ANTECEDENTS OF RELATIONSHIP QUALITY ON COMMITMENT IN THE HEALTH-CARE SECTOR IN PORT HARCOURT, NIGERIA

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ABSTRACT: Our emphasis is to investigate the antecedent of relationship quality on commitment in the health-care sector in Port Harcourt, Nigeria. The study design takes on a cross-sectional survey with researchers adopting a quantitative research approach. 151 copies of a structured questionnaire were conveniently administered on the customers of the various hospitals and clinics in Port Harcout of which 118 copies were found useable. The measurement scale used for the three constructs of the study was modified from extant literature. Correlation coefficient and regression analysis using (SPSS 20.0 version and Gretl statistical package were employed for data analysis and testing of the proposed study model. Results point to a significant and positive relationship between antecedent of relationship quality constructs; seller provider expertise and effective communication on commitment. We therefore recommend that a physician's expertise and his ability to communicate effectively with his clients can lead to a more committed relationship with them. What is more, such an expertise must be proven through superior skills, capabilities etc and deliberately display and communicate evidence of quality when necessity dictates. Physicians should ensure timely and accurate information are given to their clients. That is, communication must precede, follow and be concurrent with service delivery. Also, clients must open up to their doctors and share relevant information with them.

KEY WORDS: Antecedents of relationship quality, service provider expertise, effective communication, commitment, credence service.

INTRODUCTION

The present day dynamic and aggressive service market demands that participants in the industry device a way of maintaining durable relationship with customers, stakeholders etc. Hill (2007) opines that long-term relationship is a basic ingredient to growing the service provider's long term performance. About three decades ago, relationship marketing has been on the front burner and gaining greater dominance in services marketing domain and the academic circles (Edvardsson, 2006; Moorman, Deshpande, Roos, Gustafsson &Yacouth, 2010; Vargo&Lusch, 2004; Zaltman, 1993). The quality of a relationship is a vital element in achieving success in the service-scape and has become a major pillar in relationship marketing (Bojel&Alwie, 2010; Gummesson, 2002; as cited in Vieira, Winkhofer &Ennew, 2008). Good relationship quality between exchange partners is the consequence of successful marketing activities (Heninthurau, Gwinner&Gremler, 2002).

A key driver in sustaining this long-term relationship is commitment. Commitment is one relationship quality construct that has enjoyed prominence and explosive growth in the service environment (Alawneh, 2013; Anderson &Weitz, 1992; Bojel&Alwie, 2010; Carter, 2008;Dlačić&Zabkar, 2012;Fullerton, 2003; Garbarino& Johnson, 1999;Morgan & Hunt, 1994;). This supposedly endless list shows that many research studies have focused on the commitment construct. Though, there has been an intense focus on the antecedents and consequences of relationship sustenance and success, and also on customer focused relationship mediator, the seller-focused, a high impact antecedent such as seller domain expertise is yet to be thoroughly explored (Kambiz&Farzaneh, 2012; Palmatier, Dant, Grewal, &Evans, 2006; Spake&Magehee, 2010). Notwithstanding this assertion, few scholars have examined the expertise construct from different relationship perspectives (Chen, Miller, Jiang, &Klein, 2005; Kambiz, 2012; Macintosh, 2007; Spake&Magehee, 2010). These authors have researched on seller expertise using multiple constructs of relationship quality. Although their studies touched on the different dyadic interactions in an exchange relationship (Kambiz, 2012), none of them, however, has hypothesized using both dyadic and seller- focused antecedent.

In this study, we attempt to fill this gap by using a combination of dyadic antecedents and seller-focused relationship antecedent on a single relationship construct. Though, both constructs-communication and commitment have enjoyed considerable attention in extant literature. Communication has been examined from a relational angle by some researchers (Sharma & Patterson, 1999; De Wulf, Odekerken-Schrocler, & lacobucci, 2001; Meng & Elliot, 2008; Bojei&Alwie, 2010; Jun-Gi Park, Lee & Truex, 2012; Chen & Houn-Gee, 2005). Our aim is therefore, to investigate the impact of both communication effectiveness and seller expertise on relational commitment.

THEORETICAL FRAMEWORK

Dimensions of Antecedent of Relationship Quality

Antecedents of relationship quality have been somewhat investigated by several researchers including Palmatier et al., (2006) who grouped them into three parts; "customer-focused, seller-focused, and dyadic-focused antecedents". Other researchers increased the content of the above groupings by adding other factors service providers employees attributes such as appearance, expertise and experience (Kim & Cha 2002as cited in Junaid, Abbas & Ahsan 2014), and consumer comfort (Junaid, Abbas & Ahsan, 2014; Spake, et al., 2003)

Service Provider Expertise

Service provider expertise alternatively referred to as 'domain expertise' (Parsons, 2002), (Crosby, et al., 1999), 'sales person expertise' (Vieira, et al., 2008), 'service provider expertise' (Kambiz, 2012), 'service domain expertise' (Boles, et al., 2000) and 'service providers employees attributes' (Kim & Cha 2002 in Junaid, Abbas & Ahsan, 2014). A service provider is assumed to have training in a particular service domain; thus, he is knowledgeable, skilled and has tremendous qualities and expertise in that chosen field (Shamdasani & Balakarishnan, 2002). Summarily, service provider expertise is the overall competence, experience, skill,

knowledge, ability, distinctive capabilities etc.(Palmatier, et. al., 2006, Spake, 2010). In relational exchange, service providers expertise has been itemized as a service provider attribute (Kim & Cha, 2002), seller-focused antecedent (Palmatier et al., 2006) and the most important attribute in seller value creation (Palmatier et al., 2006; Vargo & Lusch's, 2004). The general assessment of the sale's person's relevant competences, knowledge, skill, experience, and ability can be termed as perceived expertise (Kambiz et al., 2012, Spake & Megehee, 2010).

A firm's marketing strategy enables a service provider to convince a client of his expertise (Frazier& Summers,1984as cited in Kambiz, et al., 2012). Lovelock, Patterson and Walker (1998) opine that the perishability, transitory and difficulty of services to be inventoried make it hard for a customer to visualize services. Although, it can be argued that the outstanding skills demonstrated in service delivery reflects expertise (Bendapudi & Berry, 1997). Firms that are convinced of its expertise and desiring to maintain a high standard, seldom participate in regular competitive price war among firms (Junaid, Abbas & Ahsan, 2014).

Effective Communication

Communication as a key ingredient in relationship quality (Parson, 2002; Vieira, et al, 2008) is the "process of sharing emotions, thoughts and information between two or several parties" (Karakütük, 2011).Palmatier et al. (2006) posit communication as a dyadic antecedent of relationship construct where active participation by partners is required. In this dyadic relationship interaction becomes a distinct feature (kuusisto, 2008). The interaction enables the sharing and circulation of expertise skills, knowledge and overall competencies between the parties (Miles, 2003). The meaningfulness of this relationship is beneficial to both parties as goals are aligned, conflicts resolved, skills, values and latent opportunities are uncovered and assessed which ultimately foster much stronger relationship between exchange partners (Moormal et al., 1993 as cited in Sharma and Patterson, 1999; Takor& Kumar, 2000).

Communication should be systematic, must start before a service delivery process and continue even after the completion of the process (Gronroos, 1984). It becomes effective when its goal is to inform and educate an exchange partner. Thus, it becomes a formal and an informal process of timely exchange of valuable information and emotional feeling between exchange partners (Sharma & Patterson, 1999). Belocif etal. (2004) argues that timeliness, accuracy, relevance and the amount of shared information are basic determinants of communication effectiveness.

Commitment

Commitment has been graded as having the highest of ties among exchange partners (Jungi Park-Jungi, Lee & Truex, 2012) even though it has enjoyed vast publicity in extant literature, it is such a complex and difficult construct that its meaning has not been fully resolved (Gundlach, Achrol&Mentzer, 1995 as cited in Abosag, Tynan &lewis, 2006; Kumar, Scheer & Steenkamp, 1995). Despite these shortcomings, there is no gainsaying the fact that commitment is a distinguishing relationship mediating construct (Morgan & Hunt, as cited in Gounaris, 2005).

Relational commitment is defined as an exchange partner's belief that an ongoing relationship with another is so important as to warrant maximum investment of time, energy, human and

material resources in maintaining it (Abosag, Tynan &lewis, 2006). It is an earnest desire to deploy time, material and human resources towards maintaining a continual relationship. Commitment is established when exchange partners experience a persistent craving to invest every available resource – time, money, effort etc. in continuing in a relationship which they hope to sustain (Gil-squra& Ruiz -Melina, 2009). Commitment between exchange partners assumes both explicit and implicit postures (Sharma &Patterson, 1999; Bansal, Irving & Taylor, 2004). It is better for every organization to have committed customers (Fullerton & Gordon, 2003). However, committed customers are expected to demonstrate high sense of loyalty to the service provider to the extent of overlooking trivial errors and even forfeiting some immediate benefits (Alawneh, 2013), and also bring value and benefits to the provider (Lemon, Rust &Zeithaml, 2001).

Types of Commitment

Commitment is a multi-dimensional construct with several components (Alawneh, 2013, Greyskin, et. al., 1996) which are affective, calculative and normative commitment. These dimensions depict the customer's desired intention to continue with a relationship (Alawneh, 2013).

Affective Commitment

The affective type of commitment is attitudinal; where favourable dispositions are exchanged. Bansal and Fuller (2003) suggest that customers display some kind of likeness for the service provider; thus evoking some form of affection, involvement and common values. This means that affective commitment is more psychological than physical (Gundalach, 1995), thus, fostering a sense of identification and affiliation (Gruntiernez et al., 2004; Gundalach, 1995 as cited in Alaweh, 2013) and advances feeling of organizational attachment (Verhoef, et al., 2002). Futhermore, its resultant effect promotes more personalized exchange and social interactions where mutual and beneficial exchanges that give birth to sustained long-term relationship are enhanced (Gundalach, 1995).

Calculative Commitment

This is otherwise known as constraint, structural, instrument, economic and continuance commitment (Greyskin et al., 1999; Williams, 1998 in Abosag et al., 2006). It is investment conscious (Rylander et al., 1997) and the relationship is built on some structural constraints that bind the exchange partners (Cartiel, 2007) thereby indicating some form of negative motivations (Greyskin, 1996). Because of the high switching cost of termination such as financial and procedural costs (Burnham et al., 2003), relational cost, and due to the fact that specific investment in a relationship is not transferable (Carter, 2007), they act as barriers. As a result, exchange partners feel hooked to continue in such a relationship (Abosag, 2002).

ANTECEDENT OF RELATIONSHIP QUALITYAND COMMITMENT

Service Provider Expertise and Commitment

Service provider expertise gives a firm an edge in the development of a competitive product as they are endowed with domain specific and experiential knowledge (Popvic, 2004) and equally

based on the assumption that relationships and knowledge cannot be separated in today's business environment (Bagdoniene & Jakstaite, 2009). From a consumer's outlook, expertise is the perceived notion of a client's knowledge, competence, skills and his ability at demonstrating those qualities (Vieira et al., 2008). Essentially a service provider such as a physician must own the knowledge, abilities, skills and other competences that may help him identify and solve a client's problem (Kim & Cha, 2002). However, expertise has less significant value until perceived by a client. Nevertheless, Lock (1996)as cited in Spake (2010) argues that such a dyadic relationship between a provider and his customer is only realizable through the combined efforts of both partners. Through service expertise there is an integration of knowledge and relationship in providing solution to a customer's problems (Bagdoniene & Jakstaite, 2009). Wilson (1985) as cited in Cartier (2007) posits that the relationship partners hold the union in high esteem and are desirous of an enduring future relationship amongst the antecedent of relationship quality constructs, expertise is found to have the greatest effect on relational mediator's including commitment (Palmatier et al., 2006). Spake (2010) and Kambiz (2012) hypothesize on the relationship between provider expertise and commitment in the health care and hairdressing sectors respectively. Mosavi and Ghaedi (2012) and Junaid, Abbas and Ahsan (2014) recognize the positive impact of service provider attributes (expertise) on relational attribute quality (commitment).

With the above works of literature, we therefore propose this research hypothesis.

Ho1: There is no supported significant relationship between service provider expertise and commitment.

Effective Communication and Commitment

The effectiveness of communication in exchange relationship is contextual. The health care service is a high-credence service, demanding a lot of inter active relationship between physicians and clients. Communication has appeared to play a crucial role in shaping interaction outcomes (Vieira, Winklhofer & Ennew, 2008) and service delivery outcomes (Carr, 2006). Sharma and Patterson (1999) emphasize a combination of the following qualities: good communication, skill, timely communication, information currency and construct interaction. All these the authors assert aid in reducing amongst others perception related risk which in the long run builds and maintains a strong exchange relationship. Communication is a promoter of long-term relationship between physicians and clients (Meng & Elliot, 2008). Because the health-care service is a high credence service, physicians should deliberately display material proof of quality such as professional certificates, their medical practice albums etc to communicate some form of expertise to patients (Spake&Magehee, 2010).

Effective communication according to Sharma and Patterson (1999) is "instrumental for a continuing adviser-client relationship". Bojei and Alwie (2010) in examining the role of interpersonal factors on relationship quality suggest that in building a committed quality relationship with clients, service providers should improve their communication ability with them. Some extant literature has variously linked effective communication to commitment (Jungi-Park et. al., 2012; Kuhlmeier & Knight, 2010). We therefore propose this research hyp

Ho2: There is no supported significant relationship between effective communication and commitment.

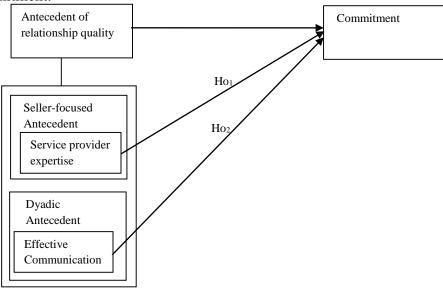


Fig: 1 Conceptual framework of the pro elationship between positioning strategies on customer patronage.

Source: Literature Review (2016)

2.4 Proposed Model Specification

Co = f(SE, EC).....(1a) Implicit form $Co = B_1 + B_1SE + B_2EC + e_t$(1b) Explicit form

Where:

Co = Commitment

SE = Service provider expertise EC = Effective Communication

 $B_o = Intercept$

 B_1 = Regression coefficient t= Error Term

METHODOLOGY

The study focus is on antecedent of relationship quality and commitment in the health care sector in Port Harcourt, Nigeria. The study design takes on a cross-sectional survey with researchers adopting an objectivist perspective. Ontologically, the study rests on realism which strand is positivism; thus, tilting towards a nomothetic methodological approach which is purely quantitative and permits questionnaire administration. 151 copies of a structured questionnaire were conveniently administered on the customers of the various hospitals and clinics. Out of this number, only 118 copies were found useable. A five (5) point Likert scale was used to elicit answers from the respondents, while the measurement scale used for the three constructs of the study were modified from the studies of Sharmer, et al. (1999) and Spake, et al.(2010). In

ensuring construct and content validity, some copies of the instruments were given to experts in the field for thorough scrutiny. In measuring the reliability of the concepts under consideration and to test how they are internally consistent, the Cronbach's Alpha reliability measure was applied using 'SPSS' version 20.0. The alpha values of the three constructs exceed 0.7 prescribed by Nunnaly (1978) as least reliability value in basic research and also showing clear indication that our research instruments were reliable and valid. Because of our Likert scale measurement, Pearson's product moment correlation is used to ascertain the degree of association between the study variables, while the effect of the explanatory variables - service expertise and effective communication on commitment is predicted using regression analysis.

DATA PRESENTATION AND ANALYSIS

Reliability Analysis

The acceptability of the data generated from the measurement scales largely depends on the reliability of the scales. It was consequently necessary to subject the data to reliability scrutiny. This study uses the Cronbach's Alpha reliability test.

The reliability analysis result presented in Table 4.2 below indicates that the variables have Cronbach's alpha value greater than 0.7 which is accepted as reliable measure. This shows that the research instrument measures the variables of the study.

Table 1: Result of Reliability Analysis

Variable	Cronbach's Alpha		
Service provider expertise	0.858		
Effective Communication	0.847		
Commitment	0.857		

Researchers' computation based on 2016 field survey

Source: SPSS Output 20.0 (2016)

The implication is that if the questionnaire is re-administered and the same results will be achieved given the same background, any difference would be attributed to the respondents' choice and not the measurement scale. This is an indication of reliability of the research instrument; consequently, the data is accepted for analysis, and the findings are valid, for conclusions and useful decisions that will give practical and theoretical generalizations on the study.

DESCRIPTIVE ANALYSIS

Service Provider Expertise

Table1reports the summary statistics of the questionnaire item responses for service provider expertise. The selected respondents were requested to indicate their choices on various aspects of service provider expertise including knowledge, competence, experience and skill. At the scale level, these items collectively measure customers' perception on the ability of service

providers to meet their expectations. As table 2 indicates, both the mean of each item and the Grand mean are within 3.5–4.4 bound, indicating that service providers are perceived to a high extent to have the expected level of expertise and competence.

Table 1: Mean responses for service provider expertise

Code	Questionnaire Item	Mean	SD
SE1	My doctor is knowledgeable and reasonably competent to manage my health	3.76	0.893
SE2	My doctor has specialized knowledge	3.76	0.949
SE3	My doctor is skillful in his job	3.93	0.803
SE4	My doctor has experience in problem solving	3.88	0.829
SE5	My doctor provides services that meets my expectation	3.69	1.000
EXPERTISE: Variable (Grand)		3.81	0.717

Effective Communication

Table2 gives the summary statistics of the questionnaire item responses for effective communication. The selected respondents were requested to indicate their choices on various aspects of effective communication including inform, advise, demand for feedback, give technical detail and routine call. At the scale level, these items collectively measure customers' perception on the ability of service providers to communicate effectively. As table 2 indicates, although, the means differ across items; the Grand mean is within 2.5 - 3.4 bounds, suggesting that service providers are perceived to a moderate extent to communicate effectively with their clients.

Table 2: Mean responses for effective communication

Code	Questionnaire Item	Mean	SD
EC1	My doctor is always willing to give me as much information as I would want	3.34	1.088
EC2	He takes his time to explain the pros and cons of every medical condition	3.68	0.933
EC3	He provides me with good medical advice, guide, and always demands for a	3.46	1.035
	feedback		
EC4	He informs me on any changes in medical applications	3.15	1.167
EC5	From time to time he calls to ensure there is no health problem	3.61	0.848
EFFCOMM: Variable (Grand)			0.804

Customer Commitment

Table3 gives the summary statistics of the questionnaire item responses for commitment. The selected respondents were requested to indicate their choices on various aspects of customer commitment including repeat business, deep commitment, continue patronage, loyalty and effort to continue. At the scale level, these items collectively measure customers' commitment and willingness to maintain relationship. As table 3 indicates, most of the item means as well as the Grand mean is within 3.5 - 4.4 bounds, suggesting that customers are to a high extent committed to keep the existing relationship with their service providers

Table 3: Mean responses for customer commitment

Code	Questionnaire Item	Mean	SD
C1	I would like to continue my medical treatment with him in the future	3.75	1.163
C2	I am deeply committed to my doctor	3.41	1.171
C3	I would like to maintain my patronage with him	3.66	1.023
C4	I have maximum loyalty to my doctor	3.54	0.984
C5	My relationship with my doctor is important and demands my maximum		0.969
	efforts		
COMN	IIT: Variable (Grand)	3.61	0.850

BIVARIATE CORRELATION ANALYSIS

Service Provider Expertise and Customer Commitment

Table 4 shows the correlation between service provider expertise and customer commitment. As this table clearly shows, there is a positive and significant linear association between service provider expertise and commitment, with the associated p-value being significant at 1% level. Thus, the null hypothesis of no significant relationship is strongly rejected.

Pearson correlation coefficient (r)	p-value
0.679	0.0000

Table 4: Correlation between service provider expertise and customer commitment

Effective Communication and Customer Commitment

Table 5 shows the correlation between effective communication and commitment. As this table clearly shows, there is a positive and significant linear association between effective communication and customer commitment, with the associated p-value being significant at 1% level. Thus, the null hypothesis of no significant relationship is strongly rejected.

Pearson correlation coefficient (r)	p-value
0.732	0.0000

Table 5: Correlation between effective communication and customer commitment

Multiple Regression Analysis

Table 6 reports the multiple regression of customer commitment on service provider expertise and effective communication. As this table shows, the regression results are not spurious as R^2 is substantially lower than Durbin-Watson statistic. The intercept value is positive but not significant; indicating that on average, customers' commitment solely depends on service provider's level of expertise and effective communication. The implication is that there will be no long-term relationship between service providers and customers if both expertise knowledge and effective communication are not present. The two partial coefficients are positive and significant at 1% level, suggesting clearly that both service provider expertise and effective communication have significant effects on customer commitment. In terms of model fit, the R^2 of 0.593 suggests that about 59% of the changes in customer commitment is explained by the joint influence of expertise and communication. The associated probability of F-statistic is less than 1%,

indicating that the overall regression is highly significant. Thus, the regression line is well fitted. Again, we strongly reject the null hypothesis that antecedent relationship quality indicators (service provider expertise and effective communication) are not significantly related to commitment, both individually and collectively.

Model 1: OLS, using observations 1 - 118 (T = 118)Dependent variable: COMMIT

Variable	Coefficient	Std. Erro	or	t-ratio	p-value
Constant	0.281376	0.276366	5	1.0181	0.3108
EXPERTISE	0.390995	0.097685	56	4.0026	0.0001***
EFFCOMM	0.532848	0.087152	21	6.1140	0.0001***
Mean dependent var.	3.606780		S.D. dep	oendent var.	0.849709
Sum squared resid.	34.36918		S.E. of 1	regression	0.546683
R-squared	0.593142		Adjuste	d R-squared	0.586066
F(2, 115)	83.82685		P-value	(F)	3.49e-23***
Log-likelihood	-94.65681		Akaike criterion		195.3136
Schwarz criterion	203.6257	•	Hannan-	-Quinn	198.6886
Rho	0.082668		Durbin-	Watson	1.821820

Table 6: Multiple regression analysis

DISCUSSION OF FINDINGS

Service provider expertise: The correlation and regression results portray a significant and positive relationship between service expertise and commitment. The positive sign is an indication that increased commitment is associated with improvement in service provider expertise and effective communication in the studied sector. This shows that when a physician in his daily routine exercises his expertise skills, abilities, knowledge and experiences in providing solution to a client's problems. A consistency of these efforts will encourage and strengthen such dyadic relationship thereby making both parties committed to each other. This result agrees with that of Palmatier et al.(2006) who assert that in developing relationship service provider expertise appears the most efficient strategy. Mosavi and Ghaedi (2012) and Junaid, et al. (2014) recognize the significant and positive impact of service provider attributes (expertise) on relational quality attributes including commitment. Contrary-wise, Spake (2010) suggest service provider expertise as having weak relationship on commitment. Similarly, Kambiz (2012) opines that service expertise alone is not enough but in combination with other relational constructs, it will yield a more significant relationship on commitment.

Effective communication:

The results of the various tests indicate a significant and positive relationship between effective communication and commitment which points to the fact that effective communication plays a contributory role in an ongoing physician-patient relationship Sharma and Patterson(1999) and in building strong relationship, service provider expertise is a more effective strategy amongst relationship factors. Bojei and Alwie (2010) in their study of some interpersonal factors impacting relationship quality, suggest that a service provider building a committed quality relationship with clients should improve his communication ability with them. Meng and Elliot

(2008), Kuhlmeier and Knight(2010) and Jungi-Park et al.(2012) variously linked the significant and positive relationship of effective communication on commitment.

CONCLUSION, IMPLICATION AND RECOMMENDATION

Results of our empirical analysis and discussions depict a significant and positive relationship between relationship antecedent constructs; especially (seller provider expertise and effective communication) on commitment. Taking into consideration the health-care sector as a credence service sector, the researchers therefore conclude that building of relationships between physicians and clients in Port Harcourt metropolis will be strengthened when the clients perceive the physician to be an expert with corresponding results. Also, their ability to effectively communicate with each other will yield a more committed relationship.

The researchers therefore recommend that a physician's expertise and his ability to communicate effectively with his clients can lead to a more committed relationship with them. What is more, such an expertise must be proven through superior skills, capabilities etc. Such a physician must deliberately display and communicate evidence of quality when necessity dictates; ensuring thattimely and accurate information are given to clients. That is, communication must precede, follow and be concurrent with service delivery. On the other hand, clients must open up to their doctors and share relevant information with them.

LIMITATIONS AND DIRECTION FOR FURTHER RESEARCH

The source of data collection in this study is in the health-care sector which is a credence service industry; thus, limiting our findings to this sector. Future research can replicate the study in other areas in the same credence service, such as IT, advertising, financial and consulting services and also in the experience service sector such as the hospitality industry. Additionally, our use of constructs was limited. A more comprehensive study of all seller-focused and dyadic constructs of antecedent of relationship quality is advocated. Furthermore, a multivariate study of the relationship antecedents on more than one relationship constructs and their moderating effects can also be considered for future research.

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