

The Moderating Effects of Gender between Patient Intimacy, Trust, and Loyalty

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This research examines the moderating effects of gender on the relationship between a patient's intimacy and trust. This study used patients as sample who frequently visit the health care clinics (medical specialist). A sample of 357 respondents were selected using convenience sampling. To examine the first hypothesis, a two-way Anova was used. To examine the second hypothesis, a simple regression was used. The results reveal that the influence of patient intimacy on trust between the male patients and female patients is different. The influence of patient intimacy on the trust in female patients is higher than that in male patients of the medical specialists. An important implication of our study is that the medical specialists need to increase their quality of communications and social interactions to their patients.

Key words: *Gender, intimacy, trust, loyalty.*

Introduction

Soltani and Navimipour (2016) said that CRM is a way to take care of the interaction between the company and customers. CRM consist of several activities, namely gaining, inviting, and maintaining new customers, motivating and keeping the existing customers to buy again in the future, attracting back the previous customers, and lowering the cost of marketing and customer treatment (Siriprasoetsin, Tuamsuk, & Vongprasert, 2011). Jeon and Kim (2016) explain that intimacy is a field of marketing that rarely examined. Intimacy is one of the most important factors that significantly influence consumers' reactions.

Ghazian *et al.* (2016) said that for customers today it is easier to find a variety of information about the products or services. In a competitive market conditions, this can lead for decreasing of customer loyalty on a company. It requires an effective relationship between the customer and the company (Feizi, 2008). According to Chen and Quester (2015), maintaining a long-term relationship with customers is a challenge for organisations (Gummesson, 2008; Oliver, 1999).

Chai *et al.* (2015) said that the things that differentiate between a service provider and its competitors are based on price, benefit or quality, rebranding of their image or work environment to serve their customers with special benefits. The strategy worked well in the short term but was easily copied by competitors. So, a health care provider or a doctor (medical specialist) builds a long-term relationship with the patients as does a lawyer who develops long-term relationship with the clients. The aim of the customer relationship is the loyalty, Melnyk (2014) said that loyalty is a commitment to a certain selection in the situational circumstances (Chaudhuri and Holbrook, 2001).

Trust is consumers' drive to maintain a relationship with the company and also to be an indicator of a growing relationship (Chen and Quester, 2015). In order to make the relationship marketing run well, the company should know the patients' understanding about the relationship marketing in the field of health based on their own perspective. For the patients, in order to be able to engage in the relationship marketing, trust is required. Health care sector with 'the uncertainty' need customers' trust. Trust is needed to eliminate the hesitant attitude of their patients or customers and prevent them from switching to another hospital (McCabe and Sambrook, 2014).

Zarei *et al.* (2015) stated that in the health service, trust is established when the patient believes the health service will do their very best for the patient by offering the most suitable care and treatment (Platonova *et al.*, 2008). Vulnerability is more important in health care services, due to the lack knowledge about medical matters. The trust is an important part and necessary in the health care relationship between the service provider and the customer (Zarei *et al.*, 2015). Trust connects the customer intimacy with the customer loyalty (Bloemer and Odekerken-Schroeder, 2004).

This research focuses on the service industry in the health care sector that provide a high level of customisation by offering health services to individual patients that meet their needs and preferences. This has been affirmed by presenting examples of the companies offering such services in the field of medical / health, law, and consultation (Hoffman, 2002). This study investigates customer loyalty from the perspective of consumers' experiences of intimacy and trust with gender as moderator variable.

Literature Review

Gender

Gender, as a noun, is any of a number of classes into which nouns and pronouns can be divided—e.g. Masculine and feminine (Oxford Dictionary, 2005). More clearly, gender refers to all things related to the sex of individuals, including the roles, attitudes, trends, and other attributes that define the meaning to be a man or woman in the existing culture. Therefore, gender is socially and psychologically constructed (Wood, 2007:20).

According to Solomon (2015:160), gender has a psychological role to behave in determining many things. When male or female do something, the result may differ. Males and females make different choices and decisions when it comes to using some products or services.

According to Kasiyan (2008:52-53), in general, a series of negative qualities are often attributed to a woman (femininity stereotypes), such as tendencies to be emotional and weak, to have delicate feelings, and to be dependent on other people and not firm. Spence and Buckner (2000, in Wood, 2007:23) explained that women are more concerned about others. Men also have a positive side such as being able to make rational decisions that are not based on emotions. Men are more able to be tough, bold, independent, and hold strong leadership qualities.

Gaia (2013) stated that women are more vulnerable than men. Men are less likely to express their feelings whereas women are more expressive with their feelings. According to Gaia (2013) the society judgement that men have to be independent also may inhibit men from expressing themselves when they are feeling vulnerable (White & Kowalski, 1994). Gaia (2013) added that men are less likely to express powerless emotions such as sadness and fear than more powerful emotions such as anger, contempt and disgust (Safdar *et al.*, 2009).

Research about gender in the healthcare sector is rarely been focussed on (Teunissen *et al.*, 2016). According to Teunissen *et al.* (2016), women are more inquisitive about the healthcare system than men. Women are more often likely to criticise the relationship between doctor and patient, the health care service, and other healthcare treatments than men. (Schnitzer *et al.*, 2012).

Research by Gaian (2013) explained that women are more emotionally expressive in showing their vulnerability, such as fear, anxiety, sadness, amongst others. Therefore women, are more likely to establish an intimate relationship with their health carer than a man with his attributes.

Intimacy

The definition of intimacy from a classic English dictionary, The OED, begins abstractly, almost cognitively; “Inmost, deep seated, hence essential; pertaining to the inmost thoughts or feelings” (Cole, 2014). Jeon and Kim (2016) says that intimacy is a form of customer attitudes to communicate their personal information, their needs and their emotional attachment. They use the service or purchase a product through a long-term relationship with an organisation or a company. Ponder et al. (2016) explains that customer intimacy is a process of relationship marketing, when company and customer interact to each other in order to fulfil customer needs. Ponder et al. (2016) explain that intimacy is the willingness of customers to communicate their personal information with a company where the customer does not usually share information (Hansen *et al.*, 2003).

Gunawan and Ratnasari (2008) gives the term *patient intimacy* familiarity as a form of relationship between the parties; that is of the medical team of doctors and nurses with their patients. If the relationship between the two can be classified as being familiar, with doctors willing to listen to the pains and concerns of the patients by allowing them to express comfortably while offering the patient a spiritual connection (*bonding*), then this will increase the patient’s confidence in the doctors and the health clinic. Patients requiring further treatment would be willing to return to the health clinic. Further, Ratnasari *et al.* (2017) explained, the performance of the health services based on patient intimacy will be greatly be improved. The health services include medical services, non-medical services, medical equipment technology, medical team communication, management system, and physical environment (physical evidence) health services at health centres.

Trust

Moriuchi and Takahashi (2016) state that trust is an important attribute to strive for as people are often insecure. According to Hashim and Tan (2015) trust is a subjective that can make the connection between the customer and the company more stable. (Ridings et al., 2002). Trust is consumers' drive to maintain a relationship with the company and also to be an indicator of a growing relationship (Chen and Quester, 2015).

Balaji *et al.* (2016) defined trust as customer believing that a company or service provider is able to provide good quality and reliable product or services (Garbarino and Johnson, 1999). McCabe and Sambrook (2014) said that within health care, the concept of trust is a critical part to a supportive relationship between staff and managers (Rowe and Calnan, 2006). McCabe and Sambrook (2014) also stated that trust also needs to occur at all levels within the organisation, such as for providing good quality and care of the patient’s (Saunders and Thornhill, 2003; Gilson, 2006) safety (Tallman, 2007).

Loyalty

Melnyk (2014) said that loyalty is a deeper level of commitment to something or someone. Loyalty is also a form of interest and faithfulness to others. This makes it possible for customers to be more willingly to repeatedly return to use the company's services. (Oliver, 1999).

Loyalty is a special taste or liking of a customer for the goods or services that they are interested in offered by a particular company (Chen and Quester, 2015). According to Chen and Quester (2015), the main form of loyalty is deeper commitment to re-purchase in the future, leading to re-purchase the same brand, even though the marketing action of other competitor may cause customers to switch (Oliver, 199:392). Menyk (2014) also explained that customer loyalty is a form of emotional attachments to a particular company. Customers are not reactive to another company's offer even if they aren't attempting to find a service or product from another company.

Customer loyalty is considered to be a significant attribute as it is one of the most important factors that influence the performance of service firms in that it leads to reduction of market share and consequently, the profit of the organisation. According to Murali *et al.*, (2016) customer loyalty impacts to active repeat purchase of the product or service and more so, the customers give positive appraisal toward the brand and share the company's positive value to others (Segoro,2012) by voluntarily recommending it to their friend, family and relations.

The Moderating Effects of Gender on the Relationship between Patient Intimacy, Trust, and Loyalty

The Influence of Gender as a Moderator Variable in the Relationship between Patient Intimacy and Trust

Companies with the intimacy strategy possess a characteristic that builds relationships with customers (Sulaiman *et al*, 2014). Gaia (2013) explained that women also report interpersonal interactions characterised by a deeper level of intimacy than men (Aries & Johnson, 1983; Aukett, Ritchie, & Mill, 1988; Caldwell & Peplau, 1982; Wright, 1982). Customers will trust a company they are familiar with.

Constant *et al.* (2016) said that several studies examined gender differences in the intimacy. Female interpret intimacy as closeness that refers to an openness to each other that is not just physical, familiarity, and attachment. It is different according to a male as they call intimacy just as physical closeness (Ridley, 1993). Constant *et al.* (2016) also said that gender differences are revealed in the experience and expression of intimacy (Greeff& Malherbe,

2001; Patrick & Beckenbach, 2009). Women have greater feelings of intimacy than men on several levels (emotional, intellectual and recreational; Heller & Wood, 1998). According to Constant *et al.* (2016), women also more express their attachment, love and personal validation and have a better attention of their partner's needs in their relationships (Hook *et al.*, 2003). Constant *et al.* (2016) results are consistent with the scientific literature supporting the idea that men and women interpret and feel the sense of intimacy in different ways (Gaia, 2002; Heller & Wood, 1998; Hook *et al.*, 2003).

Constant *et al.* (2016) also stated that gender is considered as a social construct in which men and women receive gender messages throughout life (Heller & Wood, 1998). Men are more independent and do somethings by themselves. It is different with women that they have togetherness and bonded with others (Lang-Takac & Osterweil, 1992). Constant *et al.* (2016) explained why men are more independent than women, because society expects them to be manly and independent. Their fear is of a kind of vulnerability or weakness in accordance to social expectations and gender norms (Gaia, 2002). Therefore, it is very reasonable to suggest that a woman is more responsive and trusting of the opinion of a professor. According to the woman, a professor has more credibility and capability in their field of expertise, so she is prepared to follow the course (Cascio, 2003) because female customers find it easier to make requests, share views and opinions, or accept advice from other people (Mangkunegara, 2003) they are said to be more subjective, easily distracted, and less self-confident (Handayani and Sugiarti, 2001).

Research suggests that trust is the key of relationship between the customer and company. Relational bonds and intimacy towards the service provider allows customers to share their feelings and emotions with their service provider (Balaji *et al.*, 2016). The patient who is worried, restless, afraid, and stressed needs the physicians and nurses to talk to her/him in a manner that demonstrates that they understand the patient's current condition. It is the kind of attention given to the patient by the physicians and nurses that counts. This can include providing them with the best care possible by offering sound advice to the patient and sharing information related to the illness and the treatment options to best improve the patients' health status. Their effort to build a hospitable and warm relationship by listening attentively to their patients' problems and making concerted efforts to meet patients' expectations builds the customers' trust in them (Zarei *et al.*, 2015).

Gaia (2013) stated that healthcare provider can use information about gender differences to help their patient build intimacy with them. They can talk about anything related to the patient's problem, as this is part of the dynamics of relationship intimacy. Healthcare providers can use this knowledge about gender to engage men or women patients accordingly.

H1: The Influence of Patient Intimacy on the Trust in Female Patients is higher than that in Male Patients of the Medical Specialists.

Relationship between Trust and Loyalty

Rasheed and Abadi (2014) stated that establishing a deep relationship between the customer and the company thereby increasing customer loyalty is main goal for most firms (Eakuru and Mat, 2008). Furthermore, many researchers have identified customer loyalty as a primary driver to organisational success. A significant study is done by Rasheed and Abadi (2014) that suggests trust has positive impact on customer loyalty in services industry.

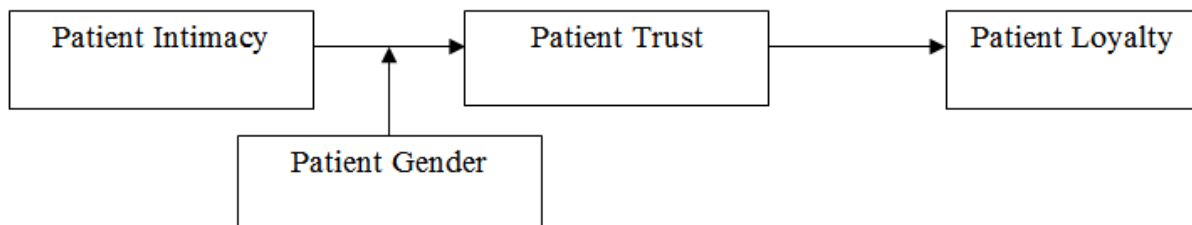
Moriuchi and Takahashi (2016) said that trust is an important thing because people often meet uncertainty. A healthcare has to able to make their patient trust to them to build a long relationship, ensuring patient loyalty. Trust can increase customer intentions to repeat purchasing or to revisit the store and repeatably use a service from a company (Bilgihan, 2016). According to Bilgihan (2016), trust also has a positive effect on customer loyalty in e-commerce. Customers who do not trust an e-commerce website would not be loyal to that e-commerce website, even though they might be satisfied with the product or services delivered.

The higher the trust of patients, the more increasing of loyalty will be. Chen and Quester (2015) stated that trust can be a trigger to motivate customer to maintain company-customer relationship (Crutchfield, 2007; Johnson and Grayson, 2000).

H2: Trust Influences the Loyalty of The Patient of Medical Specialists.

The conceptual model of this research which is based on the five constructions has dimensions relied on the previous researches and theories which can be seen in the Figure 1.

Figure 1. Conceptual Model



Methods

Sample

This study used patients as sample who consult their health to the health care clinic (medical specialist) in Surabaya with the frequency of visits of more than 1 times. A sample of 357 respondents were selected using convenience sampling.

Measures

The constructs in this study were measured using ten-point Likert scales drawn and modified from the existing literature. This study uses seven items to measure patient intimacy based on research conducted by Hoffman (2002). To measure the confidence of patients to health care services provided by a specialist, used each statement based on 4 items of research has been done by Hennig-Thurau *et al.* (2002). To measure the loyalty of patients to health care services provided by a specialist, used 4 items taken based on the measurement of loyalty that has been done by Zeithaml *et al.* (1996).

Measurement Model

To examine the first hypothesis, the moderating effect of gender on the relationship between patient intimacy and patient trust, a two-way ANOVA was used in which the continuous scale of patient intimacy was converted into a median-split categorical scale (high versus low). Specifically, subjects are female when their female scores are above the median and their male scores are below the median.

Results and Discussion

The Moderating Effect of Gender on the Relationship between Patient Intimacy and Trust

To test the moderating effects of gender on the relationship between patient intimacy and trust, a two-way ANOVA was applied.

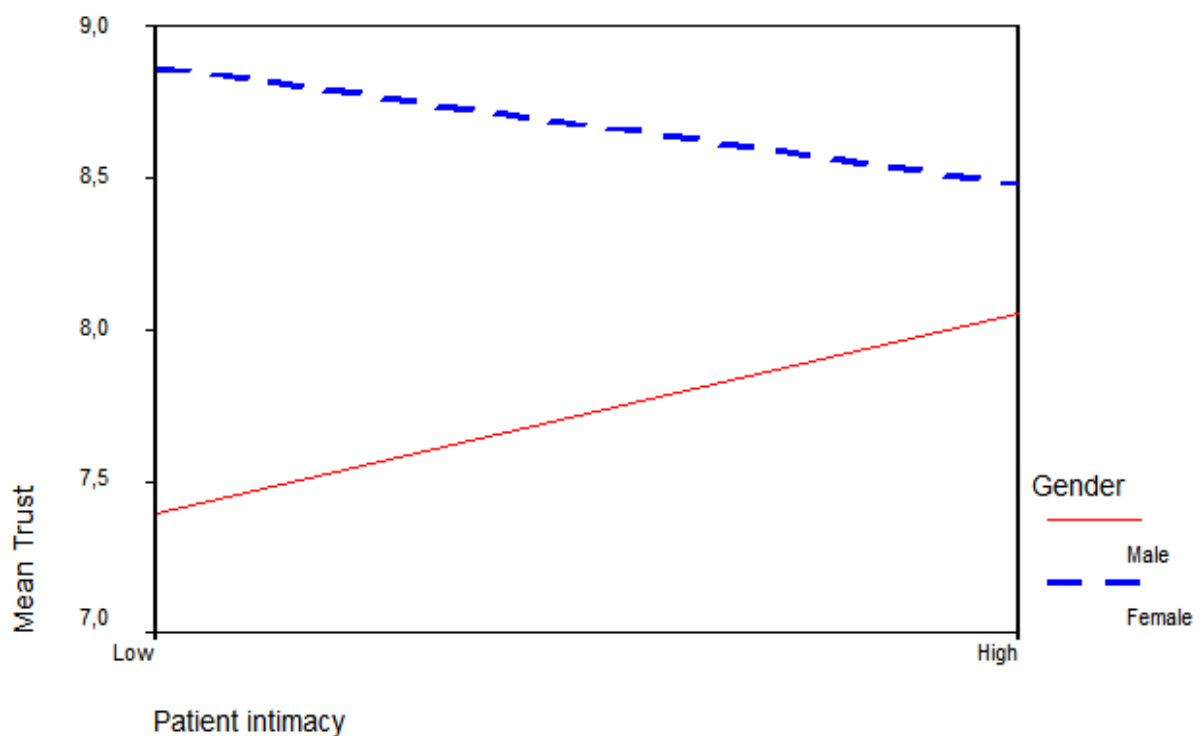
As shown on Table 1, the interaction effect of gender and patient intimacy on trust is significant, which suggest that gender moderates the relationship between patient intimacy and trust.

Table 1: The Moderating Effect of Gender

Variable	Tests		
	F-value	Sig.	Information
Patient intimacy	0.713	0.399	Significant
Gender	33.815	0.000	Significant
Patient intimacy*gender	10.210	0.002	Significant

Source: Result of research data

Figure 2. Moderating Effect of Gender



Source: Result of research data

As indicated on figure 2, the impact of patient intimacy on trust is greater for female patient. For female patients, a higher level of patient intimacy leads to a higher degree of trust, in support of hypotheses 1.

The Effect of the Loyalty Trust

The results of simple linear regression test to prove the influence of trust on loyalty can be seen in the Table 2. Based on Table 2, it can be explained that the amount of the value of t-test for relationship between trust and loyalty variable is 7.973. The significant level is 0.000; this value is smaller than 0.050. Therefore, there is the influence of trust on the loyalty of the patient of medical specialist. While the large contributions are from the trust to the loyalty of patients,

namely 0.243 or 24.3%. By such coefficient value of 0.522 of trust into loyalty, if the trust of patients is increased, the loyalty of the patient's medical specialist will also increase with the value of the coefficient of 0.522.

Table 2: Regression Analysis H2 (Relationship between Trust and Loyalty)

Variable		β Coefficient	t test	Sig.
Trust	→ Loyalty	0.522	7.973	0.000
R square	0.493			
R	0.243			

Source: Result of research data

Based on the results of the study, the first hypothesis is accepted: there is different influence of the patient intimacy on the trust of medical specialists in Surabaya, in female and male patients. Ponder *et al.* (2016) also explained that customer intimacy is a process of relationship marketing, when company and customer interact to each other in order to fulfil customer needs. This is in line with the statement to Anantadjaya *et al.* (2015) that companies must pay attention to the behaviour of each customer, understanding customer needs in order to meet customer expectations as part of their effort to build intimacy between company and customer which in turn builds customer trust.

This research specifically divided the respondents into two groups, the male patients and the female patients. The results of this study indicate that the female patient intimacy has significant positive effect on trust. In contrast, the male patient intimacy has a significant negative effect on trust. These results reveal that the female patient perception on intimacy regarded as a good thing that can increase trust is different from the male patient perception. If is explored further, although the number of male medical specialists who practice in Surabaya are greater than the female medical specialists, they can create better intimacy or closer relationships with the female patients. It is due to the fact that women are generally more responsive communicators (part of the patient intimacy) than men. Many women use non-verbal communications to indicate engagement with others, emotional involvement, and empathy (Guerrero, 1997 in Wood, 2007:138).

Women are concerned with creating relationships, taking care in human interaction and listening to peoples' advice (Lee, 2011), so they tend to feel a closeness that refers to an openness to each other that is not just physical, familiarity, and attachment. It is different according male, they interpret intimacy just as physical closeness (Ridley, 1993 in Constant *et al.*,2016).

Gaia (2013) stated that women are more comfortable discussing their worries and information that may make them vulnerable (Huston & Ashmore, 1986; Peplau, 1983). He also stated, women also report interpersonal interactions characterised by a deeper level of intimacy than men (Aries & Johnson, 1983; Aukett, Ritchie, & Mill, 1988; Caldwell & Peplau, 1982; Wright, 1982). Gaia (2013) added his statement, men often disclose less on what are considered topics emphasising personal concerns, whereas women disclose less on topics related to assertiveness (Derlega, Durham, Gockel, & Sholis, 1981).

Therefore, the intimacy built by a female patient on the basis of femininity characteristics indicating emotional involvement and relationship orientation, is an important factor causing the patients get more involved in a relationship of intimacy with the healthcare providers who are the medical specialist in Surabaya. According to Teunissen *et al.* (2016), the result of their study show that women expect better treatment, more intimate and privacy during visiting hours, and better pain management than they received so far to obtain the same hospital assessment results as men. Therefore, the female patients of medical specialists in Surabaya have a tendency to feel more comfortable and encouraged to convey their complaints with more details about the disease and the pain to the doctor. The condition is different from the male patients who tend to cover himself (although dealing with the doctor who will help to cure the illness) and tend to hide the facts about themselves (details of their weakness/disease). The male patients are often found to keep their complaints brief in the hope of getting out of the examination room quicker. It is also said by Gaia (2013) that men tend to be introvert and short due to their worries of society judgement and gender norms that men are not supposed be vulnerably and fragile.

The services of medical specialist differ from the other services. Relationships emerge between the medical specialists and the patients because the patients require a good and quick treatment in order to recovered sooner. They do not want to bother themselves with the treatment. If the treatment is faster and the relief is greater, the patients will feel more comfortable with the medical specialists' treatment compared to the long period of treatment and the relationship with these medical specialists.

The results showed that the second hypothesis is also accepted. The results are consistent with theories proposed by Sulaiman (2014) that one of service provider goal is able to create a strong relationship with customers and at the end it will creates loyal customers, the patients want to pursue a relationship with a specialist, because the patients have to build trust. Trust will significantly reduce the risk perceived by the patients when they have to make decision to check their health. Trust will provide benefits to the patients that foster the emergence of their loyalty. Health care sector with 'the uncertainty' need customers' trust. Trust is needed to eliminate the hesitant attitude of their patients (McCabe and Sambrook, 2014).

Consumers' loyalty is the outcome of behavioural intentions which is the result of trust and perceived value of consumers (Chai *et al.*, 2015). According to Feng *et al.* (2015), attitudinal loyalty is relationship of attachment, psychological closeness, connect to company, and trust to a provider as the preferred choice. In this study, the patients are confident with their chosen medical specialists in Surabaya. The patients believe that their medical specialists have given medical action correctly and properly because of their competency in the medical field. So, the patients have loyalty to the medical specialists they have visited. The indicator is that the patients are willing to speak positively about their medical specialist to others, and that they even plan to keep having their medical specialist to care their health despite of their expensive fee.

Conclusion

The results reveal that the influence of patient intimacy on trust between the male patients and female patients is different. The influence of patient intimacy on the trust in female patients is higher than that in male patients of the medical specialists.

In the future, research needs to be more specific by including the gender cultural variable as a moderator variable. It is very interesting to investigate. According to Solomon (2015:161), gender refers to social categories (masculine/feminine) that is identity based on the sex-role identity. Gender may vary among cultures and can also change from time to time. The variable of humour is also needed as a moderator variable for the further research. Pizzini's (1991, in Kotthoff, 2006) showed that a study on the use of humour between doctors and patients in an Italian obstetrical/gynaecological setting also demonstrated a rigidly hierarchical trend. Humorous remarks serve different communicative functions in the hospital setting; sometimes, humorous remarks are used by doctors in small talk with patients, sometimes to comfort them, and sometimes to silence them while they explain too much gynaecological knowledge. Women patients use different humour strategies, depending upon whether they are interacting with nurses, midwives, or doctors; power shifts along gender relationships and institutional lines. Nurses and midwives joke more often when the doctors is not in the room as when people initiate humour, they are likely to be ignored if someone of higher status is present.



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