PATRONAGE OF PUBLIC HOSPITALS IN PORT HARCOURT: THE ROLE OF PATIENTS' MIND ENGAGEMENT

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ABSTRACT

The purpose of this study was to investigate the relationship between patients' mind engagement and Patronage of public hospitals in Port Harcourt. The population for the study comprised fifty thousand (50000) estimated patients of the 8 public hospitals in Port Harcourt while the sample size consist three hundred and eighty-one (381) patients of public hospitals as adapted from the Krejcie and Morgan Table. 381 copies of structured questionnaire were distributed to respondents, while 310 copies were returned, but only 290 copies was used in the final analyses, after data cleaning. The Pearson Product Moment Correlation was used to test the hypotheses of the study. The results showed that patients' mind engagement had positive and significant relationship with patronage of public hospitals in Port Harcourt. The study thus concluded that patients' mind engagement significantly relates to patronage of public hospitals in Port Harcourt; and recommends that public hospitals in Port Harcourt should regularly update their ambience, and improve on their use of audio visual aids that will reduce patients' perceived waiting time in other to improve their level of patronage.
Keywords: Customer retention, patients' mind engagement, repeat purchase behaviour, patronage

INTRODUCTION

In public hospitals, long waiting hours for service is a recurrent phenomenon for patients. This experience affects public hospitals in a straight line when waiting time is not well-handled. The inevitable consequence of poor handling of waiting time is that public hospitals loose both patients and income. Lots of businesses imagine that enriching customers' experiences will reproduce positively on their reputation. Therefore, scores of public hospitals have begun to spotlight more unswervingly on generating pleasurable experience for patients as the competition among public hospitals has increased, and many of these hospitals seek to attract new patients as permanent customers. The quality of patients' experiences during inevitable waiting times could be the essential factor that controls the success of these hospitals or could be a foremost disadvantage. The cost is unlimited when customers lose trust in a health service provider. Long waiting time

influence customers' satisfaction with the service provider, and can give customers a negative experience. The waiting experience could be positive when managed well.

One way of reducing perceived and actual patient waiting time is through the adoption of engaging their mind. Mind engagement alludes to a cluster of service providers' strategies and methods that are predestined to connect the mind of customers while they wait for service delivery (Bae & Kim, 2014; Antonides *et al.*, 2002; Katz *et al.*, 1991). These tactics are intended to assist customers come across something fascinating, functional and considerate doing even as they wait for service. Lee *et al.* (2012) referred to mind-engagement as "filler interfaces."

In this regard, fillers or mind engagement embraces firms' provision of music, television and video shows in the waiting environment such as the reception hall for patients to fill up the time with something meaningful as they wait to be served. Other service providers may serve customers water, coffee, candies, and chocolates, and may make available menu information even as they wait for service deliveries (Bae & Kim, 2014). These mind engagement tactics are not unavoidably indemnifications but a way of cutting perceived waiting time and helping waiting customers to have cheerful frame of mind and feelings as an alternative of thinking about and being anxious with reference to the concern of having to wait for service (Lee *et al.,* 2012; Tom *et al*, 1997).

The magnitude of customer waiting time lies in the reality that customers' perception of waiting time possibly shapes their existing and potential affiliations with service providers (Lin *et al.*, 2015; Palawatta, 2015). This discernment means that when customers are content with duration of waiting time for service delivery, they may exhibit loyalty behaviors and sway them to yearn more potential business with the service provider. It is consequently imperative that service providers do not present bright often superficial attractiveness over customer perceived waiting time (PWT).

Ideally, patronage is an indicator of a firm's health, but it is frequent to see or hear that patients encounter some delays receiving service in hospitals. This delay is professed as an unenthusiastic occurrence, and firms may perhaps lose many patients when the delay subsists. Losing patients shows the way to a decline in the income of the firm, which unswervingly affects their income and profit. Moreover, this delay possibly will make patients lose trust in the hospitals and reduce patronage. Quite a few factors play a central role in the delays, such as the type of service, quality of service and the capacity of the facility. Conversely, countless strategies might be applied to boost patronage by curtailing waiting time and engaging patients in different activities at the hospitals to make their waiting experience gratifying. For that reason, it is possible that when patients' are adequately engaged during waiting periods, the firm may achieve significant patronage. The current study is therefore, targeted at evaluating the relationship between patients' mind engagement and patronage of public hospitals in Port Harcourt.

LITERATURE REVIEW

Theoretical Foundation: The Bucket Theory
The bucket theory, initiated by former VP of Holiday Inn, James L. Schorr, is a straight forward initiative highlighting the tactical prerequisite for customer retention to build up a sustainable business (Cosic & Djuric, 2010). The theory represents the customer base being

overflowing with new customers and new purchases by both new and current customers (Bitner *et al*, 2016). The bucket signifies 'leaking' customers who are missing in the fullness of time as they stumble on alternatives that in actual fact go well with their requirements. The theory emphasizes the significance of maintaining an unswerving base of customers for a business to function at a cost-effective level and policies are necessary to recurrently match customers' requirements. Scholars refer to the bucket theory in importance of how a relationship strategy composes logic to the general strategy of a business, germane to both B2C and B2B companies (Bitner *et al*, 2016; Cosic & Djuric, 2010; Kassing, 2005; Gummesson, 2004).

It is asserted that a budge in strategy from get hold of customers to retaining them requires a transformation in organizational approach and culture (Cosic & Djuric, 2010). Whereas several organizations are found to be involved in retention activities, countless are not well-resourced on the inside for it to take hold of immense effect, the blockade being that its systems do not sustain implementation (Stone *et al.,* 2007). Other businesses accept as true themselves to be invulnerable to the effects of customer churn, supposing that as long as they are acquiring additional new customers than losing current ones, they are functioning satisfactorily (Kotler & Armstrong, 2001). These conclusions entail that several organizations are uninformed of how many customers are being lost over a definite period against the total of new or recurring business. Given the climb in reputation of customer retention, businesses are being acquainted with the worth of building associations with customers which have a long-standing affirmative impact on the customer base (Getz *et al.*, 2001).

Patients' Mind Engagement

Engaging patients in assorted activities may per-chance assist to trim down the apparent waiting time. When managers cannot manage the actual waiting time, it is healthier to manage other variables that may possibly give confidence to patients to give encouraging appraisals of their service experience (Vorhies *et al.,* 2009). Scheming dissimilar variables, such as a patients' perception, plays a significant role in influencing the ultimate up shot of patient experience. In the health sector, patients are affected by perceived waiting time more than actual waiting. When actual waiting time is less than projected, guests will be content with the service. On the other hand, when perceived waiting time becomes longer, even if the actual waiting time is short, patients' perceptions might be tediousness. Controlling patients' perceptions is decisive if service providers fall short of handling actual waiting time (Taylor, 1994).

Mind engagement alludes to a cluster of service providers' initiatives that are intended to connect customers' minds while they wait for services (Bae & Kim, 2014; Antonides *et al.,* 2002; Katz *et al.,* 1991). These tactics assist customers to take note of something fascinating, functional and consider doing, as they wait for service delivery. Managers are in charge of controlling perceived waiting time. They might employ diverse methods to trim down perceived waiting time when actual waiting time turns out to be longer. When the perceived wait turns out to be longer, guest satisfaction turns down (McDougall & Levesque, 1999). Katz, Larson, and Larson (1991) suggested three methods in their study that may perhaps organize perceived waiting time: (1) Identify the appropriate waiting time for guests; (2)

engage guests with exciting activities in order to make their waiting time more enjoyable; and (3) make the guests aware of the expected waiting time when they overreact.

In this regard, fillers or mind engagement embraces firms' provision of music, television and video shows in the waiting areas such as the reception hall; for patients to fill up the time with something meaningful as they wait to be served. They may also serve water, coffee, candies, and chocolates to customers (Bae & Kim, 2014). Tom *et al* (1997) demonstrates that musical entertainment reduces perceived waiting time in an experiment. Lee *et al.* (2012) researched on study sustenance for the positive effect of mind fillers on online waiting perceptions and web satisfaction experience. Bae and Kim (2014) also established that serving menu information and playing pertinent music in the service environment have positive effect on perceived waiting time. Likewise, Lee *et al.* (2012) discovered varying disparity effect of an assortment of fillers such as background music, news and entertainment on customers' evaluation of waiting time. Accordingly, extant literature submits to the reality that successful implementation of mind-engagement will have a positive influence on customer satisfaction with waiting time; by reducing customers' perception of waiting time at the service encounter stage.

Patients Patronage Conceptualized
Patronage emerges from a yearning to be devoted to a firm based on perceived service quality. The possibility that a patient will patronize a public hospital lies on how the patient observes the hospitals' services-cape and how they reflect and experience the conditions of the service-scape, in view of their personality (Adiele & Etuk, 2017). Patronage is defined as the extent to which customers exhibit repeat purchase behaviour from a service provider possesses a positive, enduring attitude and temperament towards a service provider (Gremler & Brown, 1996). From the scrutiny of Oliver (1999), customer patronage is defined as a deeply held commitment to repurchase a firm's products at the expense of a competitor's offering. Seock (2009), described patronage as the repeat purchase behaviour at a particular store for either the same products or any other products. From the views of the aforementioned authors it shows that the survival of any business is a function of the rate of patronage. This mirrors the view of Ogwo and Igwe (2012) that the main reason for establishing a business is to create customers.

East and Robert (1997) advocated that the patronage intention can be branded form the switching behavior of the customers and the satisfied customers always remain patronized to the company they deal with. Sivadasn *et al.* (2000) concludes that customer satisfaction itself can be recognized as the most vital indication of patronage intention. Bolton and Drew (1991) finds that the behavioral intention is the means to patronize and it can be developed by increasing more satisfied customers by adding value to the services conveyed. Dahlia and Hanwin (2014) alleged that attitudinal loyalty is the very essential factor to make customer patronized and that dimension must have given much weight from others.

Patronage is the endorsement or support provided by customers with respect to a particular brand. Patronage delivers the foundation for an established and growing market share. Kotler (2007), states that consumers have fickle degree of patronage to specific services, stores and other entities. In this study consumers can be classified into four groups: hard-core patrons who are consumers of one particular product constantly; split patrons typically

become loyal to either two or three products within a precise period of time; shifting patrons move from one product to another and finally, switchers are consumers who are not loyal to any brand at all.

According to Kwashie (2012) customers may feel hurt when there is nobody to assist them to decide their concerns. He clarified the causes of bad customer service to embrace failure of customer care representatives to answer queries, long insurmountable queues and no helper to explain issues regarding a product. Customers feel valued when rapid attention is given to their problems and they become happy and forget the bad feedback they had. Consequently, customer patronage is seriously affected by service quality and level of satisfaction achieve from patronizing a brand (Sabir *et al.*, 2014; Poku *et al.*, 2013; Gan *et al.*, 2006).

A direct positive relationship between customer satisfaction and their patronage intention is held up through service research (Ahmad *et, al.*, 2010; Bolton & Lemon, 1999). While repurchase intention is the chief component, it is just one of the many variables that can affect customer satisfaction (Sharma & Patterson, 2000). Henkel, Houchaime, Locatelli, Singh and Zeithaml (2006) proposed that satisfied customers in the service industry have a high future patronage intention. Fishbein and Ajzen (1975) agreed that consumers' purchase intention is an important indicator to predict consumer behaviour as a subjective attachment to the product. Purchase intention can be deciphered as the prospect that a consumer will be willing to buy specific merchandise in the future (Schiffman & Kanuk, 2004).

Purchase intention also serves as an arbitrator between their attitude towards a product and actual purchase behaviour (Fishbein & Ajzen, 1975). Measures of purchase intentions are: possible to buy, intended to buy and consider buying. Engel, Blackwell, and Miniard (1995) stretched purchase behavior into unplanned buying, partially planned buying, and fully planned buying. Measures of patients' patronage as posited by Seock (2009) are repeat patronage behaviour and customer retention. These are adopted in this study.

Repeat patronage behaviour
Repeat purchase is the act of repurchasing the same product or brand purchased earlier (Mousavi, 2012). These are often based on routine, habitual buying decisions, where the search for information around these purchases becomes limited over time (Miller, 1993). A repeat purchase decision may be the outcome of limited availability, rather than brand loyalty. Repeat customers seek quality, value, good customer service, convenience and are often price sensitive. While repeat purchasers contribute to a business bottom line, they are not immunized against competitor tactics and may switch brands if necessary.

Post-purchase which is the final stage of the consumer-decision process model can be divided into three steps. The first step, customers consume the products or service. The second step, customers will evaluate their consumption and it may be noticed here that the customer satisfaction level could be higher than their perceived performance and vice versa (Aaker, 1996). During the last step, divestment takes place. At this point, consumers are likely to dispose of or recycle the product. This is the point that most organizations now pay attention to, and a result they are now concerned with being environmentally friendly due to the fact that they feel almost all customers could probably make repeat purchases if they are satisfied with a reinforcement stage.

Customer retention

Customer retention is a multipart observable fact having been relevant across industries since the 1990's (Reichheld, 2003, 1996). Customer retention is an upshot of well-executed strategies that honestly relate to the practice of customer relationship management (Dick & Basu, 1994). A well-built connection with customers, enhanced by customer-centric standards and a frictionless customer experience has demonstrated to boost loyalty and competitive advantage (Verhoef *et al.,* 2007; Roberts-Lombard & Nyadzayo, 2014).

Customer retention is a fashionable topic of dialogue in the midst of academics and practitioners similarly owed to unearthing its general effects on business performance and profitability (Parida & Baksi, 2011). Academics uphold that success can be realized by retaining customers through cultivating interaction and service quality (Roberts-Lombard & Nyadzayo, 2014; Kumar, 2010). Customer retention has been largely defined as the aptitude of a business to get existing customers to repurchase from them which is replicated in the definition by Ginn *et al*. (2010) as "customers' declared continuation of a business relationship with the firm."

Gallo (2014) takes the perspective of the term 'customer churn' in defining retention, implying the need to avert losing existing customers to competitors or alternatives. Customer retention is most successful in organizations that are customer-focused (Reichheld & Kenny, 1991). Oder and Bayon (1997) mention customer satisfaction as a antecedent to customer retention. The attribution of repeat business is a necessary element in structuring strategies that boost retention. Hardly ever does repeat business occur organically devoid of the interference of some factors, predominantly regarding towering concern of products which necessitate the development of an affiliation.

Mind Engagement and Patients' Patronage

Mbawuni and Nimako (2018) empirically assesses the effect of waiting time management strategies on consumer waiting time satisfaction (WTS) in bank institutions in Ghana; and found that, with the exception of apology for delays, the major factors that impact consumer WTS are perceived compensation, waiting environment, quality of delay information and customer mind-engagement strategies. The findings tender vital theoretical and managerial implications to scholars and practitioners in the banking service context. Similarly,

Alsumait (2015) investigated guests' waiting experience at hotels in Saudi Arabia, as well as the function of delay on overall experience. The study explored the effects of guests' waiting experience on service quality and subsequent satisfaction with overall experience. The study reveals that the greater part of guests was more satisfied by the services provided and hotel location. The study also showed that albeit experiencing delays at the hotel, guests were satisfied with their general experience.

From the empirical review of literature on mind engagement and patients' patronage, the study assumes that patients' patronage resulting from mind engagement hinge first and foremost on the ground plans of available assets at the disposal of the firm. Such incalculable ground plans are reflected in mind engagement practices which will ultimately lead to patients' patronage in terms of increase in repeat purchase intention and customer retention. Based on this assertion, the following hypotheses were formulated:

Ho₁: Patients' mind engagement does not relate to repeat patronage behavior of public hospitals in Port Harcourt.

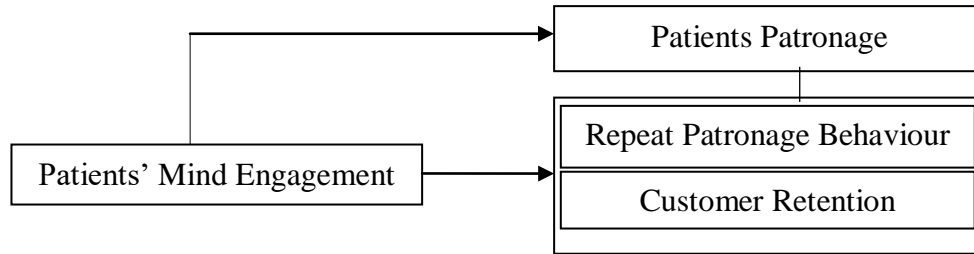**Ho₂:** Patients' mind engagement does not relate to customer retention in public hospitals in Port Harcourt.

Fig. 1: Conceptual Framework of patients' mind engagement and patronage of public hospitals in Port Harcourt

Source: Authors' conceptualization from review of literature (2022)

STUDY METHODOLOGY

The research approach adopted in this study is the non- experimental research type and it was designed based on the cross-sectional survey method which offers a wide coverage and permits generalizability of research findings. The population for the study comprised fifty thousand (50000) estimated patients of eight (8) public Hospitals in Port Harcourt and the sample size comprised 381 patients of the hospitals. The sample size for the study was adapted from the krejcie and Morgan (1970) Table for determining sample size for an infinite population. The final analyses in the study were however, based on data gleaned from two hundred and ninety (290) copies of questionnaire. The study was mainly restricted to Port Harcourt which comprised two major Local Governments: Obio/Akpor and Port Harcourt City Local Government Areas. These Local Government Areas are the largest in Rivers State in terms of population because of the heavy presence of oil and gas and other manufacturing companies, thereby making the area a commercial nerve centre.

The validity of the scales used in this study was assessed for content, construct and face validity. The content validity was ensured based on review of similar constructs from previous studies. The questionnaire used by Seock (2009), Mbawuni and Nimako (2018) and especially Alsumait (2015) who investigated guests' waiting experience at hotels was adapted, modified and refined to suit our study. Correspondingly, the Cronbach's Alpha analysis was used to ascertain the reliability and internal consistency of the measurement instrument while the Pearson Product Moment Correlation (PPMC) was used to test the relationship between patients' mind engagement and Patronage with the aid of the Statistical Package for Social Sciences (SPSS) version 22.0, Table 1 shows the instrument reliability rate for the constructs of the study.

Table 1: Reliability Coefficients of Mind Engagement Strategies and Patients Patronage

S/N	Variables	Number of Items	Cronbach's Alpha Coefficients
1	Mind Engagement	3	0.880
2	Repeat Patronage Behavior	3	0.756
3	Customer Retention	3	0.720

Source: SPSS output (2022).

Table 1 showed different Cronbach's Alpha value for the 3 constructs of the scaled questionnaire which were all considered sufficiently adequate for the study. Over all, this indicates that there was internal consistency of the variables scaled and that the variables construct exhibited strong internal reliability. The results therefore confirm that the instrument used for this study had satisfactory construct reliability.

RESULTS AND DISCUSSIONS OF FINDINGS

Univarate Data Analyses

Univarate analysis is basically the process of describing individual variables in a study. According to Sullivan (2001), univariate statistics are used to describe the distribution of a single variable through the use of frequency Tables. According to Saunders *et al* (2003), commencing initial analysis is best done by looking at individual variables and their respective components. Earlier in this study, we clearly delineated our study variables as patients' mind engagement (predictor variable); and patronage (criterion variable).

Table 2: Descriptive Statistics of Mind Engagement

	N	Sum	Mean	Std. Deviation	Variance
As patients in the hospital we are always engaged with assorted activities to make our waiting time more enjoyable.	290	1059	3.65	1.128	1.273
The hospital provides music, television and video games in the reception hall to occupy patients with something meaningful.	290	1130	3.90	1.195	1.429
The hospital's mind engagement practices cut perceived time to afford patients with cheerful frame of mind.	290	1192	4.11	1.192	1.420
Valid N (listwise)	290				

Source: SPSS output (2022).

The statistics in Table 2 indicate that question 3 has the highest sum statistic of 1192 indicating that most respondents gave affirmative responses to question 3; and as a consequence of this, question 3 has the highest mean statistic of 4.11. However, question 2 has the greatest deviation of 1.195 and variance of 1.429 indicating that data are most spread in question 2 compared to other questions.

Table 3: Descriptive Statistics of Repeat Patronage Behavior

	N	Sum	Mean	Std. Deviation	Variance
The hospital has strong affiliations with patients and we also suggests to others.	290	1205	4.16	.644	.415
I am magnanimous in patronizing the public hospital.	290	1145	3.95	1.265	1.599
We are satisfied with the hospital's services.	290	1175	4.05	1.243	1.544
Valid N (listwise)	290				

Source: SPSS output (2022).

The statistics in Table 3 indicate that question 1 has the highest sum statistic of 1205 indicating that most respondents affirmed that the hospitals have strong affiliations with patients and also suggests to others about their operations and performance. Based on this, question 1 has the highest mean statistic of 4.16. But, question 2 has the greatest deviation of 1.265 and variance of 1.559 indicating that data are most spread in question 2 compared to other questions.

Table 4: Descriptive Statistics of Customer Retention

	N	Sum	Mean	Std. Deviation	Variance
The hospital retain patients through building relationships	290	1163	4.01	1.238	1.533
The hospital at times gives patients discounts	290	1200	4.14	1.257	1.580
The hospital recognizes valuable customers	290	672	2.32	1.350	1.823
Valid N (listwise)	290				

Source: SPSS output (2022).

The statistics in Table 4 indicate that question 2 has the highest sum statistic of 1200 indicating that most respondents gave affirmative responses to question 2; which entail that the hospital at times gives patients discounts and as a consequence of this, question 2 has the highest mean statistic of 4.14. But, question 3 has the greatest deviation of 1.350 and variance of 1.823 indicating that data are most spread in question 3 compared to other questions.

Bivariate Analysis

Bivariate analysis examines two variables to ascertain the extent of relationship that exist between them. This section depicts the test of hypotheses. The Pearson Product Moment Correlation was considered appropriate and was used for the test. The tests focused on unearthing the association between patients' mind engagement and measures of patronage (repeat purchase behaviour and customer retention); and are presented in Table 5 and 6.

Table 5: Correlation between patients' mind engagement and repeat patronage behaviour

		Patients' Mind Engagement	Repeat Patronage Behaviour
Patients' Mind Engagement	Pearson Correlation	1	.756[**]
	Sig. (2-tailed)		.000
	N	290	290
Repeat Patronage Behaviour	Pearson Correlation	.756[**]	1
	Sig. (2-tailed)	.000	
	N	290	290

**. Correlation is significant at the 0.01 level (2-tailed).
Source: SPSS output (2022).

In Table 5, the correlation analysis shows a Pearson Correlation Coefficient (r) of 0.756 which indicates a strong and positive relationship between patients' mind engagement and

repeat patronage behaviour. The correlation analysis also shows a p-value less than the critical value (N = 290, r = 0.756, p = 0.000 < 0.05). This indicates that the link between the variables is statistically significant. Therefore, we reject the stated null hypothesis and accept the alternate hypothesis. This means that there is a significant relationship between patients' mind engagement and repeat patronage behaviour.

Table 6: Correlation between patients' mind engagement and customer retention

		Patients' Mind Engagement	Customer Retention
Patients' Mind Engagement	Pearson Correlation	1	.732[**]
	Sig. (2-tailed)		.000
	N	290	290
Customer Retention	Pearson Correlation	.732[**]	1
	Sig. (2-tailed)	.000	
	N	290	290

**. Correlation is significant at the 0.01 level (2-tailed).
Source: SPSS output (2022).

In Table 6, the correlation analysis shows a Pearson Correlation Coefficient (r) of 0.732 which indicates a strong and positive relationship between mind engagement strategies and customer retention. The correlation analysis also shows a p-value less than the critical value (N = 290, r = 0.732, p = 0.000 < 0.05). This indicates that the relationship between the focal variables is statistically significant. Therefore, we reject the stated null hypothesis and accept the alternate research hypothesis. This means that there is a significant relationship between mind engagement strategies and customer retention.

DISCUSSION OF FINDINGS

Test of hypotheses revealed that there is a strong and positive relationship between patients' mind engagement and repeat patronage behaviour, as indicated by the P(r) value of 0.756. Again, the analysis showed a p-value less than the critical value; indicating that the connection between patients' mind engagement and repeat patronage behaviour is statistically significant. In other words, there is a significant relationship between patients' mind engagement and repeat patronage behaviour. The tests also revealed that there is a strong and positive relationship between patients' mind engagement and customer retention, as evidenced by the P(r) value of 0.732. Again, the analysis showed a p-value less than the critical value indicating that between patients' mind engagement and customer retention has a statistically significant. In other words, there is a significant relationship between mind engagement strategies and customer retention. Therefore, null hypotheses 1 and 2 were rejected, and the alternate hypotheses accepted. These results support the findings of Mbawuni and Nimako (2018) that empirically assessed the effect of waiting time management strategies on waiting time satisfaction (WTS) in Ghanaian banks. The findings tendered vital theoretical and managerial implications to scholars and practitioners in the banking service context. More so, our results are in line with the results of Alsumait (2015) that investigated guests' waiting experience at hotels in Saudi Arabia, as well as the function of delay on overall experience. The study revealed that the greater part of guests was more satisfied by the services provided and hotel location.

CONCLUSION AND RECOMMENDATIONS

This study empirically evaluated the relationship between patients' mind engagement and patronage of public hospitals in Port Harcourt. This study opulently discussed the concepts of patients' mind engagement and how it relates to patronage. Results of the analysis clearly showed that the relationship between patients' mind engagement and patronage is positive and statistically significant. These findings corroborated the views of other scholars. Based on the foregoing, the study concluded that patients' mind engagement significantly relate to patronage of public hospitals in Port Harcourt and therefore recommends that Public hospitals in Port Harcourt should regularly update their ambience, and improve their use of audio visual aids that will reduce patients perceived waiting time in other to improve their level of patronage.

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