



## Journal of Service Theory and Practice

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Vicent Tortosa Edo Jaume Llorens-Monzonís Miguel Ángel Moliner-Tena Javier Sánchez-García

### Article information:

To cite this document:

Vicent Tortosa Edo Jaume Llorens-Monzonís Miguel Ángel Moliner-Tena Javier Sánchez-García , (2015), "The influence of internal market orientation on external outcomes", Journal of Service Theory and Practice, Vol. 25 Iss 4 pp. 486 - 523

Permanent link to this document:

<http://dx.doi.org/10.1108/JSTP-11-2013-0259>

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# The influence of internal market orientation on external outcomes

## The mediating role of employees' attitudes

Vicent Tortosa Edo, Jaume Llorens-Monzonís,  
Miguel Ángel Moliner-Tena and Javier Sánchez-García  
*Department of Business Administration and Marketing,  
Jaume I University, Castelló, Spain*

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Received 13 November 2013  
Revised 24 February 2014  
17 June 2014  
17 September 2014  
5 November 2014  
Accepted 5 November 2014

### Abstract

**Purpose** – The purpose of this paper is to analyse the possible influence of internal marketing (represented by internal market orientation (IMO)) on external customer outcomes (perceived service quality and customer satisfaction) through the mediating role of employees' attitudes (job satisfaction, trust and commitment) that comprise relationship quality.

**Design/methodology/approach** – The authors employ a dyadic methodology, with 244 dyads (employee-the average of his/her three patients) at the outpatient services of five Spanish hospitals. The authors use structural equation modelling (EQS6.1) to test the relationships of the model.

**Findings** – The results corroborate the hypotheses proposed in the model, with the exception of the influence of IMO on commitment. Significant differences in some relationships, depending on the experience of the employee, are also corroborated.

**Research limitations/implications** – The paper analyses one service activity in the same region. Only perceptual data are used to measure the variables of the model.

**Practical implications** – Service companies should consider IMO because it contributes to creating an excellent customer experience. Furthermore, managers should bear in mind their employees' needs when taking decisions.

**Originality/value** – This paper contributes to the literature by demonstrating, for the first time, the mediating role of relationship quality in the influence of IMO on external outcomes. It is also the first paper in internal marketing to analyse the differences in the consequences of IMO according to employee tenure.

**Keywords** Internal marketing, Service quality, Patient satisfaction, Employees' attitudes, Internal market orientation

**Paper type** Research paper

### Introduction

The relationship demonstrated between perceived quality and customer satisfaction and loyalty (Borucki and Burke, 1999; Dietz *et al.*, 2004) explains companies' efforts to improve their customers' perceptions of quality. This relationship becomes even more important in the case of service companies, where the service delivery process is highly variable because quality is created during the interaction between the employee and his or her customer (Gunawardane, 2011). Consequently, the human factor in service delivery remains one of the great challenges for managers (Solnet, 2006). It therefore becomes essential for organisations to identify the elements of a work environment, as



perceived by employees, which are linked to critically important organisational outcomes (Pugh *et al.*, 2002; Scotti and Harmon, 2014).

A body of literature known as linkage research examines these links (e.g. Wiley, 1996; Wiley and Brooks, 2000), and tries to explain how employees' descriptions of their work environment influence important performance factors. Linkage research is also related to the service climate literature (Johnson, 1996; Schneider and Bowen, 1985) or contributions based on the service profit chain model (Heskett *et al.*, 1994, 1997), both of which seek to connect internal and external parameters (Hong *et al.*, 2013).

The internal marketing literature that explores the ways in which the company-employee relationship can be managed to improve internal bonds (Peltier *et al.*, 2013) and outcomes in the external market (Gounaris, 2006) also falls within this academic context. Internal marketing is defined as "a philosophy that focuses attention on customer satisfaction and organisational productivity through continuous attention and improvement of the jobs that employees execute and the environment in which they execute them" (Ahmed and Rafiq, 2003, p. 1180). Considering a marketing philosophy in internal management, and the analysis of its effect in maintaining affective relationships between the company and its employees that help the organisation obtain its external targets, appear to overcome the criticisms levelled at the linkage research or the profit chain model arising from the simplicity of their arguments on the linkages between internal organisation practices and customer outcomes (Dean, 2004; Solnet, 2006).

Our study aims to enrich the internal marketing literature by considering the mediating role that three employees' attitudes (job satisfaction, trust and commitment), which comprise what is known as relationship quality in the marketing literature, might have in the relationship between internal marketing, represented by internal marketing orientation (IMO), and external success factors, in the form of perceived service quality that affects customer satisfaction.

The possible positive influence that implementing IMO in an organisation might have on employee attitude and the service he/she offers, as perceived by the customer, is explained by equity theory (Adams, 1963). Our study uses dyadic relationships to analyse the validity of this theoretical referent, based on data from workers and their patients in the healthcare sector.

The paper is structured as follows: in the next section we review the literature and present the conceptual reference that underlies the proposed model. This is followed by an explanation of the methodology and results. Finally, we highlight the main implications, limitations of the study and suggestions for future lines of research.

### Literature review and model development

Linkage research (Cheung and To, 2010; Hartline and Ferrell, 1996; Scotti and Harmon, 2014; Wiley, 1996; Wiley and Brooks, 2000) examines the relationship between the way employees describe their work environment and important performance success factors. Wiley (1996, p. 330) argues that, "linkage research involves integrating and correlating data collected from employees with data in other key organizational databases [...] the purpose of linkage research is to identify those elements of the work environment – as described by employees – that correlate, or link, to critically important organizational outcomes such as customer satisfaction and business performance".

Early linkage research studies were performed in connection with service climate research and confirmed direct correlates between employees and customers (Schneider and Bowen, 1985; Schneider *et al.*, 1980). Service climate is defined as "the shared

perceptions of employees concerning the practices, procedures, and kinds of behaviours that get rewarded and supported with respect to customer service and service quality” (Schneider *et al.*, 1998, p. 151). That is, service climate is built on foundations of caring for both customers and employees (Chuang and Liao, 2010; Little and Dean, 2006; Schneider *et al.*, 1992, 2005).

Organisational researchers recognise the importance of service climate in service management (Schneider *et al.*, 1998); moreover, other related research frameworks, such as the service profit chain (Heskett *et al.*, 1994, 1997; Loveman, 1998; Silvestro and Cross, 2000; Yee *et al.*, 2011), have largely inspired service climate research (Hong *et al.*, 2013). The service profit chain establishes relationships between “profitability, customer loyalty, and employee satisfaction, loyalty, and productivity” (Heskett *et al.*, 1994, p. 164).

However, alternative views criticise the simplicity of way these models explain the linkages between internal organisation practices and customer outcomes (Dean, 2004; Solnet, 2006). In this vein, Peccei and Rosenthal (1997) argue that the treatment given in the relevant literatures is somewhat patchy in relation to the nature, antecedents and consequences of the internal organisational factors that create a customer service focus, and consequently better external outcomes. These researchers suggest that the internal factors necessary for employees to be more likely to engage in customer service behaviours are primarily a non-calculative phenomenon, driven more by affective concerns than by traditional human resources practices, which often focus on control and hierarchy.

In this line, the internal marketing literature has made a noteworthy contribution in explaining the relationship between internal management and external organisational outcomes by applying an organisational philosophy from the marketing perspective (Gounaris, 2006), which goes beyond the traditional consideration of a set of human resource practices (Ahmed and Rafiq, 2002).

Notable contributions (Boukis and Gounaris, 2014; Boukis *et al.*, 2014; Gounaris, 2006, 2008a, b; Lings, 2004; Lings and Greenley, 2005) take the IMO, to represent specific behaviours associated with enacting the internal marketing philosophy. IMO is understood to enable the construction of affective bonds with employees that encourage attitudes (Ahmed *et al.*, 2003; Caruana and Calleya, 1998; Lings and Greenley, 2005; Sahi *et al.*, 2013; Tortosa *et al.*, 2009, 2010) and behaviours that are favourable to the company (Boukis and Gounaris, 2014; Boukis *et al.*, 2014; Sánchez-Fernández and Miranda, 2011), and better organisational performance (Fang *et al.*, 2014; Shiu and Yu, 2010).

These positive consequences of IMO are theoretically explained by equity theory (Adams, 1963) and its notion that one party evaluates a relationship by balancing his or her inputs (what he or she contributes to the relationship) with his or her outputs (what he or she receives from the other party) and responding to this evaluation consistently. In an organisational context, following Settoon *et al.* (1996, p. 219) “positive, beneficial actions directed at employees by the organization and/or its representatives contribute to the establishment of high-quality exchange relationships [...] that create obligations for employees to reciprocate in positive, beneficial ways”. As internal marketing increases employees’ perceptions of job-related value (Boukis and Gounaris, 2014), we argue that the firm’s management should focus on their needs and wants, in such a way that employees perceive that the outputs are greater than the inputs and they therefore feel obliged to respond positively to the organisation with an appropriate attitude, and its resulting impact on organisational performance.

Specifically, the marketing literature has analysed the role of attitudes in building and maintaining fruitful relationships through the concept of relationship quality,

defined as “the overall strength of a relationship and the extent to which it meets the needs and expectations of the parties” (Smith, 1998, p. 4). In recent years there seems to be a consensus among scholars that satisfaction, trust and commitment are key elements that integrate and represent relationship quality (Chumpitaz-Cáceres and Paparoidamis, 2007; De Cannière *et al.*, 2009; Ulaga and Eggert, 2006).

Nonetheless, with the exception of a few studies (e.g. Chen *et al.*, 2009; Lee *et al.*, 2012; Zeinabadi and Salehi, 2011) that explore the company-employee relationship outside the internal marketing context, most academic research on relationship quality has focused on the external environment, the company-client relationship, with many contributions that have corroborated the mediating role of relationship quality in the influence that a company’s service or customer orientation has on organisational performance (Beatson *et al.*, 2008; De Wulf *et al.*, 2001).

In a similar way, with equity theory as our theoretical framework, the present study analyses, as far as we know for the first time, the mediating role that the quality of the relationship employees have with the company, represented by satisfaction, trust and commitment, may have on the relationship between internal marketing (IMO) and the organisation’s external outcomes. These are measured in terms of the consumer’s perception of the service quality that, according to the literature (Mohr and Bitner, 1995), affects his or her satisfaction. Although they have been extensively examined, these specific outcomes were selected because they are two key external objectives of internal marketing (Gounaris *et al.*, 2010; Tsai and Wu, 2006), which we believe justifies their analysis as a possible outcome of the relationship quality.

This study also contributes to the literature in its treatment of trust, an attitude that, to date, has not been considered as a possible consequence of internal marketing. Likewise, following several studies on the quality of the company-client relationship (Chumpitaz-Cáceres and Paparoidamis, 2007; Moliner, 2009; Moliner *et al.*, 2007), we analyse the possible causal relationships among the three employee attitudes, relationships justified by the conceptual nature of each attitude.

Before detailing the hypotheses of our research model, we first analyse in greater depth the concept of internal marketing and its representation through IMO.

### *Internal marketing and IMO*

The lack of agreement about the conceptual nature of the term internal marketing has hindered academic development in this field. However, according to Gounaris *et al.* (2010), 30 years of investigation have produced the following findings: first, the principles of applying marketing internally mirror those of applying marketing externally; second, the application of internal marketing helps employees to meet their needs; and finally, the scope of internal marketing is also externally oriented because it aims to achieve customer satisfaction through employee satisfaction.

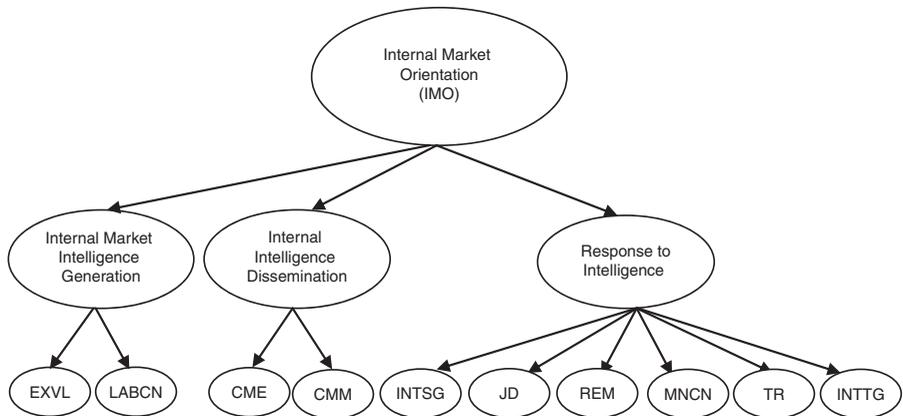
Despite the conceptual relationship that may exist between internal marketing and human resources management (Pitt and Foreman, 1999), we believe there are significant differences that explain why researchers have dealt with internal marketing separately in recent decades. We therefore draw on Ahmed and Rafiq’s (2002, p. 68) argumentation to conceptually delimit internal marketing: “The acceptance of the central aim of internal marketing of developing customer-conscious employees, treating employees as customers and the use of marketing-like techniques to achieve these aims means that organization is taking on board a new set of values”. Internal marketing represents the firm’s philosophy to provide value for its employees with the aim of encouraging them to attain the firm’s external objectives (Boukis and Gounaris, 2014).

Internal marketing, therefore, goes beyond the traditional treatment of the influence that a set of human resource practices might have on employee performance. In effect it involves a holistic approach (Rafiq and Ahmed, 2000), designed to improve company-employee bonds (Peltier *et al.*, 2013), and in turn, increase employee satisfaction, motivation and customer orientation (Bennett and Barkenjo, 2005; Caruana and Calleya, 1998); in this way all organisational functions are integrated and coordinated, which allows business strategies to be effectively planned and implemented in order to achieve the desired external objectives (Rafiq and Ahmed, 2000).

Various contributions (Boukis and Gounaris, 2014; Boukis *et al.*, 2014; Gounaris, 2006, 2008a, b; Tortosa *et al.*, 2009, 2010) in the field of internal marketing identify, by means of IMO, specific behaviours associated with enacting this philosophy, which build effective relationships between employees and management. The theoretical framework of IMO has its origins in the work of Lings (2004), which, taking Kohli and Jaworski's (1990) market orientation as a referent, associates proximity to the employee from a marketing philosophy with different managerial activities related to generating information about employees, providing higher managerial support and direct communication between employees and their managers, thus raising employees' awareness of their central role in organisational performance and encouraging, according to equity theory, a positive reciprocal response towards their employers (Boukis and Gounaris, 2014).

Based on this definition, our study adopts Gounaris' (2006, 2008a, b) scale to represent IMO as a hierarchical construct (see Figure 1), with the dimensions of internal-market intelligence generation, internal intelligence dissemination and response to intelligence, and a total of ten sub-dimensions with their respective indicators.

Through this scale, we suggest that the adoption of IMO in an organisation may result in positive employee attitudes in the performance of their work, which in turn will have a favourable effect on customer outcomes.



**Notes:** EXVL, identification of exchanges of value; LABCN, aware of labour market conditions; CME, communication between managers and employees; CMM, communication among managers; INTSG, internal market segmentation; JD, job description; REM, remuneration systems; MNCN, management concern; TR, training; INTTG, internal-segments targeting

**Source:** Gounaris (2006)

**Figure 1.**  
Hierarchical approach to internal market orientation (IMO)

*The influence of IMO on workers' attitudes*

The relationship employees have with the organisation in which they work allows them to evaluate its degree of orientation towards the workforce, which brings about an attitude or affective response[1] consistent with this assessment. Various studies have represented this response through employee satisfaction (Alexandrov *et al.*, 2007; Paulin *et al.*, 2006); employees' trust in the company and the managers who represent it (Chen *et al.*, 2009; Garbarino and Johnson, 1999); and their affective commitment to the organisation (Babakus *et al.*, 2003; Paulin *et al.*, 2006). To our knowledge, our study is the first to analyse, in the same model, the influence of IMO on these three employee attitudes, and the possible relationships among them. It therefore responds to the call for further research on the possible consequences of IMO (Kaur *et al.*, 2009).

Job satisfaction has traditionally been defined as a worker's emotional state resulting from the evaluation of his or her job, particularly regarding actual results as compared to the results they wish to achieve in their work relationship (Locke, 1969). Hence, employees' job satisfaction may be positively influenced by introducing IMO in the organisation, since this entails a management commitment to understand employee's needs through internal-market intelligence generation, dissemination of this intelligence throughout the company and responding on the basis of this intelligence; in other words, attempting to offer jobs and responsibilities in accordance with employees' needs (Gounaris, 2008a).

Indeed, several empirical contributions (Ferdous and Polonsky, 2014; Gounaris, 2006, 2008a; Tortosa *et al.*, 2009, 2010), on hospitality services and banking activities, respectively, have corroborated this relationship. We considered it opportune to corroborate the possible influence of IMO on job satisfaction in the health service context, where according to the literature (Aiken *et al.*, 2001; Deckard *et al.*, 1994; Gil-Monte and Schaufeli, 1991; Maslach and Jackson, 1982; Peltzer *et al.*, 2003; Thomas, 2004), employees are considered to have one of the highest rates of professional burnout syndrome, with the resulting negative attitude towards their work (Passalacqua and Segrin, 2012). The present study therefore proposes the following hypothesis:

*H1.* IMO has a direct, positive and significant influence on employee's job satisfaction.

Trust can be considered a favourable affective reaction that appears to be explained through two dimensions (Kumar *et al.*, 1995, p. 349): first, trust in benevolence, or the other party's interest in the well-being of the person who trusts; and second, trust in honesty (credibility), or the faith of those who trust in the actions and signs of the other party in the relationship. This conceptual delimitation of trust is used in the present research, defined as the employee's affective response to the organisation and its managers' honesty (credibility) and benevolence.

No distinction is made between employees' trust in their managers and their trust in the organisation where they work on the grounds of the principle of transference process (Doney and Cannon, 1997), which holds that trust is transferred from one agent to another person or institution he or she represents.

To our knowledge, internal marketing research has not explored the possible influence of IMO on employees' trust. However, following the theoretical principle of equity theory, the management concern for employees' needs implicit in IMO is an output from the organisation that may positively affect the employee's attitude, thus enhancing his or her trust in the company and its managers.

In this vein, some approaches (Narangh and Singh, 2012; Paillé *et al.*, 2010) based on perceived organisational support (POS), defined as the degree to which employees perceive their employer to be concerned with their well-being and value their contributions to the organisation (Eisenberg *et al.*, 1986), corroborate its influence on employee's trust in the organisation and its managers. In the same way, employees may interpret IMO as a mark of respect and consideration on the part of their employer, which in turn may increase their trust. For this reason, we consider the following hypotheses for further discussion:

*H2a.* IMO has a direct, positive and significant influence on employee's trust in the honesty of the organisation and its managers.

*H2b.* IMO has a direct, positive and significant influence on employee's trust in the benevolence of the organisation and its managers.

Following some scholars (Paulin *et al.*, 2006; Whitener, 2001), the present study defines organisational commitment as the employee's state of affective attachment to the organisation and is especially sensitive to work experiences such as organisational support. This attitude has also been described as a linking of the individual identity with the identity of the organisation and as an attachment to the organisation for its own sake. It results in a situation where the worker wants to continue his or her association with the firm. The definition adopted is therefore representative of affective commitment.

The aim of internal marketing is to ensure that employees feel that management is concerned about them and that their needs are met. When used successfully, internal marketing creates positive employee affective response, including organisational commitment (Awwad and Agti, 2011; Paulin *et al.*, 2006). Accordingly, two contributions to the study of IMO (Kaur *et al.*, 2009; Lings *et al.*, 2008), in banking activities and maritime transport service, respectively, have corroborated the positive influence of IMO on employees' affective commitment to the company. As we mentioned before, we consider it relevant to replicate the influence of IMO on employee commitment in the healthcare service, where work demands are more intense and might lead to greater depersonalisation, with the consequent worsening of employees' attitudes (LeBlanc *et al.*, 2001; Peltzer *et al.*, 2003). Thus, we propose the hypothesis that:

*H3.* IMO has a direct, positive and significant influence on employee's affective organisational commitment.

The study also hypothesises the possible causal relationships among these representative variables of workers' attitudes. The conceptual nature of each variable justifies such relationships. Several authors have corroborated the direct influence of job satisfaction on employees' trust (Daley and Vasu, 1998; Williams, 2005), on employees' affective commitment (Alexandrov *et al.*, 2007; Chen *et al.*, 2009; Yousef, 2002) and the influence of employees' trust on their affective commitment (Alder *et al.*, 2006; Doucet *et al.*, 2008). In the same vein, we consider the following hypotheses:

*H4a.* An employee's job satisfaction has a direct, positive and significant influence on his or her trust in the honesty of the organisation and its managers.

*H4b.* An employee's job satisfaction has a direct, positive and significant influence on his or her trust in the benevolence of the organisation and its managers.

- 
- H5.* An employee's job satisfaction has a direct, positive and significant influence on his or her affective organisational commitment.
- H6a.* An employee's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on his or her affective organisational commitment.
- H6b.* An employee's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on his or her affective organisational commitment.

*The relationship between workers' attitudes and customer outcomes*

To test the influence that employees' attitudes can have on organisational performance, we consider that the quality of the service the worker gives, as valued by the customer, is the worker's reaction to his or her affective response. We therefore follow Akroush *et al.*'s (2013) recommendation to use dyadic methodology in studies that link employees' results with customer outcomes.

Employees' attitudes play a critical role in determining how they interact with customers (Babakus *et al.*, 2003), and in turn, influence the customer's perception of the quality of the service they receive. Numerous contributions in the literature have confirmed the direct influence on service quality of employees job satisfaction (Hartline and Ferrell, 1996; Malhotra and Mukherjee, 2004; Yoon *et al.*, 2001); their level of trust in the organisation and its managers (Aryee *et al.*, 2002; Podsakoff *et al.*, 1990); and their affective commitment to the organisation (Jiang *et al.*, 2009; Meyer *et al.*, 2002).

Nonetheless, we consider that these relationships should be verified in this study since this is the first analysis in a single model of the mediating role that these three attitudes can play in the possible influence of IMO on two key factors of an organisation's external outcome, namely, the customer's perception of the service quality and his or her satisfaction with the service received. Furthermore, in a service such as healthcare, the employee's attitudes can have a greater impact on the customer's evaluation of the service received. These arguments lead us to replicate these relationships with the following hypotheses:

- H7.* An employee's job satisfaction has a direct, positive and significant influence on the quality of service perceived by the customer.
- H8a.* An employee's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on the quality of service perceived by the customer.
- H8b.* An employee's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on the quality of service perceived by the customer.
- H9.* An employee's affective organisational commitment has a direct, positive and significant influence on the quality of service perceived by the customer.

The study also understands perceived quality as the result of the customer's evaluation of the services given by the same employee experienced over the course of time. If this overall perception is positive, the customer's affective response takes the form of general satisfaction with the service. Several studies

(Boshoff and Gray, 2004; Mohr and Bitner, 1995) consider the role of perceived service quality as an antecedent of customer satisfaction:

*H10.* The service quality perceived by the customer has a direct, positive and significant influence on his or her satisfaction with the service received.

Figure 2 shows the research model with all the proposed hypotheses.

**Methodology**

*Scope of the study*

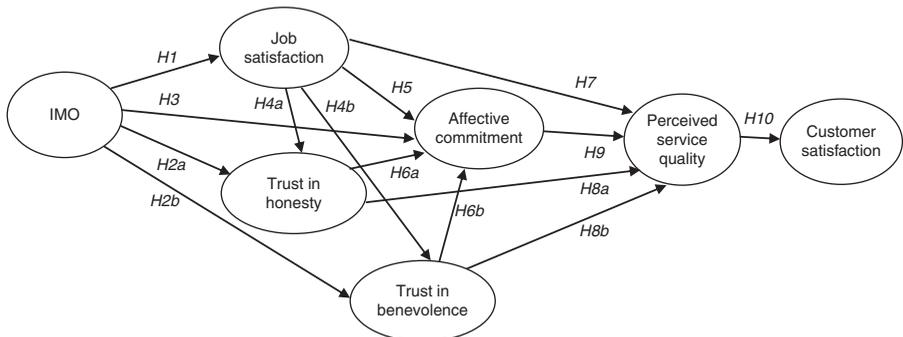
Our research focuses on the healthcare sector, specifically on the outpatient services of five Spanish hospitals in the Valencian region. The five hospitals are of a similar size/capacity (small to medium) and offer the same outpatient services. Permission was obtained from the regional health authority to carry out the study in the selected hospitals. In fact, the intervention of the health authority was decisive in the managers' decision to participate in the study in all the five hospitals selected. The research team prepared an individual report with the aggregated results of the study pertaining to each hospital.

The healthcare sector was chosen because workers have a notable influence on the patient's perception of quality, which explains why healthcare management is increasingly concerned to improve relations with workers with a view to improving their attitude in each interaction with patients. Moreover, health concerns are among the most salient of human concerns (Bellou and Thanopoulos, 2006); healthcare workers are therefore under considerable pressure from society and their organisation, which is reflected in the higher levels of affective distress they experience as compared to other professions (Fiabane *et al.*, 2013; Laranjeira, 2011; Lim *et al.*, 2010). The consequences of this occupational stress may affect the quality of care provided to patients, for example in diagnosis and treatment errors (Rogers *et al.*, 2004), and may lead to reduced patient satisfaction (Argentero *et al.*, 2008).

Finally, we focus on hospital outpatient services because this context favours the formation of dyads that link the information provided by each employee to that provided by his or her patients.

*Data collection and sample*

Because of the conceptual integration of employee and customer perceptions in this study, a two-sample research design was applied and two questionnaires were developed. The first one measured the employees' evaluation of IMO and their attitudes



**Figure 2.**  
Model proposed  
by the study

(job satisfaction, trust in benevolence and honesty and affective commitment). The second questionnaire captured service quality perceived by patients and their satisfaction.

The study sample consisted of 244 employees and 732 of their patients in the five hospitals analysed. Prior to the field work, the management of each hospital informed personnel that university researchers would carry out a survey of opinions about their work. Participation was voluntary and anonymous. The questionnaires were first reviewed, through individual in-depth interviews, by six employees and six patients in another hospital. The scales were adapted and finalised according to their suggestions with the aim of capturing the reality of the healthcare services. This review was also performed to ensure that the form, layout, sequence difficulty, length of the questionnaires and completion time were appropriate.

Following this review, employees and patients in the five hospitals were interviewed by a team of seven researchers from the department of the university where the authors of this study teach. To ensure there was no significant interviewer effect in the results we used, following Hox (1994), the Kish (1962) intraclass correlation coefficient (ICC), with results close to 0.031, as recommended by the literature for face-to-face surveys (Davis *et al.*, 2010; Groves, 2004).

The interviews with the employees were carried out in the hospital at the beginning or end of the day, and their patients were interviewed while they were waiting for the outpatient appointments. The patients, chosen at random at that particular moment, were asked to respond to questions about their level of satisfaction and their perception of the service quality, in relation to at least three occasions in the previous 12 months, offered by the professional whom they were waiting to see at the time of the interview. If any patient had not received the service from the same professional on several occasions, he or she was not included in the sample.

In order to guarantee confidentiality, the interviews were carried out in rooms adjoining the waiting room of each outpatient service. The self-completion technique was not used so as to avoid erroneous interpretations of the questions. Both questionnaires consisted of closed questions with items measured on a five-point Likert scale, where 1 represented the lowest agreement with the statement, and 5 the highest.

Through codification it was possible to identify and match the results of the two questionnaires, completed by each employee and his or her patients (three patients per worker). Confidentiality in the process of disseminating the results was assured since they were aggregated.

The response rate in the employee sample was 60 per cent (244 out of 411 employees); the sample consisted of 132 men (54 per cent) and 112 women (46 per cent), 162 of who were doctors and 82 nurses. More than 80 per cent of the respondents worked full-time at the hospital. The average tenure of the employees was not longer than ten years. The patient sample consisted of 392 women (53 per cent) and 340 men (47 per cent), with an average age of 42. These profiles were comparable to the total population of patients in the five hospitals analysed.

In sum, the unit of analysis was the employee-patient relationship; the research hypotheses were therefore tested on 244 dyads that associated each employee with the average of the three patients in the sample that he or she had treated. This aggregation is consistent with previous suggestions (George and Bettenhausen, 1990; Yoon and Suh, 2003) that data should be collected at the level of analysis at which it will be aggregated. However, as Schneider and Bowen (1985) suggest, it is necessary to ensure that patient ratings are reasonably stable within each service encounter. To test consistency or agreement across patient responses on service quality and satisfaction

we estimated within-group interrater agreement (James, 1982) for both constructs. The average within-group interrater reliability values,  $r_{wg(i)}$ , for the constructs of patient satisfaction and service quality were 0.856 and 0.895, respectively, which were higher than the commonly accepted criterion of 0.7, suggesting sufficient within-group agreement to aggregate the data at employee level.

We also used ICC statistics, ICC(1) and ICC(2) to assess interrater reliability (Bartko, 1976) within professionals. The ICC(1) values were 0.505 and 0.570 for patient satisfaction and for service quality, respectively, which were much higher than the cutoff value of 0.12 (James, 1982), indicating a sufficient variability ratio. The ICC(2) values were 0.754 and 0.793 for patient satisfaction and service quality, respectively, which were higher than the cutoff point of 0.60 (Glick, 1985), rendering sufficient interrater reliability within employees. In sum, all these results justify aggregation of the data on service quality perceived by patients and their satisfaction at the employee level.

### *Measures*

Following Gounaris (2006, 2008a, b), based on Lings (2004), we treat IMO as a third-order hierarchical reflective construct (with dimensions, sub-dimensions and indicators or observable variables) that represents the generation and dissemination of information pertaining to the wants and needs of employees, and the design and implementation of appropriate responses to meet these wants and needs. We consider that this scale is more suited than others to the conceptual nature of IMO, and we defend its hierarchical nature following Gounaris' (2006, p. 436) argument, "marketing scholars would seem to concede that many constructs, such as for instance satisfaction, or service quality, have a multifaceted nature (e.g. Brady and Cronin, 2001; Flynn *et al.*, 1993) and are comprised by distinct subcomponents (sub-constructs) which, however, contain a significant amount of shared variance attributed to their common relation with the higher order global construct".

Finally the scale was adapted and completed with five new items, EXVL 4, EXVL 5, JD1, JD2, JD3 (see the Appendix), according to the suggestions of six professionals in the individual in-depth interviews, with the aim of capturing the reality of the relationship between managers and employees in outpatients department of a hospital, which is considerably different from the reality in the hospitality sector, investigated in Gounaris' (2006, 2008a, b) works.

We used items from several scales in the literature to represent the constructs that measure employees' attitudes, although not all the original items were used in order to keep the questionnaire reasonable short and thereby avoid a negative effect on the response rate. We selected the items that best matched the research objectives. The scales were finally adapted to the hospital context. We therefore consider the following constructs: first, job satisfaction, as a one-dimensional reflective construct of general content based on some items from job satisfaction scales (Churchill *et al.*, 1974; Ironson *et al.*, 1989) and on Oliver's (1980) satisfaction scale; second, employee's affective response to honesty (credibility) and benevolence of the organisation and its managers as two reflective constructs based on scales developed by Ganesan (1994) and Kumar *et al.* (1995); both constructs are largely based on affective bonds between the parties in a relationship; and finally, employee's organisational commitment, as a one-dimensional reflective construct describing their affective nature. This attitude was represented by the scale developed by Meyer *et al.* (1993), which is based on six of the eight items from the original Allen and Meyer (1990) scale.

We use Brady and Cronin's (2001) scale, adapted to a hospital outpatient service, to represent perceived service quality. It considers perceived service quality as

a multi-dimensional and multi-level construct, with three main dimensions (quality of the interaction, of the outcome and of the environment), nine sub-dimensions and 27 indicators (observable variables). In sum, it is a hierarchical construct of a reflective character in the first and second orders and a formative character in the third order (the main dimensions explain the service quality as a global construct). We defend the use of this hierarchical model in our paper because it has a more integrative and complete view than other models, as confirmed by several studies in different contexts (Bai *et al.*, 2008; Liu, 2005; Pollack, 2009).

Finally, we estimate customer satisfaction as a one-dimensional reflective construct (Bloemer and Odekerken-Schroder, 2002) representative of the customer's affective reaction to the service quality received.

## Results

Following Anderson and Gerbing (1988), we performed a confirmatory factor analysis (CFA) for each scale, and then developed a confirmatory measurement model with all the constructs and a structural model to test the causal relationships.

The proposed model was tested with version 6.1 of the EQS multivariate software package for structural equation modelling (SEM). The parameters were estimated using the maximum likelihood approach and the fit of the conceptual model to the empirical data was assessed with  $\chi^2$  statistics, the comparative fit index (CFI), the goodness-of-fit index (GFI), the average goodness-of-fit index (AGFI) and the root mean square of approximation (RMSEA).

### *Scale validation*

First, we checked for signs of multicollinearity by testing the variance inflation factor (VIF) among latent variables in our proposed overall model. Values were below 10 (Hair *et al.*, 2009; Myers, 1990), suggesting multicollinearity was not an issue in our study.

Additionally, to rule out common method data collection bias we performed a one-factor test among latent variables in the proposed model (Lings and Greenley, 2010; Podsakoff *et al.*, 2003). A significant poorer overall fit was estimated in comparison with the results of the CFA with the study's proposed factor structure. These results imply that a single factor poorly reflects the data, indicating the possible absence of any common method bias in collecting the data (Farrell and Oczkowski, 2009).

Regarding the CFA of each construct, according to its structure as proposed in the study, we first analysed the dimensionality, convergent and discriminant validity and composite reliability of the sub-dimensions and main dimensions of IMO, as it was a third-order multi-level construct. To do this, following Gounaris (2006, 2008a, b), the scales representing the sub-dimensions and main dimensions were summatively constructed from the indicators of each sub-dimension (item parcelling). As a result of this process, two items from the identification of exchanges of value (EXVL) and one item from the systems of remuneration (REM) sub-dimension scales had factor loadings below 0.5, and were removed (these items are marked in Table AI).

After refining the scales, the analysis confirmed the convergent validity (AVE > 0.5), discriminant validity (the square root of AVE of each construct was greater than the correlation coefficients between the constructs) and composite reliability (CR > 0.90) of the sub-dimensions and main dimensions of IMO (Table I).

Finally, estimating IMO as a multi-level construct, reflective at all three levels, required verification of the fit of three models: first, the model relating the overall latent variable of IMO to its three main dimensions (generation, dissemination and response);

**Table I.**  
Dimensionality,  
validity and  
reliability of the  
scales

Construct	Items	Mean (SD)	Factor loading (standardised)	<i>t</i> -values	Convergent validity: AVE	Square root of AVE of each factor	Discriminant validity Highest correlation with another factor	Composite reliability
IMO sub-dimension: identification of exchanges of value (EXVL)	EXVL 1	3.61 (1.126)	0.79*	13.15	0.65	0.80	0.79*	0.88
	EXVL 2	3.53 (1.141)	0.92	Fixed				
	EXVL 3	3.52 (1.145)	0.87*	15.10				
	EXVL 4	3.04 (1.328)	0.66*	10.95				
	EXVL 5	2.76 (1.370)	0.58*	9.39				
IMO sub-dimension: aware of labour market conditions (LABCN)	LABCN 1	3.10 (1.234)	0.85	Fixed	0.77	0.87	0.62*	0.92
	LABCN 2	3.10 (1.215)	0.87	Fixed				
	LABCN 3	3.08 (1.225)	0.89	Fixed				
	LABCN 4	2.98 (1.182)	0.83*	20.18				
IMO sub-dimension: communication between managers and employees (CME)	CME 1	3.56 (1.196)	0.80*	17.98	0.78	0.88	0.79*	0.94
CME 2	3.48 (1.177)	0.86*	21.80					
CME 3	3.38 (1.233)	0.91	Fixed					
CME 4	3.37 (1.191)	0.92	Fixed					
CME 5	3.27 (1.210)	0.85*	21.49					
IMO sub-dimension: communication among managers (CMM)	CMM 1	3.14 (1.227)	0.81*	17.89	0.74	0.86	0.78*	0.91
	CMM 2	3.27 (1.147)	0.84	Fixed				
	CMM 3	3.13 (1.147)	0.85	Fixed				
	CMM 4	3.13 (1.190)	0.86	Fixed				
IMO sub-dimension: job description (JD)	JD 1	2.80 (1.161)	0.80*	15.24	0.70	0.83	0.79*	0.92
	JD 2	3.17 (1.205)	0.86	Fixed				
	JD 3	3.11 (1.168)	0.81*	20.40				
	JD 4	2.89 (1.257)	0.72*	18.64				
	JD 5	2.99 (1.184)	0.75*	18.64				
	JD 6	3.24 (1.211)	0.89	Fixed				

(continued)

Construct	Items	Mean (SD)	Factor loading (standardised)		Convergent validity: AVE	Discriminant validity		Composite reliability
			<i>t</i> -values			Square root of AVE of each factor	Highest correlation with another factor	
IMO sub-dimension: internal market segmentation (INTSG) $\chi^2 = 0.13$ ; $df = 1$ ; $p = 0.713$ ; CFI = 1.00; GFI = 1.00; AGFI = 1.00; RMSEA = 0.00	INTSG 1	3.29 (1.169)	0.75*	13.91	0.77	0.87	0.79*	0.92
	INTSG 2	3.01 (1.151)	0.93	Fixed				
	INTSG 3	3.09 (1.145)	0.90*	17.08				
	INTSG 4	3.00 (1.155)	0.87*	17.40				
IMO sub-dimension: internal-segments targeting (INTTG) $\chi^2 = 1.32$ ; $df = 3$ ; $p = 0.724$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.00	INTTG 1	2.93 (1.128)	0.91	Fixed	0.82	0.90	0.79*	0.94
	INTTG 2	2.84 (1.196)	0.87*	22.44				
	INTTG 3	2.80 (1.133)	0.90	Fixed				
	INTTG 4	2.81 (1.190)	0.89	Fixed				
IMO sub-dimension: remuneration systems (REM) $\chi^2 = 10.10$ ; $df = 5$ ; $p = 0.073$ ; CFI = 0.98; GFI = 0.98; AGFI = 0.96; RMSEA = 0.06	REM 1	2.04 (1.215)	0.57*	7.99	0.60	0.77	0.55*	0.82
	REM 2	2.43 (1.390)	0.87	Fixed				
	REM 3	2.70 (1.411)	0.87	Fixed				
	REM 4	3.21 (1.367)	0.57*	7.99				
IMO sub-dimension: training (TR) $\chi^2 = 5.27$ ; $df = 2$ ; $p = 0.072$ ; CFI = 0.99; GFI = 0.99; AGFI = 0.95; RMSEA = 0.08	TR 1	2.88 (1.220)	0.73	13.98	0.74	0.85	0.77*	0.90
	TR 2	3.04 (1.250)	0.92	Fixed				
	TR 3	2.90 (1.213)	0.82	17.13				
	TR 4	3.03 (1.271)	0.87	19.22				
IMO sub-dimension: management concern (MNCN) $\chi^2 = 6.48$ ; $df = 3$ ; $p = 0.091$ ; CFI = 1.00; GFI = 0.99; AGFI = 0.96; RMSEA = 0.06	MNCN 1	3.01 (1.281)	0.88	26.83	0.88	0.93	0.77*	0.97
	MNCN 2	2.77 (1.247)	0.92	34.18				
	MNCN 3	2.78 (1.270)	0.97	Fixed				
	MNCN 4	2.88 (1.290)	0.97	Fixed				
IMO dimension: internal-market intelligence generation $\chi^2 = 2.79$ ; $df = 2$ ; $p = 0.248$ ; CFI = 1.00; GFI = 0.99; AGFI = 0.99; RMSEA = 0.04	EXVL	20.68 (6.165)	0.92	Fixed	0.86	0.92	0.85*	0.92
	LABCN	12.27 (4.341)	0.92	Fixed				

(continued)

Table I.

Construct	Items	Mean (SD)	Factor loading (standardised)	<i>t</i> -values	Convergent validity: AVE	Square root of AVE of each factor	Discriminant validity Highest correlation with another factor	Composite reliability
IMO dimension: internal intelligence dissemination $\chi^2 = 5.93$ ; $df = 2$ ; $p = 0.051$ ; CFI = 0.99; GFI = 0.99; AGFI = 0.97; RMSEA = 0.08	CME	17.08 (5.411)	0.91	Fixed	0.84	0.86	0.85*	0.91
	CMM	12.68 (4.179)	0.91	Fixed				
IMO dimension: response to intelligence $\chi^2 = 19.67$ ; $df = 11$ ; $p = 0.050$ ; CFI = 0.99; GFI = 0.98; AGFI = 0.96; RMSEA = 0.05	JD	18.24 (6.125)	0.95	Fixed	0.80	0.89	0.85*	0.95
	INTSG	12.39 (4.106)	0.92*	19.19				
	INTTG	11.37 (4.288)	0.95*	20.11				
	REM	13.68 (4.424)	0.61*	10.38				
	TR	11.85 (4.351)	0.88*	17.51				
	MNCN	11.43 (4.769)	0.93*	19.14				
Job satisfaction (JS) $\chi^2 = 1.52$ ; $df = 2$ ; $p = 0.467$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.98; RMSEA = 0.00	JS 1	3.65 (0.949)	0.90*	24.94	0.87	0.93	0.87*	0.97
	JS 2	3.68 (1.087)	0.94*	30.23				
	JS 3	3.62 (1.091)	0.95	Fixed				
	JS 4	3.64 (1.130)	0.91*	27.13				
	JS 5	3.63 (1.167)	0.86*	22.43				
Trust in honesty (TH) $\chi^2 = 2.78$ ; $df = 3$ ; $p = 0.430$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.98; RMSEA = 0.00	TH 1	3.49 (1.246)	0.97	Fixed	0.90	0.94	0.91*	0.98
	TH 2	3.39 (1.241)	0.95	Fixed				
	TH 3	3.42 (1.226)	0.93*	40.08				
	TH 4	3.40 (1.191)	0.93*	34.13				
	TH 5	3.33 (1.193)	0.93*	33.32				
Trust in benevolence (TB) $\chi^2 = 13.48$ ; $df = 7$ ; $p = 0.061$ ; CFI = 1.00; GFI = 0.98; AGFI = 0.95; RMSEA = 0.06	TB 1	3.16 (1.164)	0.93*	28.05	0.91	0.95	0.91*	0.97
	TB 2	3.16 (1.255)	0.94	Fixed				
	TB 3	3.12 (1.250)	0.86*	21.55				
	TB 4	3.23 (1.200)	0.84*	20.62				
	TB 5	3.16 (1.196)	0.89*	23.92				
	TB 6	3.26 (1.177)	0.92*	26.31				

(continued)

Construct	Items	Mean (SD)	Factor loading (standardised)		Convergent validity: AVE	Discriminant validity		Composite reliability
			t-values	AVE		Square root of AVE of each factor	Highest correlation with another factor	
Affective commitment (AFCOM) $\chi^2 = 11.03$ ; $df = 7$ ; $p = 0.140$ ; CFI = 1.00; GFI = 0.99; AGFI = 0.96; RMSEA = 0.05	AFCOM 1	3.66 (1.083)	0.88*	24.43	0.86	0.92	0.85*	0.97
	AFCOM 2	3.32 (1.209)	0.86*	23.26				
	AFCOM 3	3.35 (1.203)	0.93*	31.60				
	AFCOM 4	3.42 (1.179)	0.95*	37.85				
	AFCOM 5	3.39 (1.197)	0.95	Fixed				
	AFCOM 6	3.36 (1.197)	0.96	Fixed				
SQ sub-dimension: attitude (ATT) $\chi^2 = 2.86$ ; $df = 1$ ; $p = 0.090$ ; CFI = 0.99; GFI = 0.99; AGFI = 0.98; RMSEA = 0.05	ATT 1	4.20 (0.846)	0.93*	50.57	0.89	0.94	0.90*	0.96
	ATT 2	4.14 (0.907)	0.94*	53.83				
	ATT 3	4.13 (0.918)	0.94	Fixed				
SQ sub-dimension: behaviour (BEH) $\chi^2 = 2.28$ ; $df = 1$ ; $p = 0.131$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.04	BEH 1	4.14 (0.901)	0.95	Fixed	0.86	0.92	0.90*	0.94
	BEH 2	3.93 (1.078)	0.84*	38.71				
	BEH 3	4.09 (0.945)	0.96	Fixed				
SQ sub-dimension: expertise (EXP) $\chi^2 = 0.33$ ; $df = 1$ ; $p = 0.564$ ; CFI = 1.00; GFI = 1.00; AGFI = 1.00; RMSEA = 0.00	EXP 1	4.29 (1.333)	0.93*	50.86	0.88	0.93	0.74*	0.95
	EXP 2	4.07 (0.971)	0.93*	50.86				
	EXP 3	4.23 (1.384)	0.94	Fixed				
SQ sub-dimension: waiting time (WT) $\chi^2 = 3.35$ ; $df = 2$ ; $p = 0.190$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.03	WT 1	3.35 (1.208)	0.76*	35.69	0.75	0.86	0.69*	0.89
	WT 2	3.50 (1.078)	0.94	Fixed				
	WT 3	3.58 (1.084)	0.85*	33.10				
SQ sub-dimension: objective valuation of result (OVR) $\chi^2 = 2.47$ ; $df = 2$ ; $p = 0.290$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.01	OVR 1	4.09 (0.899)	0.91*	46.02	0.85	0.92	0.88*	0.94
	OVR 2	3.89 (1.004)	0.93	Fixed				
	OVR 3	3.93 (0.964)	0.91*	46.02				

(continued)

Table I.

Construct	Items	Mean (SD)	Factor loading (standardised)	<i>t</i> -values	Convergent validity: AVE	Square root of AVE of each factor	Discriminant validity Highest correlation with another factor	Composite reliability
SQ sub-dimension: subjective valuation of the experience (SVEC) $\chi^2 = 4.75$ ; <i>df</i> = 2; <i>p</i> = 0.093; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.04	SVEC 1	4.04 (0.904)	0.88*	41.21	0.83	0.91	0.88*	0.93
	SVEC 2	3.95 (0.985)	0.93	Fixed				
	SVEC 3	3.82 (0.982)	0.89	Fixed				
SQ sub-dimension: ambient conditions (AC) $\chi^2 = 2.28$ ; <i>df</i> = 2; <i>p</i> = 0.319; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.04	AC 1	4.06 (0.920)	0.90*	42.14	0.81	0.90	0.70*	0.92
	AC 2	3.87 (1.036)	0.97	Fixed				
	AC 3	3.63 (1.114)	0.80*	39.14				
SQ sub-dimension: design (DES) $\chi^2 = 3.38$ ; <i>df</i> = 2; <i>p</i> = 0.184; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.03	DES 1	3.44 (1.169)	0.86*	30.97	0.76	0.87	0.70*	0.89
	DES 2	3.72 (1.115)	0.81*	26.95				
	DES 3	3.41 (1.210)	0.88	Fixed				
SQ sub-dimension: social factor (SF) $\chi^2 = 4.08$ ; <i>df</i> = 2; <i>p</i> = 0.130; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.03	SF 1	3.48 (1.069)	0.69*	20.02	0.67	0.81	0.69*	0.83
	SF 2	3.59 (1.158)	0.84*	27.80				
	SF 3	3.48 (1.056)	0.84	Fixed				

(continued)

Construct	Items	Mean (SD)	Factor loading (standardised)	<i>t</i> -values	Convergent validity: AVE	Square root of AVE of each factor	Discriminant validity Highest correlation with another factor	Composite reliability
SQ dimension: interaction quality (IQ) $\chi^2 = 0.46$ ; $df = 1$ ; $p = 0.498$ ; CFI = 1.00; GFI = 0.99; AGFI = 0.99; RMSEA = 0.01	ATT	12.27 (1.907)	0.96	Fixed	0.88	0.93	0.86*	0.95
	BEH	11.88 (2.227)	0.94	Fixed				
	EXP	12.27 (2.172)	0.90*	47.23				
SQ dimension: outcome quality (OQ) $\chi^2 = 0.33$ ; $df = 1$ ; $p = 0.563$ ; CFI = 1.00; GFI = 1.00; AGFI = 1.00; RMSEA = 0.00	WT	10.37 (1.951)	0.73*	26.82	0.78	0.88	0.86*	0.90
	OVR	11.65 (2.144)	0.93	Fixed				
	SVE	11.55 (2.119)	0.94	Fixed				
SQ dimension: environment quality (EQ) $\chi^2 = 2.61$ ; $df = 1$ ; $p = 0.105$ ; CFI = 1.00; GFI = 0.99; AGFI = 0.98; RMSEA = 0.04	AC	11.27 (2.144)	0.85*	35.21	0.76	0.87	0.74*	0.89
	DES	10.35 (2.427)	0.87	Fixed				
	SF	10.37 (2.035)	0.83*	23.34				
Customer satisfaction (CS) $\chi^2 = 4.99$ ; $df = 2$ ; $p = 0.082$ ; CFI = 1.00; GFI = 1.00; AGFI = 0.99; RMSEA = 0.04	CS 1	4.14 (0.859)	0.88*	49.37	0.84	0.92	0.88*	0.93
	CS 2	3.70 (1.034)	0.86*	49.37				
	CS 3	4.01 (0.944)	0.98	Fixed				

Note: \*Significant at  $p \leq 0.05$

Table I.

second, the model relating these three main dimensions to their respective sub-dimensions; and finally, the entire model, which contemplates the relationships among the overall latent variable, dimensions and sub-dimensions (see Table II).

These results confirm the reflective multi-level and multi-dimensional character of IMO, as well as the dimensionality, reliability and validity of job satisfaction, employees' trust in benevolence and honesty, employees' affective commitment and customer satisfaction (Table I).

In the analysis of service quality, as a multi-level construct, we followed the method adopted in IMO to corroborate the dimensionality, validity and reliability (Table I). However, as the overall variable of service quality is formative, the indicators or main dimensions influence the latent construct, and it was necessary to demonstrate the absence of multicollinearity among the indicators (Diamantopoulos and Winklhofer, 2001). These authors also require the nomological validity to be confirmed, relating the latent variable, through the three main dimensions, to two other reflective indicators with a more general content of the conceptual domain of the latent variable (in this study, two indicators with a general content of the service quality, GQ 1 and GQ 2 in Table AII).

First, as we mentioned before, the absence of multicollinearity was tested by VIF. The dependent variable was one of the indicators of general content (GQ 1) and the independent variables were the three main dimensions of perceived service quality. The absence of multicollinearity was verified as the values were below 5 points.

To test nomological validity we demonstrated the fit of the model that relates the overall latent variable through the three main dimensions and the two general reflective indicators. Following Gounaris (2006, 2008a, b), together with the analysis of this model we estimated the fit of the model that relates the main dimensions to the respective sub-dimensions and to those of the full model (Table III).

Perceived service quality is therefore both a multi-dimensional and multi-level construct, reflective in the first and second orders and formative in the third order.

**Table II.**  
Fit of the three models of IMO

Models	$\chi^2$	Probability associated with $\chi^2$	CFI	RMSEA	GFI	AGFI
Analysis of the overall variable and the principal dimensions	1.31	0.251	0.99	0.03	0.99	0.98
Analysis of the principal dimensions with their sub-dimension	40.22	0.100	0.99	0.03	0.97	0.94
Analysis of the full model	50.35	0.126	0.99	0.03	0.96	0.94

**Table III.**  
Fit of the three models of perceived service quality

Models	$\chi^2$	Probability associated with $\chi^2$	CFI	RMSEA	GFI	AGFI
Analysis of the overall variable and the principal dimensions	8.01	0.091	0.99	0.03	0.99	0.99
Analysis of principal dimensions with their sub-dimensions	22.95	0.085	0.99	0.01	0.99	0.98
Analysis of the full model	35.86	0.073	0.99	0.02	0.99	0.98

Finally we estimated the confirmatory measurement model with all the constructs. Several statistics verified the goodness-of-fit ( $p$ -value = 0.060; RMSEA = 0.020; CFI = 0.99; GFI = 0.99; AGFI = 0.99). The analysis verified the convergent validity (AVE > 0.5); discriminant validity, the square root of AVE of each construct was greater than the correlation coefficients between the constructs (Table IV); and composite reliability of the constructs of the model, CR > 0.90. The high correlation between the three employee attitudes comprising relationship quality is therefore particularly noteworthy.

*Structural relationships of the model*

The structural model was estimated to test the predicted relationships between the proposed constructs. Evaluations of the goodness-of-fit (Table V) showed that all their values were adequate for the sample data ( $p$ -value = 0.380; RMSEA = 0.017; CFI = 0.99; GFI = 0.99; AGFI = 0.98).

Factors	Mean (SD)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1) IMO	141.68 <sup>a</sup> (40.06)	<i>0.84</i>						
(2) Job satisfaction	3.64 (1.01)	0.76*	<i>0.91</i>					
(3) Trust in honesty	3.41 (1.14)	0.80*	0.81*	<i>0.93</i>				
(4) Trust in benevolence	3.18 (1.08)	0.82*	0.79*	0.86*	<i>0.89</i>			
(5) Affective commitment	3.42 (1.07)	0.70*	0.77*	0.75*	0.77*	<i>0.91</i>		
(6) Service quality	101.98 <sup>a</sup> (16.96)	0.39*	0.43*	0.42*	0.36*	0.29*	<i>0.93</i>	
(7) Customer satisfaction	3.94 (0.95)	0.30*	0.36*	0.33*	0.25*	0.21*	0.87*	<i>0.95</i>

**Table IV.** Mean, standard deviation and discriminant validity of the constructs of the model

**Notes:** Diagonal with italic numbers: square root of AVE; below the diagonal with italic numbers: Pearson correlation coefficients between factors. <sup>a</sup>Construct formed summatively from its dimensions. \*Significant at  $p < 0.05$

Direct causal effects	Parameter estimates (standardised values)	t-test
H1: IMO→Job satisfaction	0.81*	21.51
H2a: IMO→Trust in honesty	0.43*	7.93
H2b: IMO→Trust in benevolence	0.53*	7.95
H3: IMO→Affective commitment	ns	ns
H4a: Job satisfaction→Trust in honesty	0.53*	9.98
H4b: Job satisfaction→Trust in benevolence	0.42*	6.51
H5: Job satisfaction→Affective commitment	0.40*	4.35
H6a: Trust in honesty→Affective commitment	0.25*	5.18
H6b: Trust in benevolence→Affective commitment	0.28*	5.18
H7: Job satisfaction→Perceived service quality	0.08*	5.74
H8a: Trust in honesty→Perceived service quality	0.09*	5.74
H8b: Trust in benevolence→Perceived service quality	0.10*	5.74
H9: Affective commitment→Perceived service quality	0.10*	5.74
H10: Perceived service quality→Customer satisfaction	0.93*	49.49
Goodness-of-fit indices for the structural model	$\chi^2 = 11.79$ ; df = 11; $p$ -value = 0.38; CFI = 0.99; GFI = 0.99; AGFI = 0.98; RMSEA = 0.017	

**Notes:** ns, no significant. \*Significant at  $p \leq 0.05$

**Table V.** Causal relationships

An analysis of the results of the model verifies the role of IMO as an antecedent of job satisfaction (*H1*), trust in honesty (*H2a*) and trust in benevolence (*H2b*); however, this antecedent role is not corroborated for affective commitment (*H3*). Results would seem to indicate that a long-lasting relationship with the company is necessary, with satisfaction and trust as mediators in the influence of IMO on affective commitment.

We also corroborate the hypotheses relating to employees' affective response variables (*H4a, H4b, H5, H6a, H6b*). Job satisfaction plays a significant role, presenting a higher influence on the other variables (trust in honesty, trust in benevolence and affective commitment).

In the study of the possible relationship between employees' attitudes and perceived service quality all the hypotheses, *H7, H8a, H8b* and *H9*, are corroborated, which shows the significant influence that each of the employee's attitudes has on his or her performance according to the patient's opinion. The study also corroborates the final hypothesis proposed by the model, namely, the antecedent role of perceived service quality on patient satisfaction (*H10*).

Finally, as a supplementary analysis of the data, not contemplated in the initial formulation of the hypotheses to be tested in the model, we analysed the possible existence of significant differences, in terms of employees' tenure, in the influence of IMO on employees' attitudes and consequently on external outcomes. Organisational tenure is an important factor to consider when assessing employees' attitudes and performance (Boyas *et al.*, 2013; Bradley, 2007; Wright and Bonnet, 2002); however, its possible moderating role has not, to date, been considered in the internal marketing literature.

This academic gap prompted us to use multi-group methodology, in the form of a supplementary analysis, to test the possible existence of significant differences in the results according to employees' work experience. Following Aryee *et al.* (1994), we divided the sample into employees with more and less than ten years work experience, as ten years was the average tenure of the employees interviewed. The number of observations (103 employees with more than ten years of experience and 141 with less than ten years) was sufficient to use SEM methodology.

In relation to the results, the invariance of the factor loadings is ratified ( $\Delta\chi^2 = 41.34$ ;  $\Delta df = 31$ ;  $p = 0.101 > 0.05$ ), indicating the existence of configural invariance (Vandenberg and Lance, 2000), so the same model could be applied to each sub-sample of employee-customer dyads. To check whether differences between the two samples are statistically significant, we test for the existence of structural invariance (Table VI). The  $\chi^2$  difference tests for the multi-group model show differences between the two samples ( $\Delta\chi^2 = 25.83$ ;  $\Delta df = 13$ ;  $p = 0.018 < 0.05$ ). In particular, significant differences are shown in the influence that IMO has on both trust constructs (higher in the employees with longer tenure) and in the influence of job satisfaction on the same constructs (higher in the employees with lower tenure).

## Discussion and implications

### *Theoretical implications*

Service organisations seek to advance their competitive position by improving their responsiveness to the needs of their customers; it is therefore essential to ensure that employees have the appropriate attitudes and performance when interacting with customers to enhance organisational results (e.g. greater service quality and customer satisfaction). This business need has driven the attempts in the literature, through

Direct causal effects	Parameter estimates employee with high experience		Parameter estimates employee with low experience		$\Delta\chi^2$	<i>p</i>
		<i>t</i> -test		<i>t</i> -test		
<i>H1</i> : IMO→Job satisfaction	0.84*	18.52	0.78*	12.95	2.20	0.138
<i>H2a</i> : IMO→Trust in honesty	0.60 *	7.67	0.32*	5.54	9.76	0.001
<i>H2b</i> : IMO→Trust in benevolence	0.72 *	9.36	0.42*	5.07	5.30	0.021
<i>H3</i> : IMO→Affective commitment	ns		ns			
<i>H4a</i> : Job satisfaction→Trust in honesty	0.34*	4.34	0.65*	11.72	13.22	0.000
<i>H4b</i> : Job satisfaction→Trust in benevolence	0.22*	2.81	0.54*	7.37	13.75	0.000
<i>H5</i> : Job satisfaction→Affective commitment	0.44*	4.41	0.33*	2.30	2.36	0.124
<i>H6a</i> : Trust in honesty→Affective commitment	0.24*	4.64	0.27*	3.56	1.05	0.304
<i>H6b</i> : Trust in benevolence→Affective commitment	0.27*	4.64	0.31*	3.56	1.59	0.207
<i>H7</i> : Job satisfaction→Perceived service quality	0.08*	3.95	0.07*	3.63	0.45	0.499
<i>H8a</i> : Trust in honesty→Perceived service quality	0.08*	3.95	0.09*	3.63	0.89	0.343
<i>H8b</i> : Trust in benevolence→Perceived service quality	0.09*	3.95	0.10*	3.63	1.47	0.224
<i>H9</i> : Affective commitment→Perceived service quality	0.10*	3.95	0.10*	3.63	0.47	0.493
<i>H10</i> : Perceived service quality→Customer satisfaction	0.94*	39.36	0.91*	31.86	2.61	0.106
Goodness-of-fit indices for the structural model	$\chi^2 = 29.32$ ; $df = 22$ ; $p$ -value = 0.14; CFI = 0.98; GFI = 0.98; AGFI = 0.96; RMSEA = 0.023					

**Notes:** ns, no significant. \*Significant at  $p \leq 0.05$

**Table VI.**  
Multisample analysis

linkage research or the related service climate and service profit chain model, to analyse the relationship between work environment, as perceived by employees, and customer outcomes.

The internal marketing literature can be framed within this research stream as it explores the way in which the company-employee relationship can be managed to improve performance in the external market. Indeed, internal marketing, understood as a philosophy that seeks to strengthen affective relationships with employees to ensure they adopt an attitude that is favourable to the organisation's interests, appears to overcome the simplicity in the explanation of these relationships that, according to some authors, are present in the linkage research or the service profit chain model.

This study is set within the internal marketing literature. Hence, through dyadic methodology, recommended to relate internal and external spheres of the organisation (Akroush *et al.*, 2013; Lings and Greenley, 2009, 2010), we have verified the positive influence of IMO on employees' attitudes (job satisfaction and trust) and, through them, on performance (service quality perceived by customers that affects their level of satisfaction), which demonstrates the validity of equity theory as an explanatory conceptual referent of the model.

Specifically, the mediating role of these employee attitudes in the relationship between the adoption of a marketing-type philosophy and customer outcomes is this paper's main contribution to the literature. In fact, this study corroborates for the first time, as far as we know, the influence of IMO on employees' trust in the honesty and benevolence of the firm and its managers.

In line with the findings of various studies on the company-client relationship (Moliner, 2009; Moliner *et al.*, 2007), we corroborate the causal relationships among the three attitudes that comprise relationship quality. In our study, the high correlation found among them is particularly noteworthy, a result that has previously been demonstrated (Fullerton, 2011; Segarra-Moliner *et al.*, 2013). De Wulf *et al.* (2001) point out that, although these three attitudinal dimensions are distinct, customers tend to "lump" them together. This high correlation may in fact be attributed to their common relation with a higher global construct, as posed by several contributions on the quality of relationships between the firm and its customers (Boles *et al.*, 2000; Crosby *et al.*, 1990; Ulaga and Eggert, 2006).

Indeed, only one of the relationships posited in the model is not confirmed (*H3*), since unlike previous investigations (Kaur *et al.*, 2009; Lings *et al.*, 2008), the study does not find a direct and significant influence of IMO on affective commitment, although it does have an indirect influence through job satisfaction and the two constructs of trust. Other empirical studies on POS (Kim *et al.*, 2005) or the service climate (Paulin *et al.*, 2006), also find that IMO has no direct influence on the employee's commitment to the organisation. One possible interpretation of this result is that IMO, and other variables representing greater managerial proximity to employees, have a direct effect on those attitudes – satisfaction and trust – that emerge over a short or medium time horizon. In contrast, affective commitment may demand a long-lasting relationship with the company and its managers, with satisfaction and trust as mediators in the antecedent role of IMO.

Finally, this study makes a further contribution to the internal marketing literature because it corroborates the impact that work experience can have on the relationship between the company and its employees. The multi-group analysis corroborates the significantly different influence that IMO has on the trust of those employees with higher tenure. In turn, job satisfaction has a significantly higher influence on trust among employees with less work experience. These differences may show that the trust of highly experienced employees, who have greater judgement criteria due to past events in the organisation, are more influenced by the managers' proximity and attention towards them. On the other hand, the employees with shorter work tenure, and consequently less experience to assess the degree of managers' attention, base their trust on job satisfaction. However, the lack of previous empirical studies that analyse the impact of work experience on the internal marketing-employee attitudes relationship prevents us from conclusively defending the general validity of these results. Further research is therefore needed into the moderating role of work experience.

### *Managerial implications*

To attain service quality and, in turn, customer satisfaction and loyalty, we believe firms should commit to an internal marketing philosophy, which encourages the adoption of a customer focus among all employees and contributes to creating a better internal climate. IMO promotes integration between functions and especially between marketing and human resources (Gounaris *et al.*, 2010). These two areas should work together to build strong relationships between managers and employees, especially in jobs where customer orientation is needed.

In on a practical level, it is clear that without a valid measure of internal marketing companies will be unable to develop functional activities that positively influence employee attitudes and performance, and consequently customer satisfaction (Anaza and Rutherford, 2012). In this vein, the literature has shown IMO as a valid representation of internal marketing that allows companies to understand the value of their employees, to develop bidirectional communication and to become responsive to employees' needs. Therefore, this instrument identifies internal barriers to changes, and problems among departments and functions, so managers are better able to define appropriate strategies and tactics to develop proactive solutions.

For this reason, the attitudes of service workers are crucial to service quality strategy. The role of healthcare service employees is even more relevant due to the high labour intensity and frequent interactions with patients that their work involves (Chang and Chang, 2009; Lee *et al.*, 2011) and because of their responsibility for a service that is so relevant for society.

This social pressure may explain why levels of emotional burnout are higher among health workers than in other professions (Aiken *et al.*, 2001; Peltzer *et al.*, 2003; Thomas, 2004), with negative consequences on their attitudes that can lead to the deterioration of the service given and the reduction in patient satisfaction (Argentero *et al.*, 2008). In order to prevent this situation, we consider that a managerial approach to employees following a marketing philosophy could play a decisive role.

Furthermore, IMO allows hospital managers to systematically listen to all employees (doctors, nurses, administrative staff, etc.) at all hierarchical levels. Once employees' needs and suggestions have been assessed, different subgroups can be identified, and different internal management actions can be designed accordingly. In the case of the hospitals analysed, work tenure has a significant bearing on the different influences that IMO and job satisfaction might have on employees' trust. This investigation has shown that the IMO is more necessary to create trust among employees with more work experience.

### *Limitations and future research*

One limitation of the present paper is its focus on a single business sector (healthcare) in the same geographical area. We used perceptual data to measure the variables of the model and it should be acknowledged that the perceptions of those surveyed might not provide a completely accurate view of the reality. We did not analyse the possible differences that might occur in results obtained using different criteria to segment the samples, for example by age, gender, educational level or type of hospital (private or public). In addition, further in-depth study is required into the moderating role of employee tenure; the small size of our two sub-samples for such a complex model does not give us clear evidence of this moderating role. Finally, the study does not treat the external organisational result multi-dimensionally (absence of objective measures), nor does it conduct tests with time series in view of the existence of continuous variables.

Possible lines for future research include generalising the study of IMO and of the model proposed to more hospitals, and to other services and sectors; identifying possible antecedents of IMO; or incorporating other measures of the result in the patient opinion survey (e.g. recommendation to others or willingness to take out insurance to access a private hospital).

**Note**

1. Emotions, mood and attitudes are all elements within the general category of mental processes that is often referred to as affect (Bagozzi *et al.*, 1999).

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## Internal market orientation (IMO)

## Internal-market intelligence generation

## Identification of exchanges of value (EXVL)

- EXVL 1 The immediate hierarchical superiors place emphasis on understanding their personnel's needs
- EXVL 2 Informally, the immediate superiors evaluate the satisfaction of their personnel
- EXVL 3 In this hospital the requests and suggestions of the personnel are listened to in informal encounters (not previously planned)
- EXVL 4 The immediate hierarchical superior meets with his/her personnel to find out their needs and suggestions
- EXVL 5 There is at least one meeting a year to ascertain the personnel's future expectations
- EXVL 6 On occasions the personnel are asked by means of surveys or questionnaires about aspects of the work environment (their level of job satisfaction, improvements in working conditions, etc.)<sup>a</sup>
- EXVL 7 The managers receive information about their employees through studies or surveys of patients, family members, etc.<sup>a</sup>

## Aware of labour market conditions (LABCN)

- LABCN 1 This hospital is well informed about the labour legislation applicable to the relationship with its professionals (type of contracts, characteristics of the sector labour agreement, etc.)
- LABCN 2 This hospital knows the situation of the healthcare labour market at all times (unemployment rate, type of contracts, etc.)
- LABCN 3 This hospital is aware at all times of alternatives of other public or private hospitals that could attract their employees
- LABCN 4 This hospital analyses and compares the working conditions of its professionals with those applying in other hospitals

## Internal intelligence dissemination

## Communication between managers and employees (CME)

- CME 1 Before an important change the hierarchical superiors inform their employees
- CME 2 The immediate superiors are never too busy to inform the employees
- CME 3 The immediate superiors take the time necessary to inform the employees about tasks, actions, and objectives ... to be undertaken
- CME 4 The employees are given the information necessary
- CME 5 The employees are informed about previously ascertained work problems

## Communication among managers (CMM)

- CMM 1 The immediate hierarchical superiors meet to discuss the problems of their professionals
- CMM 2 If an employee of this hospital has an important problem, the rest of the immediate superiors and/or managers are informed
- CMM 3 This hospital encourages immediate superiors and/or managers to discuss with each other aspects relating to the employees
- CMM 4 On occasions another immediate superior offers the solution to an employee's problem

*(continued)*

**Table AI.**  
Questionnaire  
addressed to the  
employees

Response to intelligence

Job description (JD)

- JD 1 In this hospital, when the employees are found to be unhappy in their work the appropriate corrective actions are taken
- JD 2 The immediate superiors strive to implement the suggestions for improvements in jobs
- JD 3 The immediate superiors act to improve the employees' working conditions (equipment, timetables, patient load, etc. ...) after being informed about it
- JD 4 The job characteristics (equipment, patient load, attention time per patient, timetables, etc.) satisfy the employees
- JD 5 No important changes are made in the characteristics of a job without prior agreement between the employee and his/her immediate superior
- JD 6 After being informed, the immediate hierarchical superiors discuss with the management the employees' most important work needs

Internal market segmentation (INTSG)

- INTSG 1 The employees are identified in groups or different categories on the basis of their characteristics
- INTSG 2 Before an organisational change the different characteristics of each group or category of employees are considered
- INTSG 3 Each group or category of employees is trained according to its needs
- INTSG 4 The needs of each group or category of employees are evaluated by this hospital

Internal-segments targeting (INTIG)

- INTIG 1 Each important decision is applied according to the needs of each group or category of employees
- INTIG 2 Human resource policies (remunerations, incentives, promotion, etc.) are developed according to each category of employees
- INTIG 3 No important changes are made without prior evaluation of the impact it may cause to each category of employees
- INTIG 4 Employees' individual needs are considered when applying human resources policies

Remuneration Systems (REM)

- REM 1 When you make an extra effort in the work you are rewarded with money
- REM 2 Employees' incomes do not depend only on that set by law or by sector agreement for their professional category
- REM 3 Incomes are closely related to each employee's work performance
- REM 4 Incomes are closely related to the personnel's degree of training and work experience
- REM 5 Annual incomes are similar to those in other hospitals<sup>a</sup>

Training (TR)

- TR 1 Training is related to the employees' training needs
- TR 2 A new employee receives necessary help for the performance of his/her work
- TR 3 Before an important organisational change (new procedures, new work techniques, etc.) employees receive the necessary training
- TR 4 On joining this hospital an employee is mentored by his/her immediate hierarchical superior

Management Concern (MNCN)	
MNCN 1	This hospital's management team pays attention to the employees' problems
MNCN 2	For the management team nothing is too costly if it meets employees' needs
MNCN 3	The management team is concerned for the employees and shows it in its human resources policy
MNCN 4	The management team places emphasis on solving employees' problems and giving them all necessary support
Job satisfaction (JS)	
JS 1	In this hospital I feel my work is valuable
JS 2	In this hospital I feel that I am doing something worthwhile
JS 3	I feel that my work in this hospital is interesting
JS 4	In this hospital I feel that the work is satisfying
JS 5	If I had to do it again I would choose to work in this hospital
Trust in honesty (TH)	
TH 1	The immediate hierarchical superiors are frank and open in discussions with employees
TH 2	The immediate superiors are reliable in the promises they make
TH 3	The immediate superiors do not make false statements
TH 4	If problems arise, this organisation is honest in dealing with them
TH 5	This hospital understands the employees' position and tries to adapt to it
Trust in benevolence (TB)	
TB 1	This hospital is concerned for the employees and their welfare
TB 2	I feel that this hospital is on the employees' side
TB 3	The immediate hierarchical superiors go beyond their obligations to help the employees
TB 4	The immediate superiors have supported the employees in the past
TB 5	In difficult times the immediate superiors take the employees' side
TB 6	This hospital takes the employees into consideration in its actions and decisions
Affective commitment (AFCOM)	
AFCOM 1	I would be happy to stay in this hospital for the rest of my professional career
AFCOM 2	I feel the problems of this hospital as though they were mine
AFCOM 3	I feel like a part of the family of this hospital
AFCOM 4	I feel an emotional bond with this hospital
AFCOM 5	This hospital has great personal significance for me
AFCOM 6	I have a great feeling of belonging to this hospital

Note: <sup>a</sup>Items removed

Table AI.

Perceived service quality	
Interaction quality	
Attitude (ATT)	
ATT 1	He/she is kind to me as a patient
ATT 2	His/her attitude shows that he/she wants to help me
ATT 3	His/her attitude shows that he/she understands my needs as a patient
Behaviour (BEH)	
BEH 1	He/she does anything necessary to attend my needs as a patient
BEH 2	They act quickly to do what I ask
BEH 3	His/her behaviour shows that he/she understands my needs as a patient
Expertise (EXP)	
EXP 1	He/she shows that he/she is an expert in his/her work
EXP 2	He/she answers my questions quickly and effectively
EXP 3	He/she shows that he/she has the knowledge and skills necessary for his/her work
Outcome quality	
Waiting time (WT)	
WT 1	The time spent waiting to be attended is reasonable
WT 2	He/she tries to reduce patients' waiting time as much as possible
WT 3	He/she understands that the waiting time is important for patients
Objective valuation of the result (OVR)	
OVR 1	I am happy with the result of his/her work (effectiveness, degree of accuracy, etc.)
OVR 2	I always get the desired results with his/her work
OVR 3	He/she knows the type of results that I seek as a patient
Subjective valuation of the experience (SVE)	
SVE 1	When I leave this outpatient service I feel that I have had a good experience
SVE 2	I believe that he/she always tries to give me a positive experience as a patient
SVE 3	I believe that he/she knows what kind of experiences patients want to have
Environment quality	
Ambient conditions (AC)	
AC 1	There is a very calm atmosphere in this outpatient service
AC 2	The atmosphere of this outpatient service is the one I seek as a patient
AC 3	This hospital understands that the atmosphere of its outpatient services is important for the patients
Design (DES)	
DES 1	The design of the installation of this outpatient service is visually attractive
DES 2	The design of the installation of this outpatient service is functional (easy access, comfortable, spacious, etc.)
DES 3	This hospital understands that the design of the installations of the outpatient services is important
Social factor (SF)	
SF 1	I know that other patients receive good service in this outpatient service (from their comments and other details that I observe in the waiting room)
SF 2	The attention to other patients during the consultation does not detract from the quality of the service that I receive
SF 3	This hospital understands that the service offered to other patients can influence my opinion about the quality of the service
General quality (GQ)	
GQ 1	Overall, I would say that this outpatient service offers a good service to its patients
GQ 2	Compared to other clinics they offer an excellent service
Customer's (patient's) satisfaction (CS)	
CS 1	The service offered by this outpatient service has fulfilled expectations
CS 2	If I compare with other outpatient service, I am highly satisfied
CS 3	In general, I am really satisfied with the service received in this outpatient service

**Table AII.**  
Questionnaire  
addressed to patients

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### About the authors

Dr Vicent Tortosa Edo is an Assistant Professor in the Department of Business Administration and Marketing, Jaume I University, Castelló (Spain). He received his PhD Degree from this university. His research interests include internal marketing and the negative externalities of industrial agglomerations. He has published papers in *The European Journal of Marketing* and *The Service Industries Journal*. Dr Vicent Tortosa Edo is the corresponding author and can be contacted at: vtortosa@emp.uji.es

Dr Jaume Llorens-Monzonís is a Lecturer of Marketing in the Department of Business Administration and Marketing, Jaume I University, Castelló (Spain). He received his PhD Degree from this university. His research interests are relationship marketing, sports marketing and the negative externalities of industrial agglomerations. He has published papers in various journals such as *Innovar* and *The International Journal of Bank Marketing*.

Dr Miguel Àngel Moliner-Tena is a Professor in the Department of Business Administration and Marketing, Jaume I University, Castelló (Spain). He received his PhD Degree from the University of Valencia. His research interests are relationship marketing, service marketing and internal marketing. He has published papers in *The European Journal of Marketing*, *The Service Industries Journal*, *Tourism Management* and *Health Care Management Review*.

Dr Javier Sánchez-García is a Professor in the Department of Business Administration and Marketing, Jaume I University, Castelló (Spain). He received his PhD Degree from the University of Valencia. His research interests are relationship marketing, tourism and online marketing. He has published papers in *The European Journal of Marketing*, *The Service Industries Journal* and *Tourism Management*.

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