RESEARCH ARTICLE

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BENEVOLENCE OR COMPETENCE WHICH IS MORE IMPORTANT FOR PATIENT LOYALTY?

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ABSTRACT

In an increasingly competitive environment, health institutions and organizations are moving towards the concept of a loyal patient, whose importance is increasing and is thought to be of great benefit to the institutions, but patient loyalty has not been studied extensively through the physicians who make up the majority of the process. In addition, there are no studies in the literature on the helpfulness and competence of doctors who are thought to influence patient loyalty. For this reason, it was aimed to investigate the relationship between benevolence and competence of doctors and patient loyalty. The aim of this study is to measure the effect of doctor-benevolence behaviors and doctor competencies on patient loyalty. The sample of the study consisted of 207 people who received service from a private hospital within the last year. A questionnaire was used as a data collection tool. The questionnaire used consists of four parts and the first part consists of three questions aiming to measure socio-demographic characteristics. In the second and third sections, the scales developed by Nguyen (2010) aiming to measure the physicians' competencies and benevolence were used. In the last chapter, the patient loyalty scale developed by Nguyen and LeBlanc (2001) was used. As a result of the correlation analysis, there was a positively strong relationship between the proficiency levels of the doctors and the level of benevolence, whereas these two variables were positively related to patient loyalty. When the effect coefficients were examined, doctor benolovence ($\beta = 0.404$) affects patient loyalty more than doctor's competence ($\beta = 0.185$). As a result, although the effect of benevolence and competence on loyalty is different, it can be said that the variables are far from being substitutes. The patients will not only want to be treated by the doctors who show the benevolent behavior, but also the doctor's competence.

Key Words: Doctor benevolence, doctor's competence, patient loyalty

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1. INTRODUCTION

Health care reform in the last two held in Turkey leads to the intensified competition in the health sector (Narc, et al., 2015). In order to gain a competitive advantage in this intense competitive environment, health institutions need to retain existing patients and gain new patients. Because maintaining existing customers is less costly than winning new customers (Reichheld and Sasser, 1990). This situation reveals the importance of patient loyalty (Torres et al., 2009) and therefore, hospitals and scientists have been making great efforts in establishing the concept of loyalty and customer loyalty (Ünal, 2016). According to the literature, three key concepts are required for the patient's commitment. These are determination, satisfaction, and trust (Torres et al., 2009). Patients will trust if they are satisfied with the institution or physician they have received service before. As a result of this confidence, it is highly probable that the individual will tend to choose the same physician or institution again for his later similar service needs. Because of the commitment of the patient who feels the commitment to re-select the same institution or physician, health institutions can increase their income seriously (Montaglione, 1999). Hospitals should produce high values for their patients for high patient loyalty. These high values are various factors such as meeting the customer's expectation, obtaining quality service at an affordable price, and providing positive thoughts in price-benefit comparison (Ünal, 2016). Other factors that affect patient loyalty are the fact that health institutions consider patient complaints (Zhou et al., 2017; Bell and Luddington, 2006), service quality (Lan et al., 2016), patient satisfaction (Kanndampully and Hu, 2007), corporate image (Akbolat et al., 2017), hospital reputation (Amarat, 2017, Turay et al., 2017), trust (Platonova et al., 2008), patient's participation in treatment (Chang and Tseng, 2013) and the reputation of the doctor (Torres et al., 2009). When the literature is examined, it is claimed that the competence and benevolence of the employees contribute to the development of trust and reputation in consumers (Johnson and Grayson, 2003). Therefore, the aim of the study was to examine the effect of the doctors' benevolence behaviors and competencies on patient loyalty and to reveal whether doctor's benign behaviors or doctor's competence had more impact on patient commitment.

2. Theoretical Background and Research Hypotheses

2.1. Competence and Benevolence of Doctors

2.1.1. Competence

Competence refers to a set of behaviours or attributes that one must demonstrate to work safely and effectively according to set standards. The Royal College of General Practitioners (RCGP, 2018) defines doctor competence as the demonstration of the ability of doctors to perform their expected professional duties according to accepted standards. The concept of competence can be explained by two components (Nguyen, 2010:347). The first component includes the doctors' technical expertise. Technical expertise is associated with the professional training of doctors and refers to the qualifications required to start the job. That is, for them to be a doctor. The second component of competence includes the workers' problem-solving skills. Problem-solving skills involve the ability of workers to manage conflicts with customers. The workers' problem-solving skills are related to their personality traits and social interactions with customers (Hartline et al., 2003).

2.1.2. Benevolence

The concept of benevolence refers to workers' helpful behaviours towards customers, which goes beyond what is stipulated (Mayer et al., 1995). Benevolence is synonymous with the willingness to take into account the customers' needs and interests (Atuahene-Gima & Li, 2002). Considering the sample of this study, benevolence refers to the doctors' additional behaviours while helping patients with the goal of enhancing their comfort. Like competence, benevolence can also be explained by two components. The first component is selfless benevolence (Avcı, 2013: 108). It is defined as an individual's attempt to look after others'

benefits as he or she would look after their own (Nguyen, 2010:348). This means being helpful with no personal material or moral concern. Workers with selfless benevolence behave in this way even though their work does not require such forms of behaviour. The second component is mutual benevolence. It refers to the workers' additional behaviours towards customers with the idea that they will have common interests in the future. Mutual benevolence can be illustrated by the doctors' additional support for patients, as they expect any material or moral benefits in return for their services. Although there is no research reporting that benevolence directly affects doctor reputation, there are findings showing that benevolence is a premise of patient-based perceived corporate reputation (Stockmyer, 2016).

2.2. Patient Loyalty

Loyalty is defined by some researchers as the attitude of maintaining a relationship with a service provider (Czepiel and Gilmore, 1987; Moorman et al., 1992). The definition of other researchers is that one of the products or services in a certain category is preferred by the consumer when compared with the others (Durmuş, 2017; Neal, 1999). Patient loyalty; It is defined as the tendency to re-select the same personnel or organization in order to meet the health care needs in the future as a result of the satisfaction of the individuals who feel the need to receive health services and the trust of the service provider and the health professionals serving in the organization (Ünal et al., 2018). Satisfaction with the service received is an important factor for the development of loyalty towards the organization or individual offering services to individuals. Oliver (1999: 34-35) states that the development of loyalty begins with the purchase of services, that the satisfaction of the service received is the second stage, and then that the trust towards the individual or organization providing the service develops and loyalty will be formed. Patient loyalty has a number of benefits for both the patient and the doctor. These benefits include, for patients, a good diagnosis by the physician, a desire to adapt to and continue treatment; for doctors, it is seen as gaining new patients and helping to reduce patient complaints (Torres et al., 2009: 185).

2.3 Hypotheses of the Study

There is evidence that the helpfulness and competence of the doctor are positive outcomes in the literature. For example; Kantsperger and Kunz (2010) state that the doctor's helpful behaviors provide confidence in the patient while Torres et al. (2009) state that the doctor's competence is an important indicator of patient confidence. Considering that the patient's trust is directly related to patient commitment (Torres et al., 2009), it is thought that the benevolence and competence of the doctor will affect the patient commitment. Based on this idea and the information in the literature, the following hypotheses have been developed.

H1: There is a relationship between doctor benevolence and patient loyalty.
H2: There is a relationship between the doctor's competence and patient loyalty.
H3: The doctor's benevolence affects patient loyalty.
H4: Doctor's competence affects patient loyalty
H5: The effect of doctor's competence on patient loyalty is higher than the effect of doctor's benevolence.

3. MATERIALS AND METHODS

3.1. Sample and Data

This study took into consideration the health industry in Turkey. Within the context of the study, the health system has three parties; patients, doctors, and hospitals (public and private). Although the Turkish healthcare system involves family practices, the referral system is not a requirement for patients (Aydın et al., 2017:74). Patients are free to directly choose secondary and tertiary healthcare providers. Several factors influence the patients' choice of hospitals and doctors (Işık et al.,2016: 105). Thus, the fact that the study sample was selected from Turkey strengthens the research context. However, the study is limited to the Sakarya province, which is the most important limitation of the study.

The research was conducted between February and April 2017. The data for this study was collected through a self-administered questionnaire method. This study was performed thanks to the voluntary participants and the aim of the study was explained to them before the questionnaires were given. The participants were informed of the confidentiality and anonymity of the surveys. The study sample consisted of 207 people who were selected through purposive sampling. 62.8% of the participants were women and 49.8% were married. The mean age was 34±11. %29 of the patients received their last healthcare service from a private hospital and 71% from a public hospital. 46.4% of the sample consisted of people who received service from hospitals with training and research functions.

3.2. Statistical Analysis and Research Model

3.3. Measures

The data was collected using a survey form consisting of four parts:

Demographic data involved three questions about sex, marital status, and age.

The Benevolence, Competence Scale: The scale developed by Nguyen (2010) measures the doctors' competence (four items), benevolence (five items), and corporate reputation (five items). Cronbach's alpha was found to be 0.820 for the benevolence scale, 0.823 for the competence scale. Cronbach's alpha values for the original version were 0.894 and 0.896 respectively.

The Patient Loyalty Scale: The scale developed by Nguyen and LeBlanc (2001) consisted of four items. Cronbach's alpha was found to be 0.897, while that of the original version was 0.860.

The study used a 5-point Likert scale and the participants were asked to choose the most appropriate option ranging from 1 to 5. The scales were adapted to Turkish by the researchers. The following path was followed in the adaptation of the scales to Turkish. The scales were first translated into Turkish by academicians competent in both the source and target languages. The translations were reviewed by subject-matter experts. After their views were taken into account, the statements were translated back into English. The back-translation of the statements were compared to the originals and found to be similar. The data were analyzed using the SPSS statistics and Smart PLS 3 software. SPSS statistics was used for descriptive statistical analysis, regression analyze, correlation analyze and validity and reliability analysis. Smart PLS was used for confirmatory factor analyze. The construct validity of the scales were then analyzed. As seen in Table 1, the construct validity of the scales was in agreement with the originals.

Table 1. Factor Loadings of the Scales

	BEN	COM	LOY
LOY1			0.882
LOY2			0.835
LOY3			0.862
LOY4			0.884
COM1		0.845	
COM2		0.831	
COM3		0.833	
COM4		0.715	
BEN1	0.779		
BEN2	0.747		
BEN3	0.769		
BEN4	0.757		
BEN5	0.737		

Table 2 shows the results of the SEM analysis. Accordingly, the average variance extracted (AVE) for each construct in the model ranged from 0.575 to 0.750; the composite reliability (CR) ranged from 0.871 to 0.923. Thus, these values are above the threshold values. These results support the reliability and construct validity of the research model.

Table 2. Average Variance Extracted and Composite Reliability Values of the Scales

Scales	AVE≥50	CR≥70
1. Competence (COM)	0.575	0.871
2. Benevolence (BEN)	0.652	0.882
3. Patient Loyalty (LOY)	0.750	0.923

The discriminant validity test was one of the validity tests used in the study. To ensure the discriminant validity, the square root of every AVE must be greater than the correlation between any pair of variables (Cengız and Ozkara, 2016). Table 3 shows the relevant results. Accordingly, the square roots of AVE of every variable were found to be greater than the correlation coefficient of other variables in the model. Thus, the results showed that the factors achieved adequate discriminant validity.

Table 3. Discriminant Validity Values

	1	2	3
$\sqrt{AVE}$	**0.758**	**0.808**	**0.866**
1. Competence (COM)	1		
2. Benevolence(BEN)	0.711	1	
3. Patient Loyalty(LOY)	0.561	0.482	1

4. RESULTS

4.1. Correlation Analysis

Table 4 shows the results of the correlation analysis in which the relationship between the variables used in the study is examined. Accordingly, there are positive relationships between all three variables. When the correlation coefficients were taken into consideration, the correlation coefficient (r = 0.536) of the charitable behaviors of the doctors was higher than the

correlation coefficient (r = 0.474) of the doctor's competence (H1 and H2 accepted). Accordingly, helpful behaviors of doctors play a more important role in patient loyalty.

Table 4. Correlation Analysis

	1	**2**	**3**
Doktor Competence (1)	1		
Doktor Benolovence (2)	0,716	1	
Patient Loyalty (3)	0,474	0,536	1

4.3. Regression Analysis

Table 5 shows the results of a regression model established to determine the effect of doctor's competence and doctor benolovence behaviour on patient loyalty. Accordingly, the established model is statistically significant and usable (F = 44,573, p = 0,000). The model explains 29.7% of the total variance. According to the regression model, doctor competence and doctor benolovence have a positive effect on patient loyalty. When the effect coefficients were examined, doctor benolovence (β =0.404) affects patient loyalty more than doctor's competence (β = 0.185) (H3, H4 and H5 accepted).

Tablo 5: The Effect of Doctor Competence and Doctor Benolovence on Patient Loyalty

Model	**Non-standardized Coefficients**		**Standardized Coefficients**	**T**	**p**
	B	**Std. Error**	**β**		
Constant	1,170	0,253		4,623	0,000
Competence (COM)	0,195	0,088	0,185	2,209	0,028
Benevolence(BEN)	0,481	0,100	0,404	4,827	0,000
R = 0,551	**R^2** = 0,297	**F** = 44,573		**p** = 0,000	

5. DISCUSSION AND CONCLUSIONS

In the changing and developing health sector, the sustainability and strategic superiority of the hospitals and patient commitment is an important factor. The fact that hospitals have affiliated patients means that these individuals will choose the same hospital again if they need it. This situation plays an important role in ensuring the sustainability of hospitals (Chaska, 2006). In addition, it is known that connected patients are more resistant to the strategies of competing hospitals (Akbar and Parvez, 2009). As hospitals increase the number of patients connected to them, they can reach potential patients more easily. In terms of patients, the physician should demonstrate his / her competencies and helpfulness behaviors. However, this will create a commitment for the patients.

This study contributes to the patient loyalty literature in two ways. Firstly, a positive relationship between doctor's competence and benevolence patient loyalty was determined. In the literature, a study conducted especially in the health sector has not been found. However, it is determined that the competence and benevolence of the employees, although not directly, create trust in customers and this trust is associated with customer loyalty (Sun and Lin, 2010). In addition, empirical findings suggest that employees' helpful behaviors and competencies increase corporate reputation. Increasing the reputation of the organization indirectly affects customer loyalty (Nguyen, 2010). The second important contribution of the study to the patient loyalty literature is to find out that doctor benevolence behaviors affect patient loyalty more than competence. No similar studies have been found in the literature regarding this finding.

This finding can be explained as follows; patients may experience information asymmetry related to the health services provided to them (Bilgili and Ecevit, 2008: 202), and this may have led to a greater impact on the patient's loyalty by their benevolence behavior.
Although the results of the study were found to have more effects on doctor's benevolence than doctor's competence, both factors showed a significant effect on patient commitment. This can be interpreted in a way that patients will not only want to receive treatment from doctors who display benevolence behaviors but also the competence of the doctor.

6. STUDY LIMITATIONS AND SUGGETIONS

The research has many limitations. This is the first research of the edges may be performed only in a private hospital in Turkey. This situation limits the generalizability of the research. For this reason, it is recommended that researchers repeat the research in different geographies. In addition, asymmetry of patients may have an important mediator role. For this reason, it is recommended to use information asymmetry as a mediating role in future studies.

7. ETHICAL APPROVAL

Official authorities' permission was obtained to collect data before the survey was implemented. The approval of the Ethics Committee of Sakarya University (Ref No: 61923333/050.99/) was also obtained. The participants were informed of the confidentiality and anonymity of the surveys.

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