), Hennig-Thurau *et al.* (2002), Zeithaml *et al.* (1996) and Plank and Newell (2007). To measure relationship value, a scale was adapted from Ulaga and Eggert (2006:235), and to measure customer attachment, a scale was adapted from the work of Mende *et al.* (2013:130). Involvement, fear of relationship loss and forgiveness were measured with scales as proposed by Kumar *et al.* (2003:675-676). The questionnaire was pretested on a sample of respondents from the target population before it was formally fielded.

5.4.1 Data analysis

The data was analysed utilising both the SPSS (version 24) and Mplus 8 programmes. The descriptive statistics and Cronbach's alpha coefficients were assessed by means of SPSS, and Mplus was used to apply latent variable modelling via structural equation modelling (SEM) to compare the relationships between respondents' attachment, loyalty, involvement, relationship value, fear of relationship loss and forgiveness (Muthén & Muthén, 2017). SEM was deemed an appropriate statistical technique to apply for this research, as it allows the researcher to test how well the theory fits the reality by stipulating all the applicable research variables into one model.

In the SEM, the Maximum Likelihood was used for parameter estimation, as this has been considered most suitable for multivariate normal data. Mplus also generated a zero-order correlation matrix, which allowed the researcher to investigate the correlations between the latent variables. Effect sizes for the correlation values were considered to have a medium practical effect with $r \geq 0.30$, and a large practical effect with $r \geq 0.50$ (Cohen, 1988:25-26).

With regard to the fit indices of the measurement model (confirmatory factor analysis [CFA]), the comparative fit index (CFI), the Tucker-Lewis index (TLI) and the root mean square error of approximation (RMSEA) were considered as indices to assess the fit of the measurement model to the data (Kline, 2011:181; Van de Schoot *et al.*, 2012:487-488). According to Blunch (2011:115) and Meyers *et al.* (2006:608), the CFI is used to evaluate the fit of the proposed model relative to the null or independence model, whereas the TLI is used as another incremental fit measure. Van de Schoot *et al.* (2012:487) suggest that the cut-off values for both the CFI and TLI should be above 0.90. The RMSEA on the other hand is used as an absolute measure of fit to assist researchers in determining the degree to which the overall model, measurement and structural models predict the observed covariance or correlation matrix, and requires a value of up to 0.10 to be considered acceptable (Blunch, 2011:116; Browne & Cudeck, 1993:160). Finally, through Mplus, the model's indirect function was specified in accordance with the hypotheses to investigate the potential mediating variables in the research model. The mediation was tested through bootstrapping with requests for 5 000 draws and bias-corrected 95% confidence intervals in the output, focusing on the size and the significance of the indirect effects. An investigation was therefore made to assess whether the indirect effects would not cross zero at that level.

5.5 RESULTS

5.5.1 Sample profile

Most of the respondents who partook in the research were (63.0%) female. Regarding the population groups, the majority of respondents were White (78.5%) with the remainder being either Black (13.9%), Coloured (4.6%), or Indian/Asian (3.0%). Furthermore, the majority of the respondents (39.0%) were 28 years or younger and 64.4% of the respondents spoke Afrikaans. Almost half (46.5%) of the respondents were employed full-time by an organisation and had completed Grade 12 / Matric (42.9%) or some form of tertiary level of education (48.2%).

Lastly, with regard to the period of time in which respondents had supported their hospital, the majority indicated a period of less than one year (34.3%).

5.5.2 Reliability

Cronbach's alpha coefficients were calculated to assess the internal consistency reliability of attachment, loyalty, involvement, relationship value, fear of relationship loss and forgiveness. Cronbach's alpha coefficient values of 0.70 can be considered reliable (Field, 2013:679). From Table 5-1, it is apparent that the Cronbach's alpha coefficient values for all the measurement scales were greater than 0.70, indicating acceptable reliability.

Table 5-1: Cronbach's alpha coefficients

Construct	Cronbach's alpha coefficients
Attachment	0.90
Loyalty	0.95
Involvement	0.87
Relationship value	0.94
Fear of relationship loss	0.82
Forgiveness	0.80

5.5.3 Assessing the measurement model and confirming construct validity

Table 5-2 presents the fit indices of the measurement model in terms of the CFI, TLI and RMSEA, the recommended cut-off points for each fit index, as well as the fit indices values.

Table 5-2: Fit indices of the measurement model

Model fit indices	Recommended cut-off points	Fit indices value
CFI	≥ 0.95 or ≥ 0.90 = acceptable fit (Blunch, 2011:115; Hair <i>et al.</i> , 2010:664)	0.94
TLI	≤ 0.95 or ≤ 0.90 = acceptable fit (Blunch, 2011:115; Hair <i>et al.</i> , 2010:664)	0.93
RMSEA	< 0.05 = good fit; ≤ 0.08 = acceptable fit; ≤ 0.10 = average fit (Hoe, 2008:78; Meyers <i>et al.</i> , 2006:608)	0.07

From Table 5-2 it can be observed that the measurement model fit the data acceptably as both the CFI (0.94) and the TLI (0.93) exceeded the recommended cut-off point of 0.90. The acceptable model fit is also supported by the RMSEA with a value of 0.07, which is less than the cut-off point of 0.10. In addition to the evaluation of the fit indices, a further assessment of the standardised model results was required to evaluate the strength of the loadings of each statement in the relevant constructs in the measurement model. The results indicated that the factor loadings of each statement ranged between 0.56 and 0.91, and can therefore be considered to have a large effect and be statistically significant ($p\text{-value} < 0.05$), as they were all above the recommended minimum value of 0.50 (Field 2013:687). Convergent validity could also be confirmed due to the acceptable model fit and the positive significant loadings of all the items on the variables.

5.5.4 Correlation matrix

To measure the strength of the linear relationship between the latent variables, a correlation analysis was conducted, as indicated in Table 5-3.

Table 5-3: Correlation matrix of the latent variables

Variables	Attachment	Loyalty	Involvement	Relationship value	Fear of relationship loss	Forgiveness
Attachment	—					
Loyalty	0.86**	—				
Involvement	0.81**	0.96**	—			
Relationship value	0.88**	0.86**	0.85**	—		
Fear of relationship loss	0.67**	0.55**	0.55**	0.59**	—	
Forgiveness	0.38*	0.32*	0.31*	0.34*	0.60**	—

*Medium effect size ($0.30 \leq r < 0.50$)

**Large effect size ($r \geq 0.50$)

From Table 5-3 it can be deduced that both medium and large correlations were found between all the variables used in the analysis, where medium effect sizes were found at the $0.30 \leq r < 0.50$ level and large effect sizes were found at the $r \geq 0.50$ level. According to Malhotra (2010:586), large correlations between the variables may possibly indicate a high degree of multicollinearity. Multicollinearity arises at correlations of 0.90 and higher (Tabachnick & Fidell, 2013:90), which is only visible between loyalty and involvement ($r = 0.96$).

5.5.5 Assessing the structural model

Following the correlation assessment, structural paths were added to the measurement model which is presented in Table 5-4 in terms of the hypotheses (H), the path coefficients (β), the standard error (SE), the statistical significance at the 0.05 level (p-value), and the result.

Table 5-4: Structural paths of the latent variables

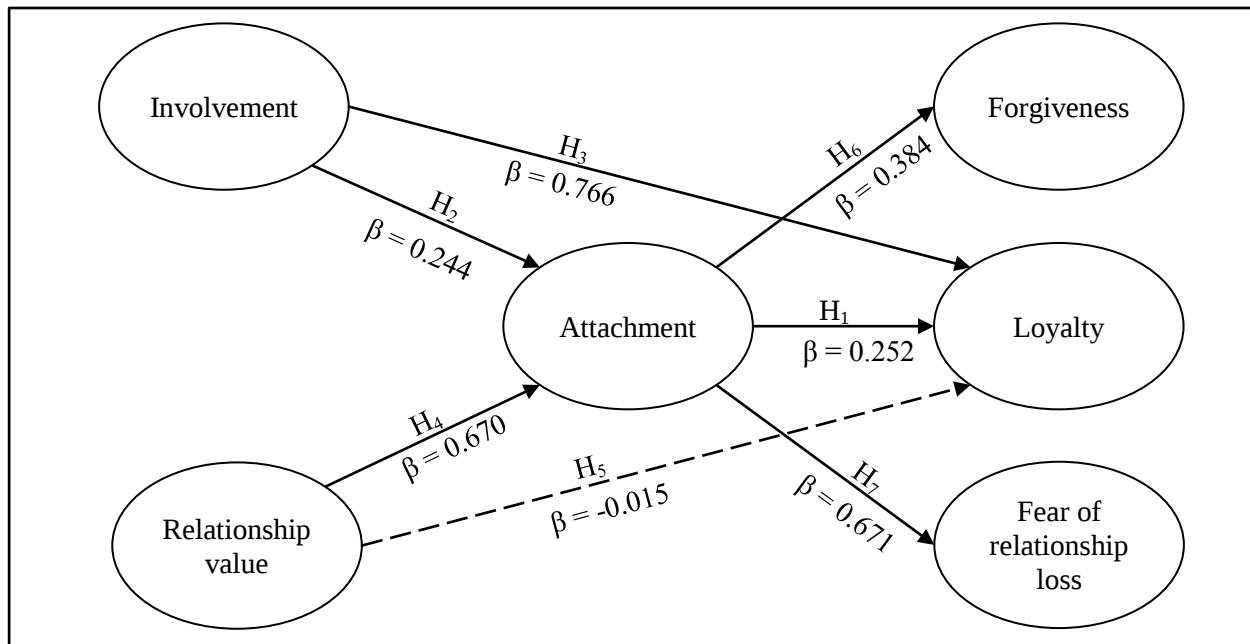
H	Path	β	SE	p-value	Result
H ₁	Attachment → Loyalty	0.252	0.070	0.001	Significant
H ₂	Involvement → Attachment	0.244	0.080	0.003	Significant
H ₃	Involvement → Loyalty	0.766	0.070	0.001	Significant
H ₄	Relationship value → Attachment	0.670	0.080	0.001	Significant
H ₅	Relationship value → Loyalty	-0.015	0.096	0.872	Not significant
H ₆	Attachment → Fear of relationship loss	0.671	0.051	0.001	Significant
H ₇	Attachment → Forgiveness	0.384	0.065	0.001	Significant

β : beta coefficient; SE: standard error; p-value: two-tailed statistical significance

The results of the structural paths indicate that all the hypotheses were supported, except for H₅, where the path was not statistically significant ($p = 0.872$). Specifically, customer attachment was statistically significantly related to loyalty ($\beta = 0.252$; $SE = 0.070$; $p < 0.001$; supporting H₁), forgiveness ($\beta = 0.384$; $SE = 0.065$; $p < 0.001$; supporting H₇) and fear of relationship loss ($\beta = 0.671$; $SE = 0.051$; $p < 0.001$; supporting H₆). Significant relationships also exist between customer involvement and attachment ($\beta = 0.244$; $SE = 0.080$; $p < 0.001$; supporting H₂) and loyalty ($\beta = 0.766$; $SE = 0.070$; $p < 0.001$; supporting H₃).

Finally, the results also indicated that a significant relationship exists between relationship value and attachment ($\beta = 0.670$; $SE = 0.080$; $p < 0.001$; supporting H_4), but not between relationship value and loyalty ($\beta = -0.015$; $SE = 0.096$; $p < 0.001$; unsupported H_5). A summary of the significant relationships identified in the SEM is presented in Figure 5-1.

Figure 5-1: Summary of significant relationships



Taking the significant relationships between the constructs into consideration, two prospective mediating effects were possible and necessitated further investigation. The first potential mediating effect entails the mediating role of customer attachment in the relationship between relationship value and forgiveness, whereas the second potential mediating effect entails the mediating role of customer attachment in the relationship between relationship value and fear of relationship loss. Using bootstrapping resampling (5 000 replications), the results indicated that the first indirect effect for attachment in the relationship between relationship value and forgiveness was significant (estimate = 0.26; $SE = 0.06$; $p = 0.001$; 95% CI [0.16, 0.39] – did not cross zero) as indicated in Table 5-5.

Furthermore, the results indicated that the second and final standardised indirect effect for attachment in the relationship between relationship value and fear of relationship loss was also significant (estimate = 0.45; $SE = 0.06$; $p = 0.001$; 95% CI [0.28, 0.64] – did not cross zero).

These results highlight the importance of attachment in the relationship between relationship value and fear of relationship loss.

Table 5-5: Indirect effect with confidence intervals at the 95% confidence interval

Mediating hypothesis	Relationship	Estimate	SE	p-value	Confidence interval (95%)	
					Lower	Upper
H ₁	Customer attachment mediates the relationship between relationship value and forgiveness.	0.26	0.06	0.001	0.16	0.39
H ₂	Customer attachment mediates the relationship between relationship value and fear of relationship loss.	0.45	0.06	0.001	0.28	0.64

Estimate = indirect effect; SE: standard error; p-value: two-tailed statistical significance

5.6 DISCUSSION AND RECOMMENDATIONS

Increasing competition has resulted in the South African hospital industry pursuing successful relationship marketing tactics to retain patients (Bisschoff & Clapton, 2014:48, 49; Lancaster, 2016:42). More specifically, hospital marketing managers and marketing researchers are acknowledging the importance of developing attachments with patients in their pursuit of developing long-term patient relationships (Mende *et al.*, 2013:139; Poku *et al.*, 2016:101). However, despite the importance of patients' attachment in patient-hospital relationships, investigations aiming to form a better understanding of the role of customer attachment within customer-organisational relationships have been limited to a few studies (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). This article, therefore responds to scholars and marketing managers' calls to form a better understanding of the role of customer attachment within customer-hospital relationships by determining the antecedents and outcomes of patients' attachment in the South African hospital industry. To determine the antecedents and outcomes of patients' attachment, the relationships between respondents' attachment, loyalty, involvement, relationship value, fear of relationship loss and forgiveness were determined by means of a SEM analysis.

The results of the structural paths indicated that patients' attachments were statistically significantly related to loyalty, fear of relationship loss and forgiveness. These findings support the arguments that customers who are emotionally attached to the organisation will exhibit fear of losing their relationship with their organisation (Chelminski & Coulter, 2011:366; Kumar *et al.*, 2003:670), loyalty (Khan, 2012:246; Yim *et al.*, 2008:752) and a willingness to forgive a transgression (Beverland *et al.*, 2009:442), which in turn contributes to more successful customer-organisational relationships. However, to reap the benefits of patients' fear of losing a relationship, loyalty and forgiveness, it is advised that hospitals establish patient attachment through nurturing bonds with them. Bonds with patients can be nurtured through providing social, structural or financial relationship marketing programs. Social relations programs include the personalisation of the relationships through social engagements with patients or by assigning special status to them (e.g. interactive websites, inviting patients to events, newsletters, birthday cards, phone calls and face-to-face meetings). Financial reward programs on the other hand offer patients with economic benefits in exchange for their loyalty (e.g. loyalty programmes, discounts, gift giving and free service samples).

Furthermore, aligned with the findings of Dagger and David (2012:461) and Prayag and Ryan (2012:9) the results of this paper also indicated that significant relationships exist between patients' involvement and attachment and patients' involvement and loyalty. A significant relationship was also found between relationship value and attachment, which supports Adlaigan and Buttle's (2005:356-357) argument that the strength of customers' attachment towards their organisation is associated with the presence or absence of different sources which customers value, namely relationship value. Although the results supported the relationship between relationship value and attachment, no significant relationship was found between relationship value and loyalty. This finding contradicts the research of Chen and Myagmarsuren (2011:969) who established that customers are more likely to become loyal if they receive value from the relationship with the organisation.

Taking the above results into consideration, it is therefore suggested that hospitals aiming to establish an attachment among their patients should not only focus on adding value to the relationship with their patients, but also motivate their patients to become more involved with the hospital's relationship activities. Motivating patients to become more involved with the hospital's relationship activities will also contribute towards establishing a loyal base of patients. Subsequently, it is advised that hospitals add more value to the relationship with their patients

through increasing the relationship benefits or decreasing the relationship costs. Specifically, hospitals must increase their core benefits (through satisfactorily service delivery and quality products and services), sourcing benefits (through having knowledge of your patients' needs and getting along with patients) and operations benefits (by being informed about your patients' needs and wants and availability of products and services). With regard to the relationship costs, hospitals should strive towards decreasing their direct costs (through a fair market price and reducing prices), acquisition costs (by efficiently handling patients requests and exceed patients expectations) and operational costs (through reducing product and service costs, process costs or warranty costs). In terms of encouraging patients to become more involved with the hospital's relationship activities it is advised that hospitals create joint activities such as developing new services or developing a website, blog or social media pages whereby patients voluntarily give or receive information about the hospital and the services provided. An environment should be created where involvement is well received.

Furthermore, taking all the significant relationships between the constructs into consideration, two prospective mediating effects were possible and necessitated further investigation. The results indicated that the first indirect effect for attachment in the relationship between relationship value and forgiveness was significant. The results furthermore indicated that the second and final standardised indirect effect for attachment in the relationship between relationship value and fear of relationship loss was not only significant, but also the largest. The importance of attachment in the relationship between relationship value and fear of relationship loss should therefore be emphasised. Hospitals should not only focus on spending their marketing resources on providing value for the relationship with patients, but also focus on spending their marketing resources on building long-term bonds with patients (as suggested in the discussion above) with the aim of establishing an attachment. Establishing an attachment with patients will result into patients developing a fear of losing their relationship with the hospital and a willingness to forgive a transgression, which can be regarded as a necessity for building successful, long-term patient relationships.

Finally, this paper has made some valid theoretical and practical contributions, as it enhances marketing researchers and managers understanding of the antecedents and outcomes of patients' attachment towards their hospital. This paper not only contributes to the support of the attachment theory, but introduces a model which assesses patients' attachment in the hospital industry, develops testable hypotheses, and illustrates how these hypotheses may be used to

guide a systematic analysis of the state of patient-hospital relationships. This paper also contributes towards the growing research on customer attachment, and is the only research that specifically focuses on the antecedents and outcomes of patients' attachment in the South African hospital industry. The empirical insight gained from this research will add to the existing body of literature on the various antecedents and outcomes of patients' attachment and long-lasting relationships with hospitals.

5.7 LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

The research findings are based on the responses obtained from respondents from only one service setting (hospitals), using non-probability convenience sampling. The results can therefore not be generalised and it is therefore suggested that future research encompass different service settings, using probability sampling.

Most research related to relationship marketing indicates that customer-organisational relationships are built over time (Seo *et al.*, 2008:192; Vanneste *et al.*, 2014:1891). The relationship building constructs therefore relate to long-term measurements. Seeing as the data may differ over time with regard to the interrelationships of the constructs in this paper, it is suggested that this research should be replicated over time, making use of a longitudinal study.

Furthermore, although the model presented in this paper contributed towards clarifying and explaining the role of customer attachment in customer-organisational relationships, other relevant variables not included in this research exist and need to be taken in consideration as it might offer additional insight into customer attachment and its role in customer-organisational relationships. For example, future research could examine the moderating role of customer demographics on the relationships between involvement, relationship value and attachment. Important relationship marketing constructs such as trust, commitment and service quality could also be considered as possible antecedents or outcomes of customer attachment.

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MAIN FINDINGS FROM ARTICLE 3 CONTRIBUTING TO THE OBJECTIVES OF THIS STUDY

Main finding 5.1: The measurement scales of all the relevant constructs of the research (attachment, loyalty, involvement, relationship value, fear of relationship loss and forgiveness) was regarded reliable and valid in the research population, specifically patients of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who have made use of hospital services during a three-year period.

Main finding 5.2: There was a direct positive relationship between respondents' involvement and attachment.

Main finding 5.3: There was a direct positive relationship between respondents' involvement and loyalty.

Main finding 5.4: There was a direct positive relationship between respondents' relationship value and attachment.

Main finding 5.5: There was no relationship between respondents' relationship value and loyalty.

Main finding 5.6: There was a direct positive relationship between respondents' attachment and fear of relationship loss.

Main finding 5.7: There was a direct positive relationship between respondents' attachment and forgiveness.

Main finding 5.8: The indirect effect for attachment in the relationship between relationship value and forgiveness was significant.

Main finding 5.9: The indirect effect for attachment in the relationship between relationship value and fear of relationship loss was significant.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter sets out conclusions and offers recommendations pertaining to the interrelationships among respondents' attachment and selected relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) in the South African hospital industry. The chapter therefore commences with an overview of the study, followed by a discussion of the conclusions and recommendations relating to the secondary objectives set for the study (see section 1.5.1). To depict the interrelationships among the respondents' attachment and selected relationship marketing constructs, a model is presented in the later section. Thereafter, a summary of the study's research objectives, the hypotheses, the questionnaire, the main findings, the conclusions and the recommendations is provided. The chapter concludes with a discussion on the overall limitations, future research suggestions and the contribution by the study.

6.2 OVERVIEW OF THE STUDY

6.2.1 Literature overview

Considered to be a highly competitive industry, the South African hospital industry, which comprises both the private and the public hospital industries, is facing complex challenges (Brown, 2017), as discussed in Chapter 1 (section 1.3.2). To remain competitive and overcome these challenges, it is suggested that hospitals pursue long-term relationships with their customers in an effort to retain them, which generally results in sustained growth and profitability (Gummerus *et al.*, 2017:7; Skarmeas *et al.*, 2016:31). Several researchers are of the opinion that the success of long-term customer relationships is anchored in those customers who have established a bond with the organisation, that is, customers with high attachment levels (Beldona & Kher, 2015:363; Mende *et al.*, 2013:139). According to Mende *et al.* (2013:139) and Paulssen (2009:523), organisations could obtain several advantages with attached customers, including creating bonds that are not only hard to break but seem to persist even though the organisation provides no support. These authors explain further that it is through the bond

created between the customer and organisation that high levels of trust and loyalty are realised, which is considered to be the essence of strong relationships. Consequently, in Chapter 4 (section 4.3) it was concluded that customers' attachment styles should enjoy prominence when the development of customer relationships is examined.

However, as discussed in Chapter 5 (section 5.1), despite the importance of customer attachment in customer-organisational relationships, only a limited number of studies have attempted to form a theoretical and empirical understanding of the factors that contribute to the development and maintenance of attached customers. The existing research on customer attachment indicates that customers' attachment could be influenced by their level of involvement, satisfaction and relationship value (Danjuma & Rasli, 2012:99; Esch *et al.*, 2006:103; Prayag & Ryan, 2012:11). In Chapter 4 (section 4.2), it was argued that, when customers continually interact with the employees and organisational activities, they develop a bond with the organisation, which is likely to develop into attachment (Prayag & Ryan, 2012:11; Ruiz *et al.*, 2007:1094). Danjuma and Rasli (2012:99) and Esch *et al.* (2006:103) add that customers are also more likely to develop an attachment when they are satisfied with the services provided by the organisation and receive value from their relationship with it.

The existing research reveals further that customers' emotions should be examined when studying their attachment, seeing that attached individuals have the ability to regulate their own emotions (positive and negative) during emotional experiences (Jensen *et al.*, 2015:90). Subsequently, in Chapter 3 (section 3.1), it was argued that emotional regulation could be helpful to individuals aiming to establish and enhance close relationships, as attached individuals have the ability to loosen their cognitive strategies, open up to emotional experiences and engage in the free processing of information after experiencing either positive or negative emotions. This in turn results in wider visual search patterns, more creative problem-solving and more flexible goals and mind-sets (Pascuzzo *et al.*, 2013:97-98; Zimmer-Gembeck *et al.*, 2015:88). This study anticipates that attached customers will be able to cope more effectively with emotional experiences (which can be referred to as consumption emotions), seeing that attached individuals are able to cope more effectively with emotional experiences, which could ultimately improve their relationship with the organisation (Jensen *et al.*, 2015:90). Beverland *et al.* (2009:442), Chelminski and Coulter (2011:366) and Kumar *et al.* (2003:670) add that the value of attached customers in customer-organisational relationships should not be undervalued, as these customers not only exhibit a fear of losing their relationship with their organisation, but also

demonstrate a willingness to forgive the organisation for any transgression, displaying resistance to switching organisations, thereby ensuring the establishment of a loyal customer base.

From the above discussion, it can be concluded that various relationship-specific constructs (i.e. involvement, satisfaction, relationship value, consumption emotions, fear of relationship loss, forgiveness, and loyalty) are related to customer attachment. While the abovementioned constructs relating to attachment can be explained through a few existing studies, these studies neglected to include all of the fundamental relationship variables or a combination thereof, limiting researchers' and marketers' understanding of the customer-attachment concept (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). By investigating the antecedents and outcomes of customer attachment, both the researcher and the marketer will be able to obtain knowledge of customer attachment in customer-organisational relationships, and a contribution to the growing research on customer attachment can be made. Moreover, seeing that patient-hospital relationships play a key role in a competitive service industry like healthcare (Lonial & Raju, 2015:163) and as there has been no apparent research on customer attachment in the South African hospital industry, the researcher decided to use the hospital industry for the purposes of this study. The results of this study could therefore be advantageous to hospitals aiming to gain insight into patients' attachment, which could guide their efforts in building successful patient relationships.

Taking the abovementioned discussion into consideration, the primary objective of this study was to determine the interrelationships amongst respondents' attachment and key relationship marketing constructs (i.e. consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness) in the South African hospital industry.

In order to achieve the primary objective of the study, the following secondary objectives were formulated in Chapter 1 (section 1.5.1):

- 1) Provide a sample profile of respondents.
- 2) Determine respondents' attachment to their hospital.
- 3) Determine respondents' consumption emotions towards their hospital.
- 4) Determine the relationship between respondents' attachment and consumption emotions in the South African hospital industry.

- 5) Determine the influence of respondents' attachment judging by their loyalty to their hospital.
- 6) Determine the influence of respondents' involvement judging by their attachment to their hospital.
- 7) Determine the influence of respondents' involvement on their loyalty towards their hospital.
- 8) Determine the influence of respondents' satisfaction judging by their attachment towards their hospital.
- 9) Determine the influence of respondents' relationship value perceptions judging by their attachment to their hospital.
- 10) Determine the influence of respondents' relationship value judging by their loyalty to their hospital.
- 11) Determine the influence of respondents' attachment judging by their fear of relationship loss of their hospital.
- 12) Determine the influence of respondents' attachment judging by their willingness to forgive their hospital.
- 13) Propose a model depicting the influence of the respondents' involvement, satisfaction and relationship value on their attachment to their hospital.
- 14) Propose a model depicting the antecedents and outcomes of customer attachment.

6.2.2 Empirical overview

With reference to the research methodology discussed in Chapter 1 (section 1.6), Chapter 3 (section 3.5), Chapter 4 (section 4.4) and Chapter 5 (section 5.4), the researcher followed a descriptive research design (cross-sectional) which was quantitative in nature. The population of this study comprised residents of three different provinces in South Africa (i.e., Gauteng, KwaZulu-Natal and North West) who made use of hospital services during a three-year period. The researcher found this population appealing, seeing that patient-hospital relationships play a

pivotal role in a competitive service industry like healthcare (Lonial & Raju, 2015:163). Regarding the sampling procedure, the researcher opted for a non-probability convenience sampling technique owing to the absence of a sampling frame and budget constraints. The respondents were therefore approached by trained fieldworkers (post-graduate students) according to convenience to take part in the survey. The questionnaire was fielded under the target population and a total of 303 usable questionnaires were completed and could be used in the analysis. The data were analysed with the use of the Statistical Package for Social Sciences (SPSS) (version 24) and the Mplus 8 programmes. Both the methodology and the results of this study were presented in the three articles (see Chapters 3 to 5).

The first article (Chapter 3) focused on determining the relationship between individuals' attachment and consumption emotions in the South African hospital industry. The ability of attached individuals to regulate their own emotions (positive and negative) during emotional experiences was one of the main factors contributing to the establishment of a bond and the enhancement of relationships (Jensen *et al.*, 2015:90). It was determined that as the respondents' attachment increases, so do their positive consumption emotions experienced during the service delivery. It was also found that, as respondents' attachment increases, their negative consumption emotions decrease during the service delivery. Chapter 3 concluded that hospitals who wish to build long-term relationships with their patients should identify attached patients, as their positive consumption emotions are more likely to increase and their negative consumption emotions are more likely to decrease, especially at times when their internal working models of attachment are activated through an emotional experience like a service failure (Beldona & Kher, 2015; Rholes, 2017:22).

The second article (Chapter 4) investigated the influence of patients' involvement, satisfaction and relationship value on their attachment to their hospital. Assessing the constructs that could possibly influence customer attachment is important, because customer attachment can be regarded as a precursor to establishing a long-term bond between patients and their hospitals (Khan, 2012:242; Mende & Bolton, 2011:296). The findings reported in Chapter 4 (section 4.6) revealed that relationship value has the strongest influence on respondents' attachment, followed by involvement. In contrast with the literature, no significant relationship existed between respondents' satisfaction and their attachment. Suggestions were made that South African hospitals who want to form an attachment with their patients should focus specifically on adding

value to the relationship and should motivate their patients to become more involved with the hospital's relationship activities as opposed to satisfying their patients' service needs.

In the third article (Chapter 5), it was argued that both the antecedents and the outcomes of respondents' attachment should be investigated to form an understanding of the factors that contribute to the development and maintenance of attached customers. For the purpose of this article, customer satisfaction was not considered as an antecedent for customer attachment, seeing that the results in Chapter 4 (section 4.5.4) indicated that customer satisfaction had no statistically significant influence on customer attachment. A structural equation modelling analysis showed that the respondents' attachment significantly influenced their loyalty, fear of relationship loss and forgiveness. The respondents' involvement also significantly influenced both their attachment and their loyalty. Moreover, Chapter 5 (section 5.5.5) revealed that, although relationship value influenced attachment, it had no effect on loyalty. The indirect effect of attachment on the relationship between relationship value and forgiveness, as well as in the relationship between relationship value and the fear of relationship loss was found to be significant. Chapter 5 concluded that the abovementioned antecedents and outcomes of patients' attachment to their hospital should be taken into consideration when embarking on the establishment of attached customers.

6.3 CONCLUSIONS AND RECOMMENDATIONS

Based on the empirical results (in Chapters 3 to 5) and the prior literature discussions (in Chapters 2 to 5), this section aims to draw conclusions and propose recommendations for each secondary objective of the study.

6.3.1 Secondary objective 1

Provide a sample profile of respondents.

Sections 3.6.1, 4.5.1 and 5.5.1 set out to describe the profile of the sample of the respondents who participated in this study. Using SPSS, the sample profile was described by means of frequencies and percentages. The results of these descriptive statistics showed that more than half of the respondents (63.0%) were female. As set out in section 4.5.1, the majority of respondents were White (78.5%) while the remainder were Black (13.9%), Coloured (4.6%) or Indian/Asian (3.0%).

The results further showed that the majority of the respondents (39.0%) were 28 years of age or younger and 64.4% of the respondents spoke Afrikaans. Almost half (46.5%) of the respondents were employed full-time by an organisation and had completed Grade 12 / Matric (42.9%) or some form of tertiary education (48.2%). Lastly, in terms of the time period during which the respondents had supported their hospital, 34.3% had used the services of a hospital for less than one year, 24.8% between one and three years, 19.8% between three and five years and 21.1% between six and ten years.

Taking the above results into consideration, a better view of the respondents who took part in the study is provided to marketing researchers and managers.

6.3.2 Secondary objective 2

Determine respondents' attachment to their hospital.

Customer attachment is referred to (in section 4.2.1) as relationship expectations, needs, emotions and social behaviours regulated by an accumulation of internalised early attachment experiences or internal working models (Shaver & Mikulincer, 2005:27). According to Mende and Bolton (2011:295), marketing managers may gain deeper insight into how customers behave in customer-organisational relationships by forming an understanding of customers' internal working models.

As discussed (in sections 1.4.2, 2.4.1, 3.3.1, 4.2.1 and 5.2.1), customers' attachment styles are best conceptualised and measured alongside two dimensions, namely attachment anxiety and attachment avoidance (Wei *et al.*, 2007:201).

- *Attachment anxiety*: stems from the individual's uncertainty as to the organisation's availability in times of need, and is observed in his/her heightened dependence on confirmation from the organisation.
- *Attachment avoidance*: is seen to be an emphasis on independence so that there is emotional and cognitive distancing from the organisation's attempts to engage.

Mende and Van Doorn (2015:355) maintain that customers who score low on both of these attachment dimensions have secure customer attachment styles, and those customers who score

high have insecure customer attachment styles. Attached customers form longer-lasting relationships with organisations, displaying higher levels of trust and satisfaction with the relationship experience (Mende & Bolton, 2011:296; Paulssen, 2009:523). The conclusion arrived at was, therefore, that organisations should focus their relationship marketing strategies on attached customers, as the investment would develop into long-lasting customer-organisation relationships with improved relationship outcomes (Beldona & Kher, 2015:362; Mende *et al.*, 2013:138).

Secondary objective 2, therefore, set out to determine the respondents' attachment to their hospital. Using a five-point scale, the results (in section 3.6.1) indicate that the respondents are generally attached to their hospital. From these results it seems that patients have a need to form an attachment to their hospital. (Secondary objective 2 is addressed by main finding 3.3.)

Conclusion 2.1: The respondents were generally attached to their hospitals.

Recommendation 2.1: Hospitals ought to identify attached patients.

Recommendation 2.2: Hospitals ought to consider their patients' attachment when formulating relationship marketing strategies in an effort to retain them in this competitive industry.

Recommendation 2.3: Identifying attached patients would enable hospitals to focus their relationship-building efforts and resources on these patients.

6.3.3 Secondary objective 3

Determine respondents' consumption emotions towards their hospital.

According to Ali *et al.* (2016:25) and White (2010:390), customers' emotions can be regarded as a key element in understanding their perceptions of the service experienced, as they often draw on their current emotional state when evaluating a specific consumption experience. Consumption emotions are described (in section 3.3.2) as the set of feelings evoked in customers whilst consuming products and/or services (i.e. consumption experiences) (Ali *et al.*, 2016:25; Westbrook & Oliver, 1991:84). Previous research shows that consumption emotions are best conceptualised and measured alongside two dimensions, namely positive and negative emotions (Koenig-Lewis & Palmer, 2014:443; Lee *et al.*, 2009:307).

- *Positive emotions*: comprise happiness, joy, excitement, pride and gratitude.
- *Negative emotions*: comprise shame, anger, envy, fear, annoyance and sadness.

As discussed in Chapter 2 (section 2.5), the positive and negative emotions customers experience can be transferred during the service encounter. In some cases the customer simultaneously transfers both emotions (positive and negative). Positive emotions have the propensity to influence the customer's level of satisfaction (Vinagre & Neves, 2008:98), purchase intention (Pappas *et al.*, 2014:195), word-of-mouth (White, 2010:391) and loyalty (Lee *et al.*, 2009:319) more positively than do negative emotions, which may influence organisational attempts to build successful customer relationships. Managers should therefore stimulate positive emotions among their customers (Ali *et al.*, 2016:18; Su *et al.*, 2014:523). Razzaq *et al.* (2017:256) add that customers' negative emotions should be handled with care, otherwise it could be detrimental to building customers' relationships.

In considering the importance of customers' consumption emotions, secondary objective 3 set out to determine respondents' consumption emotions towards their hospital. In section 3.6.1, the respondents indicated that they experienced more positive than negative emotions with their hospitals' services. The low scores captured for the respondents' negative emotions can be attributed to the positive emotions they mostly experienced with their hospitals' services. (Secondary objective 3 is addressed by main finding 3.4.)

Conclusion 3.1: In general, the respondents experienced more positive than negative emotions with their hospitals' services.

Recommendation 3.1: Hospitals should identify and build a long-term relationship with those patients who experience positive emotions.

Recommendation 3.2: Hospitals should evoke positive emotions among customers by interacting with their customers, providing benefits and delivering high-quality services.

Recommendation 3.3: Hospitals should take immediate action to lessen problems relating to customers with negative emotional experiences.

6.3.4 Secondary objective 4

Determine the relationship between respondents' attachment and consumption emotions in the South African hospital industry.

In the light of the theoretical overview of the importance of the levels of customers' attachment and their connection to emotions discussed in Chapter 1 (see section 1.4.10.1) and Chapter 3 (see section 3.3.3), Jensen *et al.* (2015:90) and Pascuzzo *et al.* (2013:97-98) argue that attached individuals have the ability to regulate their own emotions (positive and negative) during emotional experiences, which is regularly considered in research studies conducted in various adult relationship contexts. The attachment theory of adult relationships was adapted for the purposes of this study (as explained in section 2.4). It maintains that a relationship between a customer and an organisation can also be seen as an adult relationship, which at certain times can create a scenario in which internal working models of attachment are activated (such as a service failure). It can therefore be expected that attached customers will be capable of handling their emotional experiences more effectively owing to their ability as attached individuals to regulate their own emotions (Frazier *et al.*, 2015:381; Pascuzzo *et al.*, 2013:97-98), which could ultimately contribute to relationship development (Jensen *et al.*, 2015:90).

Secondary objective 4, therefore, set out to determine the relationship between respondents' attachment and consumption emotions in the South African hospital industry. Secondary objective 4 is supported by the hypotheses stated in Chapters 1 and 3 (H_1 and H_2). In section 3.6.3, using the Pearson product-moment correlation, the relationships between customer attachment and consumption emotions (positive and negative) were investigated. The results showed that a statistically significant and strong positive correlation exists between customer attachment and positive consumption emotions, and that a statistically significant and a medium negative correlation exists between customer attachment and negative consumption emotions. (Secondary objective 4 is addressed in main findings 3.5 and 3.6.)

Conclusion 4.1: There was a strong positive linear relationship between the respondents' attachment and their positive consumption emotions experienced during the service delivery.

Recommendation 4.1: Hospitals who wish to build long-term relationships with their patients should identify attached patients, as their positive consumption emotions are more likely to increase during service delivery.

Recommendation 4.2: Hospitals must instil a sense of attachment security among their patients, as this may gradually become associated in their minds with their memories of positive experiences and emotions, making them feel relaxed, relieved, loved and happy.

- Hospitals are advised to instil a sense of attachment security among their patients through engagement and relationship activities which are likely to increase the patients' positive consumption emotions, which in turn, may influence their level of satisfaction, purchase intentions, word-of-mouth and loyalty.

Conclusion 4.2: There was a negative linear relationship between the respondents' attachment and negative consumption emotions they experienced during the service delivery.

Recommendation 4.3: Hospitals who wish to build long-term relationships with their patients should identify attached patients, as their negative consumption emotions will most likely decrease, especially at times when their internal working models of attachment are activated in emotional experiences, such as a service failure.

6.3.5 Secondary objective 5

Determine the influence of respondents' attachment judging by their loyalty to their hospital.

Khan (2012:246) explains (in section 5.2.2.1) that for customers to be truly loyal, they must feel emotionally attached to the organisation. Customers develop an emotional attachment to an organisation during service experiences and gradually over time, as they become more connected to the organisation and develop feelings of intimacy, passion and commitment to the organisation. These feelings may lead to a stronger bond between the customer and the organisation, hence there is a resistance to switching organisations (i.e. establishing loyalty) (Khan, 2012:246; Levy & Hino, 2016:138,145; Yim *et al.*, 2008:752).

Considering the importance of the relationship between attachment and loyalty, secondary objective 5 set out to determine the influence of respondents' attachment on their loyalty to their

hospital. Secondary objective 5 is supported by the hypothesis stated in Chapter 1 (H_6) and Chapter 5 (H_1). To test the relationship between the abovementioned constructs, a SEM analysis was applied. The results of the structural paths indicated that respondents' attachment statistically significantly influenced their loyalty (see section 5.5.5). (Secondary objective 5 is addressed by main finding 5.2.)

Conclusion 5.1: The respondents' attachment significantly influences their loyalty.

Recommendation 5.1: To reap the benefits of their patients' loyalty, it is advised that hospitals establish patient attachment by nurturing their bonds with them.

Recommendation 5.2: Bonds with patients can be nurtured by providing financial reward programs which offer patients economic benefits in exchange for their loyalty. This can, for example, comprise:

- loyalty programmes
- discounts
- gift giving
- free service samples

6.3.6 Secondary objective 6

Determine the influence of respondents' involvement judging by their attachment to their hospital.

It was argued in Chapter 1 (section 1.4.10.3) and Chapter 4 (section 4.2.2.1) that, when customers interact with employees and organisational activities, they develop a bond with the organisation which contributes to establishing attachment (Prayag & Ryan, 2012:11; Pretty *et al.*, 2003:24; Ruiz *et al.*, 2007:1094). The research by Prayag and Ryan (2012:9) supports this view by empirically establishing that customer involvement positively and significantly affects customer attachment.

Consequently, secondary objective 6 set out to determine the influence of respondents' involvement on their attachment to their hospital. Secondary objective 6 is supported by the hypotheses stated in Chapter 1 (H_3), Chapter 4 (H_1) and Chapter 5 (H_2). Using a SEM analysis, the influence of respondents' involvement on their attachment was accordingly tested. The results of the structural paths indicated that the respondents' involvement significantly influences their attachment (see section 4.5.4). (Secondary objective 6 is addressed in the main findings 4.5 and 5.3.)

Conclusion 6.1: Respondents' involvement significantly influences their attachment.

Recommendation 6.1: Since patients' involvement influences their attachment, it is important for hospitals to motivate their patients to become more involved with the hospital's relationship activities.

Recommendation 6.2: Patients could become more involved with their hospitals' relationship activities by providing feedback, which would enable the hospitals to satisfy their patients' needs, exceed their expectations and allow them to develop social bonds.

Recommendation 6.3: Patients' involvement in the relationships with their hospitals could also be heightened by creating an environment in which involvement is well received. For example:

- Hospitals could develop a website or a blog whereby patients voluntarily receive information about the organisation and the services provided, thus encouraging involvement.
- Hospitals could encourage interactive activities (such as developing a new service).
- Hospitals should customise the services offered to the patient.

6.3.7 Secondary objective 7

Determine the influence of respondents' involvement on their loyalty towards their hospital.

In Chapter 1 (section 1.4.10.4) and Chapter 5 (section 5.2.3.1), it was reasoned that through their enhanced perception of receiving relationship benefits or an emotional bond, customers become more involved with the organisational activities, resulting in the likelihood of returning to the

organisation and engaging in long-term relationships. This would establish loyalty (Dagger & David, 2012:462; Kinard & Capella; 2006:365; Kumar *et al.*, 2003:670). This form of reasoning is supported by research by Dagger and David (2012:462), who established that customers' involvement significantly affects their loyalty to an organisation.

Secondary objective 7, therefore, set out to determine the influence of respondents' involvement on their loyalty towards their hospital. Secondary objective 7 is supported by the hypotheses stated in Chapter 1 (H₇) and Chapter 5 (H₃). To test the relationship between the abovementioned constructs, a SEM analysis was performed and the structural paths indicated that customer involvement significantly influences their loyalty. (Secondary objective 7 is addressed by main finding 5.4.)

Conclusion 7.1: Respondents' involvement significantly influences their loyalty.

Recommendation 7.1: Hospitals should motivate their patients to become more involved with the hospitals's relationship activities, as this would contribute to establishing a base of loyal patients. The recommendations set out in section 6.2 and 6.3 should also be applied in this section to ensure that patients become more involved.

6.3.8 Secondary objective 8

Determine the influence of respondents' satisfaction judging by their attachment towards their hospital.

Based on the premise of the preceding discussion in Chapter 1 (section 1.4.10.5) and Chapter 4 (section 4.2.3.1), satisfaction can be viewed as an important driver of customer attachment. The argument for the relationship between the abovementioned constructs is that satisfied customers will be more motivated to improve and sustain an effective bond with the organisation, which could culminate in attached customers (Danjuma & Rasli, 2012:99; Esch *et al.*, 2006:103).

Considering the importance of the relationship between satisfaction and attachment, secondary objective 8 set out to determine the influence of respondents' satisfaction on their attachment towards their hospital. Secondary objective 8 is supported by the hypotheses stated in Chapter 1 (H₄) and Chapter 4 (H₂). To test the influence of the respondents' satisfaction on their attachment to their hospital, a SEM analysis was applied. In Chapter 4 (section 4.6), the results indicated

that the respondents' level of satisfaction does not influence their attachment. In other words, the respondents indicated that they could still be satisfied with the service received from the hospital without becoming attached to the hospital. (Secondary objective 8 is addressed by main finding 4.7.)

Conclusion 8.1: The respondents' attachment is not significantly influenced by their satisfaction.

Recommendation 8.1: South African hospitals who wish to form an attachment to their patients should focus specifically on adding value to the relationship and motivating their patients to become more involved with the hospital's relationship activities, as opposed to focusing solely on satisfying their patients' service needs.

6.3.9 Secondary objective 9

Determine the influence of respondents' relationship value perceptions judging by their attachment to their hospital.

With reference to the discussion in Chapter 1 (section 1.4.10.6) and Chapter 4 (section 4.2.4.1), customers who value their relationship with an organisation will be more attached to the organisation (Aldlaigan & Buttle, 2005:356-357). These authors explain that the presence or absence of the different sources that customers value, such as a relationship, affect customers' intention to become attached to the organisation. When an organisation meets the conditions valued by the customers (such as a relationship) they will become more attached to the organisation.

Consequently, secondary objective 9 set out to determine the influence of respondents' relationship value perceptions on their attachment to their hospital. Secondary objective 9 is supported by the hypotheses stated in Chapter 1 (H₅), Chapter 4 (H₁) and Chapter 5 (H₃). Using a SEM analysis, the influence of the respondents' relationship value on their attachment was tested accordingly. The results of the structural paths indicated that the respondents' relationship value significantly influences their attachment (see section 4.5.4). (Secondary objective 6 is addressed in main findings 4.5 and 5.3.)

Conclusion 9.1: The respondents' relationship value significantly influences their attachment.

Recommendation 9.1: Hospitals, who wish to identify attached patients, should focus on adding value to the relationship with the patient.

Recommendation 9.2: By increasing the relationship benefits (core benefits, sourcing benefits, operations benefits) or decreasing the relationship costs (direct costs, acquisition costs and operational costs), hospitals should be able to establish higher relationship value with their patients.

- To increase their core benefits, hospitals are advised not only to provide satisfactory service delivery, but also to ensure that they produce quality products and services.
- Hospitals are advised to increase their sourcing benefits by providing high levels of support during service delivery and personal interaction. Knowing the patients' needs and wishes, getting along well with them, and getting the patients to become more involved, all contribute to high levels of personal interaction.
- To increase their operations benefits, hospitals have to gain knowledge about their customers' needs and wishes, and make sure that their services and products are available in time to market.
- In terms of the relationship costs, hospitals should attempt to decrease their direct costs through offering a fair market price and reducing prices when internal costs are reduced.
- Hospitals should also aim to decrease their acquisition costs by handling patients' requests more efficiently and ensuring that the products and services provided exceed their patients' expectations.
- To decrease their operations costs, hospitals should focus on the costs regarding their existing products and services. Cost reductions could take place by reducing service or product costs, process costs or warranty costs of the existing services and products offered.

6.3.10 Secondary objective 10

Determine the influence of respondents' relationship value judging by their loyalty to their hospital.

The importance of creating value for customers in customer-organisational relationships is founded on the conviction that there is a positive, bi-directional relationship between relationship value and loyalty (Chen & Myagmarsuren, 2011:969). The reasoning behind this is that when customers perceive that they are receiving higher levels of value from the relationship with the organisation, they are also more prepared to buy more from the organisation and enter into a long-term relationship with the organisation (Sun *et al.*, 2014:92).

Considering the importance of the relationship between relationship value and loyalty, secondary objective 10 set out to determine the influence of respondents' relationship value perceptions on their loyalty to their hospital (see sections 1.4.10.7 and 5.2.4.1). Secondary objective 10 is supported by the hypotheses stated in Chapter 1 (H₈) and Chapter 5 (H₅). To test the influence of the respondents' relationship value on their loyalty to their hospital, a SEM analysis was applied. In Chapter 5 (section 5.5.5), the results indicated that the level of the respondents' relationship value does not influence their loyalty. (Secondary objective 10 is addressed by main finding 5.6.)

Conclusion 10.1: The respondents' loyalty is not significantly influenced by their relationship value.

Recommendation 10.1: South African hospitals who wish to ensure loyalty from their patients should focus specifically on motivating their patients to become more involved (as discussed in secondary objective 7), rather than providing relationship value.

6.3.11 Secondary objective 11

Determine the influence of respondents' attachment judging by their fear of relationship loss of their hospital.

It has been argued that customers who perceive that they are receiving relationship benefits from an organisation are more likely to interact with the organisation, which may lead to the development of a relational bond between them (see sections 1.4.10.8 and 5.2.5.1). According to

Moussa and Touzani (2017:157) and Sheth (2017:2) and Spake and Megehee (2010:316), it is through the bond created with the customer that the likelihood of developing a successful customer-organisational relationship increases. In most cases, customers who have developed a bond with an organisation are emotionally attached to the organisation and may fear the possible consequences of losing the relationship bond and/or the relationship benefits (Chelminski & Coulter, 2011:366; Kumar *et al.*, 2003:670).

Secondary objective 11, therefore, set out to determine the influence of respondents' attachment on their fear of losing the relationship with their hospital. Secondary objective 11 is supported by the hypotheses set in Chapter 1 (H₉) and Chapter 5 (H₆). To test the relationship between the abovementioned constructs, a SEM was applied. The results of the structural paths indicated that the respondents' attachment statistically significantly influenced their fear of losing the relationship (see section 5.5.5). (Secondary objective 5 is addressed by main finding 5.2.)

Conclusion 11.1: The respondents' attachment significantly influences their fear of relationship loss.

Recommendation 11.1: To reap the benefits of patients' fear of losing a relationship, it is advised that hospitals establish patient attachment by nurturing the bonds between them.

Recommendation 11.2: Bonds with patients can be nurtured by providing social and structural relationship marketing programs. Social relationship programs include the personalisation of the relationships through social engagements with patients or by assigning special status to them, for example:

- interactive websites
- inviting patients to events
- newsletters
- birthday cards
- phone calls and
- face-to-face meetings

Structural relationship programs include the efforts made by organisations to create customer relationships by providing value-added benefits which competing organisations cannot provide, such as:

- tailored rates
- customised services
- customised products

6.3.12 Secondary objective 12

Determine the influence of respondents' attachment judging by their willingness to forgive their hospital.

In Chapter 1 (section 1.4.10.9) and Chapter 5 (section 5.2.6.1) it was argued that attached customers form a strong relationship bond with an organisation and are more likely to experience personal growth and acquire social abilities, among which forgiveness plays a significant role (Tsarenko & Strizhakova, 2010:373). The research by Beverland *et al.* (2009:442) supports this view by empirically establishing that customers who have a secure attachment relationship with their organisation are more willing to forgive a transgression such as a service failure. Consequently, secondary objective 12 set out to determine the influence of respondents' attachment on their willingness to forgive their hospital. Secondary objective 12 is supported by the hypotheses stated in Chapter 1 (H₁₀) and Chapter 5 (H₆).

Using a SEM analysis, the influence of the respondents' attachment on willingness to forgive was tested accordingly. The results of the structural paths indicated that the respondents' attachment significantly influences their forgiveness (see section 5.5.5). (Secondary objective 12 is addressed by main finding 5.8.)

Conclusion 12.1: The respondents' attachment significantly influences their forgiveness.

Recommendation 12.1: To reap the benefits of the patients' willingness to forgive, it is advised that hospitals establish patient attachment by nurturing the bonds between them. The recommendations set out in section 6.3.5 and section 6.3.11 should also be applied in this section to ensure that hospitals nurture their bond with their patients.

6.3.13 Secondary objective 13

Propose a model depicting the influence of respondents' involvement, satisfaction and relationship value on their attachment to their hospital.

In Chapter 4, the importance of establishing profitable long-term customer relationships was underlined owing to the fierce competition that hospitals in South Africa are facing. Khan (2012:242) and Mende and Bolton (2011:2960) therefore emphasise (in section 4.1) that organisations should adopt a relationship marketing approach which focuses particularly on the concept of customer attachment as a key building block. Relationship marketing literature considers customer attachment to be the epitome of building customer relationships, as it offers an understanding of customers' relationship behaviour and fosters higher levels of trust, repurchase intent and reduced switching behaviour to promote long-term customer relationships. Insights into customer attachment could therefore be of value to marketing managers and researchers alike aiming to establish long-term customer relationships in an attempt to gain a competitive advantage.

Previous research (Aldlaigan & Buttle, 2005:356-357; Esch *et al.*, 2006:103; Prayag & Ryan, 2005:356-357) has identified customer involvement, satisfaction and relationship value as factors that could possibly influence customers' attachment. As discussed in Chapter 4 (section 4.2), these research studies argue that customers' continual interaction with employees and organisational activities, being satisfied with the services provided by the organisation as well as receiving value from the relationship, facilitate emotional bonding between the customer and the organisation, which could lead to an attached customer. Considering the role of the abovementioned factors in customer attachment, secondary objective 13 set out to propose a model depicting the influence of the respondents' involvement, satisfaction and relationship value on their attachment to their hospital (see Figure 4-1). Secondary objective 13 is supported by the hypotheses stated in Chapter 1 (H_3 to H_5) and Chapter 4 (H_1 to H_3).

Through Mplus, latent variable modelling via structural equation modelling (SEM) was applied to compare the relationships between the respondents' involvement, satisfaction and relationship value with their attachment (Muthén & Muthén, 2017) (see section 4.5.4). The results of the SEM analysis showed that the fit of the model to the data was acceptable. Both involvement and relationship value statistically significantly influence attachment (as concluded in sections 6.3.6

and 6.3.9). The results also indicated that the level of the respondents' satisfaction does not influence their attachment (see conclusion in section 6.3.8). (Secondary objective 13 is addressed by main findings 4.5 to 4.7.)

Conclusion 13.1: The respondents' involvement and relationship value has a significant positive influence on their attachment, while the respondents' attachment is not significantly influenced by their satisfaction.

Recommendation 13.1: South African hospitals could use this model to gain insight into their patients' attachment.

Recommendation 13.2: South African hospitals should employ strategies that encourage patients to become more involved (see recommendations in section 6.3.6) and add value to the relationship (see recommendation in section 6.3.9) to improve their attachment efforts. To save resources, satisfying their patients' service needs should be limited for attachment purposes.

6.3.14 Secondary objective 14

Propose a model depicting the antecedents and outcomes of customer attachment.

As discussed in the preceding chapters, the importance of customer attachment in customer-organisational relationships is undeniable, as it consolidates the bond that has been created between customers and organisations which may serve as a prerequisite for building affectionate, long-term relationships with profitable customers (Moussa & Touzani, 2017:157; Sheth, 2017:2). Notwithstanding the importance of customer attachment, only a limited number of studies have attempted to form a theoretical and empirical understanding of the factors that contribute to the development and maintenance of attached customers (Mende *et al.*, 2013:139; Moussa & Touzani, 2017:157; Verbeke *et al.*, 2017:51). Drawing on the relationship marketing view, whereby organisations can gain a competitive advantage, this study synthesises in Chapter 5 the important relationship constructs with the aim of developing a comprehensive model of antecedents and outcomes of customer attachment. Examining the antecedents and outcomes of customer attachment will clarify and explicate the role of customer attachment in customer-organisational relationships. Secondary objective 14, therefore, set out to propose a model

depicting the antecedents and outcomes of customer attachment. Secondary objective 14 is supported by the hypotheses stated in Chapter 1 (H_3 to H_{10}) and Chapter 5 (H_1 to H_7).

To determine the antecedents and outcomes of respondents' attachment, the relationships between the respondents' attachment, loyalty, involvement, relationship value, fear of relationship loss and forgiveness were investigated by means of a SEM analysis (see section 5.5). The results of the structural paths (in section 5.5.5) indicated that the fit of the model with the data was acceptable. The results also indicated that the respondents' attachment statistically significantly influenced their loyalty, fear of relationship loss and forgiveness. In addition, the respondents' involvement statistically significantly influenced their both their attachment and their loyalty. Relationship value on the other hand statistically significantly influenced attachment, but not loyalty.

In addition, taking the above results into consideration, two prospective mediating effects were possible and necessitated further investigation. The results indicated that the first indirect effect of attachment in the relationship between relationship value and forgiveness was significant. The results further indicated that the second and final standardised indirect effect of attachment in the relationship between relationship value and fear of relationship loss was not only significant, but was also the largest. (Secondary objective 14 is addressed by main findings 5.2 to 5.9.)

Conclusion 14.1: The respondents' attachment significantly influences their loyalty, fear of relationship loss and forgiveness.

Conclusion 14.2: The respondents' involvement significantly influences their attachment and loyalty.

Conclusion 14.3: The respondents' relationship value significantly influences their attachment, but not their loyalty.

Conclusion 14.4: The indirect effect of attachment on the relationship between relationship value and forgiveness was significant.

Conclusion 14.5: The indirect effect of attachment on the relationship between relationship value and fear of relationship loss was significant.

Recommendation 14.1: To reap the benefits of patients' loyalty, fear of relationship loss and willingness to forgive, hospitals are advised to establish patient attachment by nurturing the bonds between them. The recommendations set out in sections 6.3.5 and 6.3.11 should also be applied in this section to ensure that they do this.

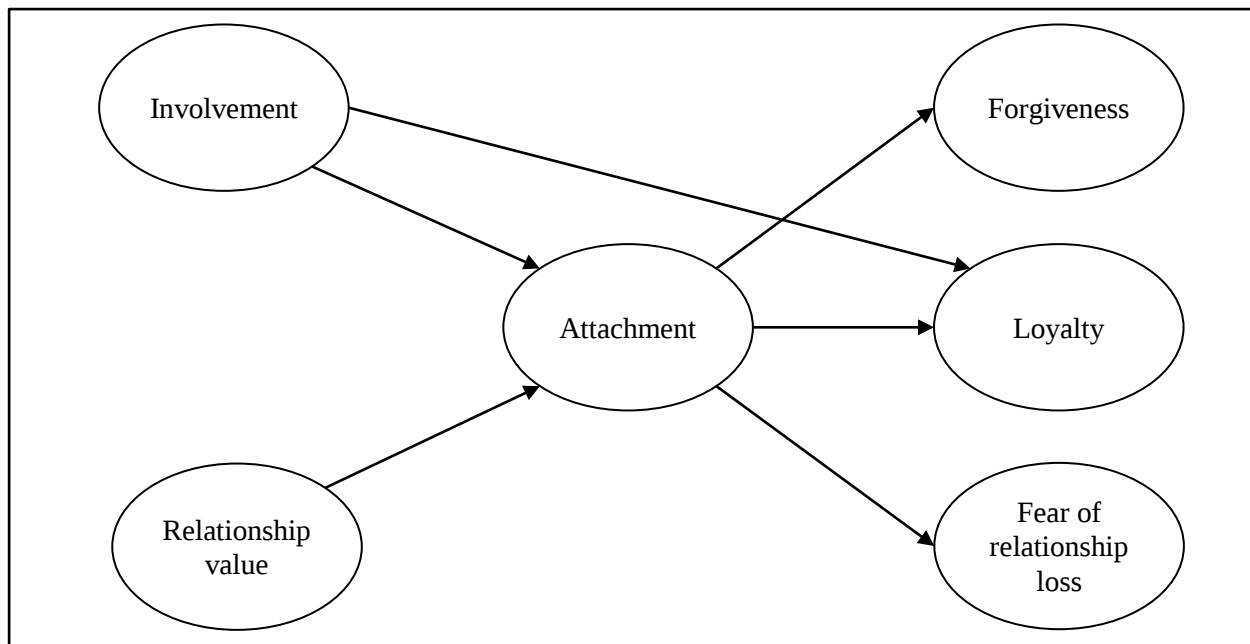
Recommendation 14.2: South African hospitals should employ strategies that encourage patients to become more involved (see recommendations in section 6.3.6) to establish both attachment and loyalty among patients.

Recommendation 14.3: South African hospitals should employ strategies that would add value to the patients' relationship with them (see recommendation in section 6.3.9) to improve their attachment efforts. The same strategies should not be employed for loyalty purposes.

Recommendation 14.4: Hospitals should emphasise the importance of attachment in the relationship between relationship value and forgiveness and relationship value and fear of relationship loss.

Recommendation 14.5: Hospitals should focus on spending their marketing resources not only on providing value for the relationship with patients, but also on building long-term bonds with patients (as suggested in the discussion above), with the aim of establishing an attachment, as it would result in patients developing a fear of losing their relationship with the hospital and being willing to forgive a transgression.

Recommendation 14.6: Hospitals can use the model compiled for this study (in Figure 6-1) as a way of improving the effectiveness of their overall attachment efforts.

Figure 6-1: Attachment model for hospitals

Recommendation 14.7: From the above considerations on the various findings it can be deduced that hospitals need to apply the same strategies, and to focus on the same factors referred to in this study (for consumption emotions, involvement, relationship value, forgiveness, loyalty and fear of relationship loss) to improve their overall attachment efforts.

6.4 THE LINKS BETWEEN THE RESEARCH OBJECTIVES, HYPOTHESES, QUESTIONS IN THE QUESTIONNAIRE, MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Table 6-1 summarises how the objectives, hypotheses, questions from the questionnaire, main findings, conclusions and recommendations of this study are linked. Following Table 6-1, the study's overall limitations are discussed along with recommendations for future research.

Table 6-1: Links between objectives, hypotheses, questions, main findings, conclusions and recommendations

Questions	Hypotheses	Main finding	Conclusion	Recommendation
Secondary objective 1: Provide a sample profile of respondents.				
Section A: Questions 1.1 – 1.8	–	–	–	–
Secondary objective 2: Determine respondents' attachment to their hospital.				

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Section B: Questions 2.16 – 2.19	–	3.3	2.1	2.1 – 2.3
Secondary objective 3: Determine respondents' consumption emotions for their hospital.				
Section C: Questions 3.1 – 3.10	–	3.4	3.1	3.1 – 3.3
Secondary objective 4: Determine the relationship between the respondents' attachment and consumption emotions in the South African hospital industry.				
Sections B & C: Questions 2.16 – 2.19 & 3.1 – 3.10	H ₁ & H ₂	3.5 & 3.6	4.1 & 4.2	4.1 – 4.3
Secondary objective 5: Determine the influence of respondents' attachment on their loyalty to their hospital.				
Section B: Questions 2.16 – 19 & 2.23 – 2.27	H ₆	5.2	5.1	5.1 – 5.2
Secondary objective 6: Determine the influence of respondents' involvement on their attachment to their hospital.				
Section B: Questions 2.1 – 2.5 & 2.16 – 2.19	H ₃	4.5 & 5.3	6.1	6.1 – 6.3

Table 6-1: Links between objectives, hypotheses, questions, main findings, conclusions and recommendations (cont.)

Questions	Hypotheses	Main finding	Conclusion	Recommendation
Secondary objective 7: Determine the influence of respondents' involvement on their loyalty to their hospital.				
Section B: Questions 2.1 – 2.5 & 2.23 – 2.27	H ₇	5.4	7.1	7.1
Secondary objective 8: Determine the influence of respondents' satisfaction on their attachment to their hospital.				
Section B: Questions 2.10 – 2.19	H ₄	4.7	8.1	8.1
Secondary objective 9: Determine the influence of respondents' relationship value perceptions on their attachment to their hospital.				
Section B: Questions 2.6 – 2.9 & 2.16 – 2.19	H ₅	4.6 & 5.5	9.1	9.1 & 9.2
Secondary objective 10: Determine the influence of respondents' relationship value perceptions on their loyalty towards their hospital.				
Section B: Questions 2.6 – 2.9 & 2.23 – 2.27	H ₈	5.6	10.1	10.1
Secondary objective 11: Determine the influence of respondents' attachment on their fear of loss of relationship with their hospital.				

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Section B: Questions 2.16 – 2.19 & 2.28 – 2.30	H ₉	5.7	11.1	11.1 & 11.2
Secondary objective 12: Determine the influence of the respondents' attachment on their willingness to forgive their hospital.				
Section B: Questions 2.16 – 2.22	H ₁₀	5.8	12.1	12.1
Secondary objective 13: Propose a model depicting the influence of respondents' involvement, satisfaction and relationship value on their attachment to their hospital.				
Section B: Questions 2.1 – 2.19	H ₃ – H ₅	4.5 – 4.7	13.1	13.1 & 13.2
Secondary objective 14: Propose a model depicting the antecedents and outcomes of customer attachment.				
Section B: Questions 2.1 – 2.9 & 2.16 – 2.30	H ₃ – H ₁₀	5.2 – 5.9	14.1 - 14.5	14.1 – 14.7

6.5 LIMITATIONS OF THE STUDY

The following limitations of the literature review can be identified:

- The availability of literature and empirical research conducted on customer attachment, forgiveness, and fear of relationship loss within the marketing literature were particularly scarce, forcing the researcher to refer to literature from the social psychology field (in sections 2.4, 2.10, 2.11).
- Quality secondary resources of a scholarly nature on the South African hospital industry were particularly limited. Therefore the researcher had to rely on generic online platforms for information relating to the South African hospital industry.
- There was an inadequate body of literature on South African healthcare studies relating to the problems associated with customer attachment.

The following limitations of the empirical research can be identified:

- Owing to the absence of a sample frame, non-probability sampling was implemented to select respondents, which imposes limitations on the generalisation of the results to the entire South African population.

- The research findings are based on the responses obtained from respondents from only one service setting, namely hospitals, limiting the generalisability of the results.
- Regarding the hospital industry, the sampling method used for this research did not implement quota sampling, which could have made provision for comparing the public and the private hospital industries.
- Existing measures were used as a survey instrument to measure the relevant constructs of this study. These measures were, however, not compiled specifically for the hospital industry, and are therefore not necessarily suitable for that purpose.
- Although the sample size was representative of the study, the demographic and psychographic spread were not sufficiently representative, so they under-presented the target population.
- This research study focused only on customers' attachment to a specific organisation without considering their attachment to employees, thereby limiting organisations' ability to segment their customers according to their attachment preferences.
- Most research related to relationship marketing indicates that customer-organisational relationships are built over time, which means that relationship-building constructs therefore relate to long-term measurements (longitudinal studies). This study, however, utilised short-term measures, prohibiting sound insight regarding relationship marketing.
- Although the model presented in this research study contributed to clarifying and explaining the role of customer attachment in customer-organisational relationships, other relevant variables not included in this research exist and need to be taken into consideration. This might allow for additional insight into customer attachment and its role in customer-organisational relationships.

Taking the abovementioned limitations into consideration, there is a possibility of making a number of recommendations for future research.

6.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The following recommendations are proposed for future research:

- To provide greater confidence in generalising the current results, future research should attempt to obtain a sample frame such as customer database information (probability sampling) and replicate this research study in other service industries.
- Future research should take quota sampling into consideration as part of the sampling plan, as it will assist researchers in drawing comparisons between public and private hospital industries.
- Future research should also take a larger sample size into consideration to gain a more accurate representation of the target population and its demographic and psychographic characteristics.
- In order to optimally utilise customer attachment segmentation strategies, it is suggested that customers' attachment should be measured for both the organisation and its employees.
- This research study should be replicated over time, making use of a longitudinal study, seeing that the data may differ over time when it comes to the interrelationships of the constructs in this paper, providing better insight into relationship marketing.
- To offer additional insight into customer attachment and its role in customer-organisational relationships, other relevant variables not included in this research study should be taken into consideration. For example, future research could examine the moderating role of customer demographics on the relationships between involvement, relationship value and attachment. Important relationship marketing constructs such as trust, commitment and service quality, could also be considered as possible antecedents or outcomes of customer attachment.
- Lastly, in order to determine its relevance and applicability, the attachment model composed in Figure 6-1 should be tested in relation to other service industries.

6.7 CONTRIBUTION OF THE STUDY

This study adds to the existing body of knowledge by offering theoretical and practical contributions for both marketing researchers and managers. First, by extending the customer attachment concept into a hospital environment and determining its interrelationships with

important relationship marketing constructs, this study broadens scholars' understanding of relationship development in the healthcare context. Second, the results of this study enable hospitals and marketing researchers to consider patients'/customers' attachment when formulating relationship marketing strategies in an effort to retain them and also allow them to focus their relationship-building efforts and resources on these patients/customers. Third, hospitals and marketing researchers who wish to build long-term relationships with their patients/customers could use this study to identify attached patients/customers, as their positive consumption emotions are more likely to increase during service delivery. Also, by identifying attached patients/customers, negative consumption emotions will most likely decrease, especially at times when their internal working models of attachment are activated in emotional experiences, such as a service failure. Fourth, South African hospitals and marketing researchers could use this study to employ strategies that encourage patients/customers to become more involved and add value to the relationship to improve their attachment and loyalty efforts.

Fifth, to reap the benefits of patients'/customers' loyalty, fear of relationship loss and willingness to forgive, this studies' results will enable hospitals and marketing researchers to establish patient/customer attachment by nurturing the bonds between them. This study will also assist hospitals and marketing researchers in understanding the important role of attachment in the relationship between relationship value and forgiveness and relationship value and fear of relationship loss. Sixth, through the empirical insight gained from this research, hospitals and marketing researchers will have a better understanding of the antecedents and outcomes of patients'/customers' attachment, which contributes to the growing research on customer attachment, more specifically in the South African hospital industry context. The knowledge hospitals obtain from the results will enable them to re-think and put measures in place to improve their patients' overall attachment, consumption emotions, loyalty, involvement, satisfaction, relationship value, fear of relationship loss and forgiveness.

Seventh, to improve hospitals' and service organisations overall profitability and sustainability, this study proposes an attachment model (see Figure 6-1) which could be implemented by South African hospitals or service organisations as part of their marketing strategy. Hospitals and service organisations can use the model compiled for this study as a way of improving the effectiveness of their overall attachment efforts.

Lastly, this study not only introduces a model which assesses patients' attachment in the hospital industry, but also contributes to the support of the attachment theory, develops testable hypotheses and illustrates how these hypotheses may be used to guide a systematic analysis of the state of patient-hospital relationships.

6.8 CONCLUSION

This chapter has provided an overview of the study, followed by the conclusions and recommendations. Based on the main findings formulated in Chapters 3 to 5, a number of conclusions have been drawn for each secondary objective. Furthermore, to provide some direction to hospital on how to improve their attachment efforts, a number of recommendations relating to the conclusions were formulated. An overview of how this study's objectives, overall hypotheses, questions from the questionnaire, main findings, conclusions and recommendations are interlinked was illustrated in Table 6-1. Finally, this chapter concluded by indicating a number of limitations, offering a number of suggestions for future research and discussing the contribution by the study.

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APPENDIX A

QUESTIONNAIRE



CUSTOMERS' RELATIONSHIPS AND THEIR EMOTIONS TOWARDS THEIR HOSPITAL

This questionnaire is designed to obtain feedback regarding your views of the hospital you currently use.

Taking part in this survey is completely voluntary and anonymous. The questionnaire consists of four sections. The questionnaire should take no more than 20 minutes of your time. Your co-operation is appreciated. When evaluating a question, please answer the question from your own perspective. Place an X in the appropriate box where applicable or complete where required.

Thank you for taking the time to complete this survey. Should you have any questions, please feel free to contact:

Hester Spies	018 299 1348	12891517@nwu.ac.za
Renier Jansen van Rensburg	018 299 1420	10062858@nwu.ac.za

Screening question

Have you used the services of a hospital these past 3 years?

Yes	1
No	2

If your answer is 'Yes' to this question, please complete the questionnaire. If your answer is 'No' to this question, you do not have to complete the rest of the questionnaire.

SECTION A: BACKGROUND INFORMATION**1.1 For how long have you been using the services of your hospital?**

Less than 1 year	1
1 to 3 years	2
3 to 5 years	3
6 to 10 years	4

1.2 What is your age?

28 years or younger	1
29 to 37 years	2
38 to 49 years	3
50 to 68 years	4
69 years or older	5

1.3 What is your highest level of education?

Primary school completed	1
Some high school	2
Matric / Grade 12	3
Certificate	4
Diploma	5
Degree	6
Postgraduate degree	7

1.4 What is your gender?

Male	1
Female	2

1.5 What is your home language?

Afrikaans	1
English	2
Nguni (Zulu, Xhosa, Swati, Ndebele)	3
Sotho (Sepedi, SeSotho, Tswana)	4
Venda / Tsonga	5
Other, please specify:	6

1.6 What is your population group?

Asian	1
Black	2
Coloured	3
Indian	4
White	5
Other, please specify:	6

1.7 What is your primary employment status?

Full-time employed by an organisation	1
Housewife or househusband	2
Part-time employed by an organisation	3
Retired	4
Self-employed	5
Student	6
Unemployed	7
Other, please specify:	8

1.8 What is your personal income that you take home every month (net income)?

Less than R3 000 per month	1
R3 0001 to R6 000 per month	2
R6 001 to R13 000 per month	3
R13 001 to R26 000 per month	4
R26 001 to R51 000 per month	5
More than R51 000 per month	6
Not specified	7

Appendix A: Questionnaire

SECTION B

Indicate the extent to which you agree with each of the following statements regarding your hospital, where 1= "Strongly disagree" and 5 = "Strongly agree".

STATEMENT	1 = Strongly disagree 5 = Strongly agree				
Involvement					
2.1 I am proud to be a customer of my hospital.	1	2	3	4	5
2.2 I am proud when I see my hospital's name or advertising materials.	1	2	3	4	5
2.3 I experienced a feeling of satisfaction when I joined my hospital.	1	2	3	4	5
2.4 I care about the image of my hospital.	1	2	3	4	5
2.5 I have recommended my hospital to my friends or family in the past and will continue to do so in future.	1	2	3	4	5
Relationship value					
2.6 My hospital adds a great deal of value to our relationship.	1	2	3	4	5
2.7 I gain a lot from my relationship with my hospital.	1	2	3	4	5
2.8 My hospital creates a lot of value for me when comparing all the costs and benefits of doing business with this hospital.	1	2	3	4	5
2.9 Overall, the relationship with my hospital is valuable.	1	2	3	4	5
Satisfaction					
2.10 Based on all of my experience with my hospital, I am very satisfied with the services my hospital provides.	1	2	3	4	5
2.11 My choice to use my hospital was a wise one.	1	2	3	4	5
2.12 Overall, I am satisfied with the decision to use my hospital.	1	2	3	4	5
2.13 I think I did the right thing when I decided to use my hospital for my health needs.	1	2	3	4	5
2.14 My overall evaluation of the services provided by my hospital is very good.	1	2	3	4	5
2.15 My hospital meets my expectations.	1	2	3	4	5
Attachment					
2.16 It is a comfortable feeling to depend on my hospital.	1	2	3	4	5
2.17 I am comfortable having a close relationship with my hospital.	1	2	3	4	5
2.18 It's easy for me to feel warm and friendly toward my hospital.	1	2	3	4	5
2.19 It helps to turn to my hospital in times of need.	1	2	3	4	5
Forgiveness					
2.20 I will forgive my hospital when the quality of their service is sometimes below the standard that I expect from them.	1	2	3	4	5
2.21 I will forgive my hospital if the quality of their service is below the standard of other hospitals.	1	2	3	4	5
2.22 I will forgive my hospital if I experienced bad service from them.	1	2	3	4	5

Appendix A: Questionnaire

STATEMENT	1 = Strongly disagree 5 = Strongly agree				
Loyalty					
2.23 I say positive things about my hospital to other people.	1	2	3	4	5
2.24 I would recommend my hospital to someone who seeks my advice.	1	2	3	4	5
2.25 I encourage friends and relatives to do business with my hospital.	1	2	3	4	5
2.26 I consider my hospital as my first choice when I need services concerning my health.	1	2	3	4	5
2.27 I intend to continue doing business with my hospital in the next few years.	1	2	3	4	5
Fear of relationship loss					
2.28 I am afraid to lose my identification with my hospital's brand name by switching to another hospital.	1	2	3	4	5
2.29 I am afraid to lose my relationship with my hospital by switching to another hospital.	1	2	3	4	5
2.30 I am afraid to lose the services of my hospital by switching to another hospital.	1	2	3	4	5

SECTION C

Indicate the intensity of emotion you generally experience when using your hospital's services, where 1= "Not felt at all" and 5 = "Very strongly felt".

EMOTIONS	1 = Not felt at all					5 = Very strongly felt
Positive emotions						
3.1	Happiness	1	2	3	4	5
3.2	Joy	1	2	3	4	5
3.3	Excitement	1	2	3	4	5
3.4	Pride	1	2	3	4	5
3.5	Gratitude	1	2	3	4	5
Negative emotions						
3.6	Shame	1	2	3	4	5
3.7	Anger	1	2	3	4	5
3.8	Fear	1	2	3	4	5
3.9	Annoyance	1	2	3	4	5
3.10	Sadness	1	2	3	4	5

APPENDIX B

LETTER FROM LANGUAGE EDITOR

Dr Karen Batley

BA (Hons), BEd, UED (UCT); MA (UP); D Litt et Phil (Unisa)

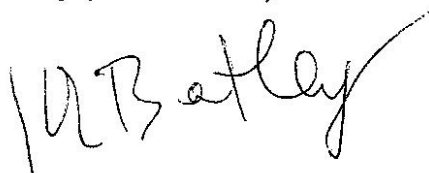
Academic and language practitioner

2017-11-13

To whom it may concern

In my capacity as a professional editor, I was responsible for the English language editing of the thesis written by Hester Spies: **Customer attachment and its role in patient-healthcare provider relationships.**

Karen Batley (Dr/Ass. Prof)

A handwritten signature in black ink, appearing to read 'K Batley', with a long, sweeping horizontal stroke extending to the right.

Dr Karen Batley
(Academic & Language Practitioner)
082 415 6650
Office : (012) 341 9217
Fax: 086 536 2340

APPENDIX C

LETTER FROM STATISTICIAN



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12 October 2017

RE: Statistical Analyses for Hester Spies

To whom it may concern,

This is to confirm that I, the undersigned, acted as a statistical consultant for the above mentioned student's PhD thesis. A wide variety of techniques were implemented which included: Structural equation modeling methods (measurement and structural models) with latent and observed variables in the Mplus software package.

I trust you will find this in order.

Yours sincerely,

Prof. Leon de Beer
Associate Professor
Industrial Psychologist
Research Psychologist
WorkWell Research Unit
Potchefstroom Campus
DeBeer.Leon@nwu.ac.za



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APPENDIX D

LETTER FOR ETHICAL CLEARANCE



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Faculty of Economic and Management Sciences

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Email: Pieter.Buys@nwu.ac.za

26 February 2018

Dear Mrs H Spies

ETHICAL CLEARANCE

This letter serves to confirm that Hester Spies (student number 12891517) presented a research proposal at the Faculty's Research proposal meeting on 25/10/2012. Her proposed project "*The influence of customer attachment on key relationship marketing factors within the South African healthcare industry*" and later amended on 16/08/2017 to "*Customer attachment and its role in patient-healthcare provider relationships*", has undergone full ethical review within the Faculty. This acceptance deemed the proposed research of being of minimal risk, granted that all requirements of anonymity, confidentiality and informed consent were met, no further ethical review was necessary.

Yours sincerely

Prof P.W. Buys

Director: WorkWell Research Unit