THE STATE OF CUSTOMER ORIENTED-BEHAVIOR IN THE HEALTH TOURISM HOSPITALSIN MALAYSIA

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ABSTRACT

The purpose of this paper is to examine the state of customer-oriented behavior in the health tourism hospitals in Malaysia. This study involved 343 nurses in the 13 health tourism hospitals in Malaysia. Administered on-site questionnaire survey was used as the main method of data collection. Descriptive analysis and test of significant differences were employed to investigate the state of customer-oriented behavior among nurses in the health tourism hospitals. The findings revealed that the level of customer-oriented behavior among the nurses was high and there were significant group differences in the level of customer-oriented behavior among the nurses' gender, age group and years of work experience. These findings may be of help to healthcare managers to train their nurses to become more customer-oriented.

Keywords: Customer-oriented behavior, health tourism hospitals, nurses.

I. INTRODUCTION

Health tourism is about people with health concern travelling abroad for medical treatments. Health tourism has been a rapidly-growing industry since the Asian economic crisis in 1998 (Rad, Mat Som & Zainuddin, 2010). Like many other countries, Malaysia has realized the importance of economic diversification and actively involved in developing health tourism since 2005. In the health tourism industry, health tourists not only look for abroad medical facilities with experienced and well-trained doctors but hospitals that offer high standard of care. Hence, the health tourism hospitals are facing challenges from rapidly increasing patients' expectations on standard of care. The increased expectation is due to the rising consumer affluence and the availability of information which keep the patients well-informed of the importance of care. Angelopoulou, Kangis and Babis (1998) stated that patients' expectation is no longer limited to accurate diagnosis and treatment but embracing all kinds of services they receive during stay in the hospitals. Owing to the fact that patients usually face difficulty to evaluate the technical service of the hospitals (Hall, Morgan, Stein & Roter, 2002), patients' evaluation often gained from behavior of the caregivers. According to Chen and Chen

(2010), the interaction and contact between service employees and customers has critical influence on the performance of an organization and the achievement of its management goals. Since nurses form the majority workforce in the hospitals, healthcare provider must take cognizance of the importance of nurses' customer-oriented behavior which serves as the fundamental value of achieving high standard of patient care. However, questions about the state of customer-oriented-behavior among nurses remains unanswered especially in the health tourism context.

II. CUSTOMER-ORIENTED BEHAVIOR

The term customer-oriented behavior is referring to particular behavior exhibited by individuals which is essential in fulfilling customer's needs by delivering proper solutions. Customer-oriented behavior has been conceptualized from customer orientation where it is a concept and belief that always put the customer's interest as first priority. This concept has been approached by Jaworski and Kohli (1993) stating that it is a set of organizational behaviors employed to obtaining and using customer information for gaining customer satisfaction. Most of the researchers have conceptualized this construct in the behavioral approach. Such behaviors are perceived as trying to influence the customers with appropriate information rather than by force (Stock & Hoyer, 2005). At an individual level, it is explained as the service provider's willingness to render their delivery of service referring to customer's intention and situation which can be classified into needs, problems or special circumstances (Saxe & Weitz, 1982). It is also referred to the employees and customers interpersonal contact. According to Hartline, Maxham and McKee (2000), employees who possess customer-oriented behavior will build relationship with their customers and lead the organization towards better performance. As a matter of fact, most organizations can only attain success by satisfying and fulfilling their customer's needs. Hence, it is particularly important for organizations to promote customer-oriented behavior among their employees and inspire them to exhibit such behavior. This is evident in Brady and Cronin's (2001) study that organization with customer-oriented practices was consistently perceived as having better employee performance and positive customer perceptions. The organization will have greater profitability with positive customer word-of-mouth communication and recommendations (Brady & Cronin, 2001).

In the healthcare context, Chien, Chou and Hung (2008) defined customer-oriented behavior as the extent to which nurses realize the patients needs and wants. On the same note, Daniel and Darby (1997) explained that the term customer-oriented behavior refers to the service behavior and ability of the caregivers to adjust their service in order to reflect patient's reality. The wellspring of this behavior is not impersonal rules and close supervision but nurses' own commitment to patients. The trends of nursing staff's behavior, in particular customer-oriented behavior is occurring from internal constructive cooperation and external long-term relationship care. Both internal and external behavioral concentration will produce better service delivery results and generate excellent service performance in real practice (Chien et al., 2008). As the trend of nurses' behavior is moving toward a sustainable advantage of service performance, it is suggested that the current workforce of nurses especially the new generation should customize their customer-oriented behavior according to the patient's personalized needs to provide better service to them. Generally, patients are not able to adequately evaluate the value of technology used for medical treatment and they tend to rely on behaviors and interpersonal interactions as a measure of evaluation (Yoon, Choi & Park, 2007). Gronroos (1984) gave further explanations that while nursing staff's therapeutic role is apparently important, however the functional and expressive aspects of service are mostly evaluated because the technical dimensions are usually not understood by the patients. In addition, Darby and Daniel (1999) emphasized that the aspects of caring processes need to be accommodated into customer-oriented behavior to fulfill patient's needs in terms of intimate and complex service means. Specifically, customer-oriented behavior is able to attain better

relationship and rapport between nurses and patients because it is classified as service behaviors dedicated to obtaining patient information and realizing patient's expectations. This research concentrated on the individual nurses' customer-oriented behavior because it is believed that this behavior is able to facilitate achievement of the health tourism hospital's goals. Customer-oriented behavior is not just an essential determinant of health tourism hospital performance but it is crucial for long term business development.

III. RESEARCH METHOD

A. Data Collection Procedures

Administered on-site questionnaire survey was employed as the main method of data collection in this study. The population was defined as nurses who have been employed for a minimum of one year in the health tourism hospitals in Malaysia. The samples were obtained from 13 health tourism hospitals which contributed 65-70% of the health tourists in Malaysia. A total of 670 questionnaires were distributed to the individual nurses and 349 completed questionnaires were collected with a response rate of 52.1 percent. The response rate is relatively high considering the fact that administered on-site data collection method is very efficient in generating large amount of data especially when the survey is conducted face to face with the respondents (Snow & Thomas, 1994). However 6 cases were removed from the data set due to the presence of outliers. The remaining 343 responses were used for further data analysis.

B. Measurements

The Selling Orientation Customer Orientation (SOCO) scale developed by Saxe and Weitz (1982) was adapted for measuring customer-oriented behavior in this study. It contains 12 positively phrased customer-orientation items. The items, as presented in Table I have been used in service related studies by previous researchers (Saxe & Weitz, 1982; Chien et al.; Cross, Brashear, Rigdon & Bellenger, 2007). It is a one-dimensional construct and all items were measured on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The respondents have to indicate the extent to which the items represent their customer-oriented behavior in the health tourism hospitals.

TABLE I: CUSTOMER-ORIENTED BEHAVIOR SCALE

No.	Items
COB1	Help patients by fulfilling their needs.
COB2	Achieve goals by satisfying patients.
COB3	Have the patient's best interest in mind.
COB4	Get patients to discuss their needs.
COB5	Influence a patient with information rather than by pressure.
COB6	Offer nursing care best suited to the patient's needs.
COB7	Find out nursing care most helpful to the patients.
COB8	Answer patient's question about nursing care correctly.
COB9	Use nursing care to solve patient's problem.
COB10	Disagree with patients in order to help him/her make better decision.
COB11	Give patients an accurate expectation of nursing care.
COB12	Figure out patient's needs.

C. Validity and Reliability

The construct of customer-oriented behavior was validated through factor analysis. Principal Components Analysis (PCA) has been selected as the method to perform factor analysis. During factor analysis, a factor loading of 0.35 or higher will be identified as significant factor loadings (Hair, Black, Babin & Anderson,

2010). Items that have factor loadings lower than 0.35 and cross-loading should become a candidate for deletion. The KMO and Bartlett's test of Sphericity for customer-oriented behavior were examined. The KMO result of above 0.90 and Bartlett's test of Sphericity at p<0.001 indicate the data is factorable and thus factor analysis was performed. The varimax rotated principal component analysis revealed the presence of a single structure with 11 items of strong loadings. One item of the construct was discarded due to cross loading. Based on the factor analysis results in Table II, the extracted single factor has an Eigenvalue of 5.483 and able to explain a total of 49.844 percent of the variance.

Reliability of the construct was conducted to determine the suitability and internal consistency of the measures used. The cutoff point for measuring reliability in the present study must be at least 0.70 or greater as suggested by Nunnally (1978), Robinson, Shaver and Wrightsman (1991), DeVellis (2003). The value of Cronbach's Alpha for the extracted customer-oriented behavior scale was 0.898 and it is deemed reliable for the subsequent data analysis.

TABLE II: FACTOR ANALYSIS FOR CUSTOMER-ORIENTED BEHAVIOR

Items	Description	Factor Loading 1
COB1	Help patients by fulfilling their needs.	0.720
COB2	Achieve goals by satisfying patients.	0.718
COB3	Have the patient's best interest in mind.	0.744
COB4	Get patients to discuss their needs.	0.701
COB5	Influence a patient with information rather than by pressure.	0.650
COB6	Offer nursing care best suited to the patient's needs.	0.748
COB7	Find out nursing care most helpful to the patients.	0.725
COB8	Answer patient's question about nursing care correctly.	0.705
COB9	Use nursing care to solve patient's problem.	0.639
COB10	Give patients an accurate expectation of nursing care.	0.680
COB11	Figure out patient's needs.	0.728
	Eigenvalue	5.483
	Percentage of Variance Explained	49.844
	KMO	0.921
	Bartlett's Test of Sphericity (Sig.)	P < .001
	Reliability (Cronbach's Alpha)	0.898

IV. RESULTS AND DISCUSSIONS
A. Descriptive Analysis

Mean and standard deviation were selected as the descriptive statistics to examine the level of nurses' customer-oriented behavior. The mean and standard deviation of each item of the customer-oriented behavior scale were tabulated in Table IV. In order to interpret the level of score, scores of less than 2.33 were rated as low, 2.33 to 3.66 were moderate and scores of above 3.66 were considered high. Generally, all items were rated high by the respondents. Item COB1 "help patients by fulfilling their needs" recorded the highest mean (M=4.29, SD=0.612) where it indicates that fulfilling patient's needs remain top priority of the nurses. The lowest mean ranked by the respondents was "give patients an accurate expectation of nursing care" (M=3.92,

SD=0.668). However, the mean score is still within the range of high rating. Conclusively, the descriptive analysis has indicated that the nurses appeared to have high awareness on customer-oriented behavior. They have strong interest in fulfilling patient's needs and keen to offer nursing care which is best suited to the patients.

TABLE IV: MEAN AND STANDARD DEVIATION OF CUSTOMER-ORIENTED BEHAVIOR

Items	Description	N	Mean	SD
COB1	Help patients by fulfilling their needs.	343	4.29	0.612
COB2	Achieve goals by satisfying patients.	343	4.26	0.612
COB3	Have the patient's best interest in mind.	343	4.12	0.669
COB4	Get patients to discuss their needs.	343	4.03	0.639
COB5	Influence a patient with information rather than by pressure.	343	3.94	0.679
COB6	Offer nursing care best suited to the patient's needs.	343	4.03	0.660
COB7	Find out nursing care most helpful to the patients.	343	4.08	0.640
COB8	Answer patient's question about nursing care correctly.	343	4.06	0.698
COB9	Use nursing care to solve patient's problem.	343	4.00	0.678
COB10	Give patients an accurate expectation of nursing care.	343	3.92	0.668
COB11	Figure out patient's needs.	343	4.03	0.666

B. Test of Significant Differences

Test of significant differences was used to address the statistically significant mean differences in association with the profile of respondents. Independent T-test and One-way ANOVA were selected for the test of significant differences. Table V denotes the results of independent T-test. There was a significant difference in the mean scores of customer-oriented behavior between male (M=3.93, SD=0.352) and female (M=4.09, SD=0.475) respondents. Female respondents tend to exhibit higher level of customer-oriented behavior than male respondents. However, the mean difference was minimal. This finding is line with statements from Cassidy (1990), Reverby (1990), Williams (1993), Sullivan (1994) explaining that nursing and caring have been identified and related to female throughout modern history. It was also stated by Maraldo, Preziosi and Binder (1991) that the number of male in nursing has been continually decreasing and Watson (1989) described that the basis of nurse caring was usually formed by the feminine ethical system. There was no significant group difference between the departments as the t-value was not statistically significant at the 0.05 level.

TABLE V: INDEPENDENT T-TEST

Group	N	Mean COB	SD	T-Test t	Sig.
Gender					
Female	295	4.09	0.475	2.173	0.030*
Male	48	3.93	0.352		
Department					
Surgical	194	4.09	0.455		
Medical	149	4.03	0.472	1.216	0.225

** p < 0.01, * p < 0.05

Table VI shows the results of one-way ANOVA. The analysis results for age group indicate that there were significant differences in the mean scores of customer-oriented behavior. Age group of 36-45 exhibited higher level of customer-oriented behavior. The possible explanation would be this age group might consist of matured and experienced nurses where most of them have developed their competence in the nursing profession. They involved in mentoring process to guide the novices into the professional role. As for the category of years of experience, those nurses with more than 10 years of work experience were found to be most likely to exhibit customer-oriented behavior as their mean score is the highest among the groups. This finding is consistent with Testa and Mueller (2009) study that more experienced employees have higher commitment to the organization's goal as they were more immersed in their role and work culture compared to those having lesser work experience. The rank of respondents did not indicate any significant differences in the mean scores of customer-oriented behavior.

TABLE VI: ONE-WAY ANOVA

Group	N	Mean COB	SD	F	Sig.
Age					
18-25	113	4.11	0.461	3.782	0.011*
26-35	133	3.97	0.455		
36-45	80	4.17	0.455		
46-55	17	4.12	0.459		
Years of Experience					
1-2	118	4.09	0.457	2.778	0.041*
3-5	140	3.99	0.458		
6-10	73	4.15	0.461		
11-15	12	4.23	0.488		
Rank					
Enrolled Nurse	45	4.05	0.478	0.559	0.693
Staff Nurse	167	4.06	0.465		
Senior Staff Nurse	100	4.06	0.448		
Head Nurse/ Ward Sister	28	4.14	0.488		
Nurse Manager/ Matron	3	4.39	0.517		

** p < 0.01, * p < 0.05

V. CONCLUSION

The findings of this study provide information about the state of customer-oriented behavior in the health tourism hospitals in Malaysia. This study may be of help to healthcare managers to train their nurses to become more customer-oriented. The mean scores of customer-oriented behavior among the nurses reported in this study is able to essentially aid managers in designing training programs to further improve their job performance. Managers can use the information to segregate their nurses into different groups. Those nurses possess higher customer-oriented behavior can be arranged to act as a mentor to those with lesser customer-oriented behavior. The mentoring activity is important in meeting the rising expectation of patient care.

There were some limitations in this study where it needs to be addressed in future research. Firstly, the respondents of this study were mainly consisted of nurses but not to other groups such as doctors,

management and administration staffs. Future study should investigate different groups of respondents to observe the differences of their level of customer-oriented behavior. Secondly, the state of customer-oriented behavior was examined according to the demographic factors of the respondents only. Future study may consider other factors such as personality traits and organizational culture. Perhaps, it would be able to better explain the nurses' customer-oriented behavior in the healthcare context.

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