

Can Relationship Building Factors be Valuable in Patients' Willingness to Forgive?

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Abstract

The objective of this study was to determine whether relationship building constructs can influence patients' willingness to forgive transgressions. To respond to this research objective, this paper draws on the forgiveness motive theory, and synthesizes important relationship constructs with the aim of developing a forgiveness model. A quantitative descriptive research design was followed to test the conceptual model using data collected from 303 private hospital patients, by applying structural equation modelling. Following the results of the structural equation model, it was established that selected relationship building factors (attachment, relationship value, expectations and fear of relationship loss) directly influenced loyalty and indirectly influenced forgiveness.

The results also indicate that respondents' loyalty significantly influenced their forgiveness. This research study offers theoretical and practical contributions by advancing the existing knowledge of customer forgiveness, encouraging private hospitals to invest in their relationships with patients, with the aim of establishing a forgiving patient.

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1. Introduction

1.1. Background and Problem Statement

The South African private hospital industry plays a pivotal role in South African healthcare as it is gaining both economic and political relevance, assisting the government fulfil its constitutional mandate to provide quality healthcare. Ranked amongst the best in the world, the South African private hospital industry is steadily growing, as it is well-funded and well-equipped (RH Bophela, 2021; Statista, 2023). However, despite its growth and, economic and political relevance, the private hospital industry serves only 20% of the South African population and has been exposed to considerable changes in the marketplace in the form of new technologies, more informed patients, and increased patient demands for better service delivery, leading to a surge of competitors. Consequently, these changes have forced South African private hospitals to compete for a share in the market (Competition Commission South Africa, 2018; Mutwali & Ross, 2019). To cope with the pressure of increased competition, Adomah-Afari et al. (2019), suggest that private hospitals focus more on building deeper, more direct and lasting relationships with more carefully selected patients. Building and establishing profitable, long-term customer relationships has been acknowledged by various marketing researchers and practitioners as an integral part of an organisation's marketing strategy, as it provides the foundation for organisations to acquire new proficiencies and retain resources, and also to establish a sustainable competitive advantage (Gummerus et al., 2017).

Forming a better understanding of how patients behave in relationships with private hospitals, therefore, becomes mandatory for private hospitals seeking to establish and maintain sustainable patient relationships (Adomah-Afari et al., 2019; Isa et al., 2019). Yagil and Luria (2015) are of the opinion that the success of customer relationships is anchored in forgiving customers as they are more willing to view transgressed situations from the organisation's point of view, view the failure as a single event, take some responsibility for the failure, and illustrate tolerant behaviours towards the organisation's employees – all which enhances the quality of the relationship. It is through customer forgiveness that organisations can restore relationships, encouraging the longevity of the relationships, and subsequently the organisation's success (Tsarenko et al., 2019; Wei et al., 2020). As a result, it has become essential for marketing researchers and health practitioners to not only understand what patient's forgiveness entails, but also to identify how it relates to key relationship marketing factors (Muhammad & Gul-e-Rana, 2019; Tsarenko et al., 2019). A review of the related literature reveals that although most research has been done on customers' forgiveness in terms of service transgressions and service recovery (Harrison-Walker, 2019; Hur & Jang, 2019), there is comparatively little focus on the relationship building components.

Consequently, little is known about the empirical understanding of the formation of customer forgiveness in patients – hospital relationships and the possible relationship marketing factors that

contribute towards the development thereof. Existing research indicates that customers level of loyalty may influence their willingness to forgive a service failure (Latif & Uslu, 2019; Yagil & Luria, 2015). Latif and Uslu (2019) and Yagil and Luria (2015) explain that customers in strong relationships tend to be more committed and loyal and consequently more inclined to forgive transgressions as they want to build and maintain their relationship with the organisation. Moreover, a loyal customer who is willing to forgive a transgression, is emotionally more attached to the organisation (Levy & Hino, 2016), perceive to receive value from the relationship with the organisation (Spies & Mackay, 2020), has higher expectations (Alam, 2020) and fear losing his/her relationship with the organisation (Huifeng & Ha, 2020).

It can be inferred from the above discussion that various relationship-specific constructs are related to customers' forgiveness, including loyalty, attachment, relationship value, expectations, and fear of relationship loss. Although a limited number of studies have examined the relationship between the abovementioned constructs in isolation, these studies have not yet investigated these constructs in relation with each other, limiting the understanding of the customer forgiveness concept. To understand how these relationship marketing constructs might motivate customers to forgive a transgression, this study is using the forgiveness motive theory which focuses specifically on the relationship orientation motive (Takada & Ohbuchi, 2013). According to this theory, relationship orientation motive depicts positive concerns for others and one's own relationship for forgiveness. Therefore, based on the forgiveness motive theory's relationship orientation motive, it is justifiable to argue that the relationship building constructs loyalty, attachment, relationship value, expectations and fear of relationship loss can motivate a customer to forgive an organisation for a transgression. Therefore, drawing on the forgiveness motive theory's this paper combines eminent relationship marketing constructs, with the aim of developing a comprehensive model that focuses on patients' forgiveness. The examination of the interrelationships between customer forgiveness and key relationship marketing factors will not only empirically clarify and explicate the role of forgiveness in patient-hospital relationships, but also contribute to the forgiveness research stream, which may encourage future research on the topic.

From a managerial perspective, the research findings may also offer valuable direction to private hospitals to enhance their understanding of patients' forgiveness, which may improve their relationship marketing practices, and subsequently improve their competitive advantage. Although customer forgiveness has been examined within various services settings such as banks (Muhammad & Gul-e-Rana, 2019), hotels (Hur & Jang, 2019) and restaurants (Wei et al., 2020), patients' forgiveness has not yet been examined within the South African private hospital industry context. This research could therefore assist South African private hospitals to maintain their market share by developing marketing strategies that foster patient forgiveness strategies.

In the following sections, a theoretical framework is provided to offer more insight into customer forgiveness, the relationship marketing constructs, and the relationships between these constructs.

Subsequently, the research hypotheses are provided, from which the conceptual model is compiled. Thereafter, the implemented research methodology is discussed, followed by a discussion of the results and findings, and the theoretical and managerial implications of the research. The paper concludes with an outline of limitations and recommendations for future research.

1.2. Research objectives

The objective of this study was to determine whether relationship building constructs can influence private hospital patients' willingness to forgive transgressions.

2. Literature Review and hypotheses development

2.1 Attachment

The attachment theory centers around people's psychological instinct to form and maintain affectionate bonds with specific attachment figures. The role of the attachment figure is to guide people's expectations and perceptions in close relationships, which in turn determine their internal working models of relationships which can be referred to as their mental representations of relationship partners and the self (Sutton, 2019; Yip et al., 2018). Originally a psychological construct, most research in attachment focused on relationships between parents and children (Ainsworth et al., 1978; Bowlby, 1958) or pair-bonds in romantic relationships (Shaver & Mikulincer, 2005), however internal working models regulate perceptions and behaviour in most interactions and extend to individuals' interactions with brands and organisations (Moussa & Touzani, 2017). Attachment theory, therefore, provides a useful framework to understand customers' attachment to either their brands or organisations (Spies *et al.*, 2022). Attachment styles in adulthood converge in the dimensional model into two dimensions of insecurity, namely attachment anxiety and attachment avoidance (Ravitz et al., 2010).

Individuals experiencing attachment anxiety are uncertain about the availability of the organisation in times of need, they long for confirmation from the organisation, and are characterised by heightened dependence. Individuals high in attachment avoidance, on the other hand, long for independence and will distance themselves emotionally and cognitively from engaging attempts from the organisation. Customers scoring low on both dimensions can be regarded as having secure attachment styles (Moussa & Touzani, 2017; Verbeke et al., 2020). Previous research emphasised the importance of identifying securely attached customers in customer-organisational relationships, as these customers are more likely to experience high levels of commitment, loyalty, and trust in their relationship with an organisation than insecure attached customers (Eckardt & Spies, 2023; Spies & Mackay, 2020).

2.2 Loyalty

Customer loyalty is defined as customers' attachments to, psychological bond with, and continuous purchase intentions and behaviours towards an organisation (Cossío-Silva et al., 2016; Wirtz & Lovelock, 2018). Regarded as the best measure of true loyalty, this definition incorporates both

attitudinal and behavioural dimensions (Cossío-Silva et al., 2016; Oliver, 2010). Attitudinal loyalty considers how customers think and feel about a brand, product, service, or organisation which is reflected in the psychological bond or attachment formed. Attitudinal loyalty is visible in customers' behaviours as they are more willing to recommend an organisation to other customers, develop preferences for a specific organisation, and illustrate intentions to purchase (Ing et al., 2019; Khan et al., 2015). Behavioural loyalty, on the other hand, signifies customers' repeated purchase behaviour (purchase volume or share of spending) over time which is reflected by customers' commitment to frequently buy from a preferred organisation and their willingness to spend more at this organization as compared to competing organizations (Ing et al., 2019; Khan et al., 2015).

Despite the two different views regarding loyalty, research has shown that a positive relationship exists between attitudinal loyalty and behavioural loyalty and have accordingly suggested that organisations measure customers' overall loyalty by means of integrating both attitudinal and behavioural dimensions of loyalty (Ing et al., 2019). According to Hwang et al. (2019), measuring and forming an understanding of overall customer loyalty is necessary for organisations aiming to achieve a sustainable competitive advantage, seeing as loyal customers are more inclined to continuously purchase products or services over a period of time, which results in long-term financial growth. Further to that, loyal customers are less sensitive to price changes, are less likely to switch, will recommend the organisation to other customers, spend more and even spread positive word-of-mouth (Hwang et al., 2019; Khan et al., 2015).

2.2.1 The relationship between customer attachment and loyalty

According to Khan (2012) and Wirtz and Lovelock (2018) for a customer to be truly loyal, he/she must feel emotionally attached to the organisation. Levy and Hino (2016) and Yim et al. (2008) explain that customers' emotional attachment to an organisation is formed during service experiences and develops gradually over time. As customers become more connected to the organisation, they develop feelings of intimacy, passion and commitment, which lead to a stronger bond and hence a resistance to switch organisations (Khan, 2012; Yim et al., 2008). Therefore, customer attachment has been found to have a positive effect on loyalty, as evidenced by studies conducted by Levy and Hino (2016) and Yim et al. (2008). As such, the following hypothesis is presented for this research:

H1: Patients' attachment has a significant positive effect on their loyalty to their private hospital.

2.3 Relationship value

Skarmeas et al. (2019) and Tzempelikos (2020) state that for customer-organisational relationships to be successful, both parties must work together in such a way that they both receive value from the relationship. Customers who receive value from a relationship with an organisation are not only more willing to invest more resources into the relationship but are also more likely to have higher intentions to stay with the organisation and become attached (Cui & Coenen, 2016). For these reasons, marketing

researchers have predominantly focused on the concept of relationship value as a key building block for building and establishing customer-organisational relationships (Skarmeas et al., 2019; Tzempelikos, 2020).

Drawing from the relationship marketing literature, Ulaga and Eggert (2006) conceptualised relationship value as a trade-off between the relationship benefits (i.e., core benefits, sourcing benefits, and operations benefits) and the relationship costs (i.e., direct costs, acquisition costs, and operational costs) that customers may experience in their relationship with an organisation. Consequently, customers receive value from the relationship if the relationship benefits offered by the organisation increase, or if the relationship costs decrease (Gummerus et al., 2017; Tzempelikos, 2020). Cui and Coenen (2016) and Tzempelikos (2020), accordingly advocate organisations who wish to establish long-term customer relationships to add value to the relationship by either increasing the relationship benefits or decreasing the relationship costs.

2.3.1 The relationship between relationship value and loyalty

With regard to the relationship between relationship value and loyalty, Spies and Mackay (2020) and Tzempelikos (2020) argue that customers and organisations are prepared to buy more from the organisation and maintain a long-term relationship with the organisation when they perceive to receive value from the relationship with the organisation. Consequently, customers are more likely to become loyal if they receive value from the relationship with the organisation, as evidenced by studies conducted Ruiz-Martínez et al. (2019) and Spies and Mackay (2020). Subsequently, the following hypothesis is presented concerning the focus of this research:

H2: Relationship value has a significant positive effect on patients' loyalty to their private hospital.

2.4 Expectations

Once customers decide they want to buy a product or service, they develop certain expectations (Kumar et al., 2003; Wijaya et al., 2019). Customer expectations can be viewed as the anticipation customers develop of the performance level of a product or service based on past experiences or current circumstances (Wilson et al., 2012). Kumar et al. (2003) argue that customers who develop various expectations of an organisation and its products are more concerned about the organisation. These customers care about the organisation and would like to see some improvements in their products and services. The concern customers develop for the organisations enhances the possibility of developing a valuable relationship. Chiu et al. (2020) and Wijaya et al. (2019) support this view as their studies confirmed that customers' expectations influence their level of satisfaction, perceived usefulness, patronage intention and feedback which in turn, might enhance organisations' attempts to build successful customer relationships.

2.4.1 The relationship between expectations and loyalty

Previous research confirm that customers level of expectations significantly influences their level of loyalty through satisfaction (Alam, 2020; Quach et al., 2020). Alam (2020) and Quach et al. (2020) explain that organisations that focuses on their customers can build a loyal customer base due to their long-term commitment to understand their customers' expectations and how it changes over time. By understanding their customers ever changing expectations, organisations will be able to satisfy their customer's needs, which encourages them to return to the organisations and buy more (Abekah-Nkrumah et al., 2020). As such, the following hypothesis is presented for this research:

H3: Patients' expectations have a significant positive effect on their loyalty to their private hospital.

2.5 Fear of relationship loss

Customers who desire to continue a relationship with an organisation tend to fear the consequences of losing the valuable relationship with an organisation due to the relational bond that has been created over time through continuous satisfactorily interaction (Spies & Mackay, 2020). The relational bond between customers and an organisation adds value to customer-organisational relationships in that it motivates customers to develop a lasting commitment towards the organisation (Moussa & Touzani, 2017). The relational bond created between the customer and service provider can be either psychological, emotional, economical, or physical, and are driven by relationship benefits that customers perceive to receive from the relationship (Liang & Wang, 2006; Moussa & Touzani, 2017).

According to Fatima and Mascio (2020) customers will more likely continue a relationship with the organisation if the relationship benefits they receive (comprising of confidence, social and special treatment benefits) exceed the perceived relationship costs. When faced with a service failure, customers will consider the abovementioned relationship benefits and bonds to decide whether they will switch or stay with their organisation (Chelminski & Coulter, 2011). To avoid any losses about the relationship benefits and bonds organisations have to offer, customers will more likely stay and continue the relationship with the organisation (Huifeng & Ha, 2020). Huifeng and Ha (2020) and Spies and Mackay (2020) accordingly advise organisations to nurture their bonds with their customers, as well as increase the relationship benefits they have to offer to ensure their customers develop a fear of losing a relationship with them, which will more likely result in a long-term relationship.

2.5.1 The relationship between fear of relationship loss and loyalty

Although the relationship between fear of relationship loss and loyalty has not been empirically tested before, it is supported by theory. As discussed above, customers do not want to lose their valuable relationship with an organisation as they want to avoid any losses with regard to the relationship benefits and bonds organisations have to offer and are consequently more likely to stay and continue the

relationship (Huifeng & Ha, 2020; Spies & Mackay, 2020). As such, the following hypothesis is presented for this research:

H4: Patients' fear of relationship loss has a significant positive effect on their loyalty to their private hospital.

2.6 Forgiveness

Forgiveness can be seen as a fundamental construct in interpersonal relationships (Muhammad & Gul-e-Rana, 2019) which was first examined in the field of theology, followed in the fields of philosophy, psychology, psychotherapy and politics (Tsarenko et al., 2019). The customer forgiveness construct was recently adapted by marketers as they have observed the important role the construct plays in developing relationships with organisations, employees and brands (Hur & Jang, 2019; Tsarenko et al., 2019). From a marketing perspective Joireman et al. (2016) define customer forgiveness as a customer's willingness to refrain from negative reactions (such as anger or revenge) against an organisation that has caused harm, but enhance positive reactions (such as compassion or generosity) toward the harm-doing organisation. Forgiving customers enhanced positive reactions are noticeable as they are more willing to view transgressed situations from the organisation's point of view, view the failure as a single event, take some responsibility for the failure, and illustrate tolerant behaviours towards the organisation's employees (Yagil & Luria, 2015).

According to Muhammad and Gul-e-Rana (2019) and Tsarenko et al. (2019) the underlying reason why some customers choose to forgive the organisation for the transgression that took place, lies within the value the relationship has to offer. Yagil and Luria (2015) explain that in valued relationships, customers invest a great deal into the relationship and therefore feel emotionally connected to the organisation. The emotional connection formed between the customers and the organisation motivates the customers to forgive the organisation for transgressions in an attempt to restore the relationship (Muhammad & Gul-e-Rana, 2019; Wei et al., 2020; Yagil & Luria, 2015).

Wei et al. (2020) also add that customers who are in a strong relationship with an organisation tend to be more satisfied, committed and loyal, and as a result more prone to act positively in the case of a transgression. Forgiveness can therefore be seen as a relationship-constructive mechanism that not only assists organisations in restoring relational closeness with customers following an interpersonal transgression, but also enhances the quality of the relationship (Tsarenko et al., 2019). Forming an understanding of customers' willingness to forgive a transgression therefore becomes a necessity for marketers aiming to build profitable long-term customer relationships (Hur & Jang, 2019). Muhammad and Gul-e-Rana (2019) and Wei et al. (2020) accordingly advocate marketers to reinforce customer forgiveness by applying recovery strategies, showing appreciation for customers' forgiving reactions, and developing strategies to build stronger customer relationships.

2.6.1 The relationship between loyalty and forgiveness

Studies conducted by Latif and Uslu (2019) and Yagil and Luria (2015) confirmed a positive relationship between customer loyalty and forgiveness. The rationale supporting the relationship between these two constructs is that customers in strong relationships tend to be more committed and loyal and consequently more inclined to forgive transgressions as they want to build and maintain their relationship with the organisation. Therefore, it can be hypothesised that:

H5: Patients' loyalty has a significant positive effect on their forgiveness of their private hospital.

2.7 The mediating effect of loyalty

The discussion above which highlights the proposed positive relationships between constructs, shed further light on the possibility of loyalty serving as a mediating variable in the proposed model on the positive relationship between attachment and forgiveness, relationship value and forgiveness, expectations and forgiveness and fear of relationship loss and forgiveness. Accordingly, it is further hypothesised that:

H6: Attachment has a significant positive indirect effect on patients' forgiveness towards their private hospital, as mediated by loyalty.

H7: Relationship value has a significant positive indirect effect on patients' forgiveness towards their private hospital, as mediated by loyalty.

H8: Expectations has a significant positive indirect effect on patients' forgiveness towards their private hospital, as mediated by loyalty.

H9: Fear of relationship loss has a significant positive indirect effect on patients' forgiveness towards their private hospital, as mediated by loyalty.

Figure 1 illustrates the hypothesised relationships between the constructs under investigation, as proposed from the above literature discussion.

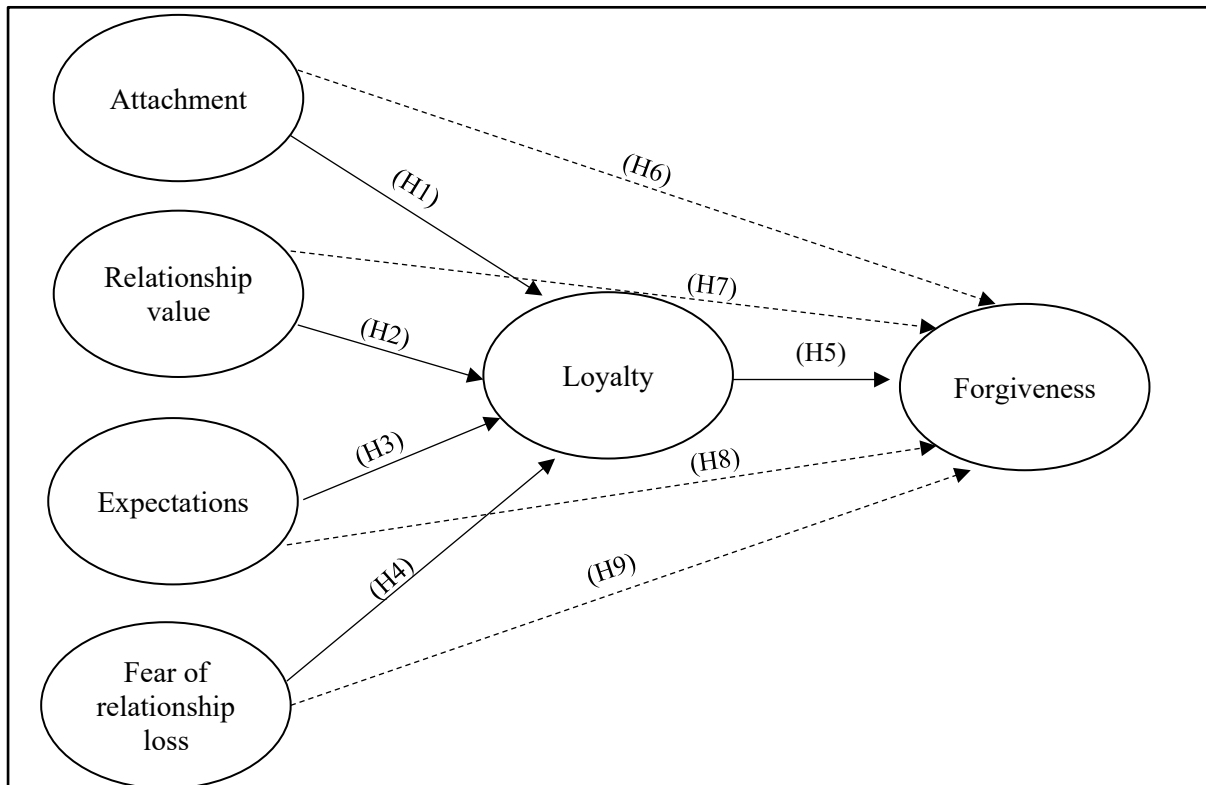


Figure 1: Conceptual model

3. Research Methodology

3.1 Research design, population and sampling

A quantitative descriptive research design (cross-sectional in nature) was used to collect the empirical data. The study opted for a quantitative research method as it enables the researchers to obtain information to make accurate predictions about relationships between market factors and behaviors, gain meaningful insights into those relationships and test hypotheses (Hair et al., 2021).

The target population included residents of South African who have made use of private hospital's services during a three-year period. A sampling frame of the target population was unattainable from the respective hospitals, due to the confidentiality of patient information as prescribed by South African law (Protection of Personal Information Act 4 of 2013). Subsequently, the non-probability convenience sampling method was implemented. Trained fieldworkers intercepted potential respondents from the target population in public places and invited them to participate in the research.

The researchers opted for a sample size of 320 respondents, which falls within the parameters suggested by Malhotra et al. (2017) for problem-solving research. In the end, a total of 303 questionnaires were completed and could be used in the analysis.

3.2 Questionnaire design

A structured questionnaire, in the form of a self-administered survey, was used to gather the relevant data from the respondents. The questionnaire comprised two sections, commencing with a preamble that explained the instructions for completing the questionnaire, the purpose of the research, and respondents' rights and obligations. A screening question was also included in the preamble to ensure that only eligible respondents completed the questionnaire (i.e., respondents who used the services of a private hospital during the last three years). Thereafter, the first section of the questionnaire aimed to obtain some socio-demographic information of respondents, and the second section measured the related constructs (i.e., customer attachment, relationship value, expectations, fear of relationship loss, loyalty and forgiveness).

To measure these constructs, the respondents were requested to answer a series of structured, closed-ended questions on a five-point Likert scale (where 1 is "strongly disagree" and 5 is "strongly agree"). Attachment was measured using a scale with items acquired from the research of Mende et al. (2013). The statements used to measure customer loyalty were adapted from the work of Dagger and David (2012). Relationship value was measured by adapting a scale from Ulaga and Eggert (2006), and expectations, fear of relationship loss and forgiveness was measured by adapting a scale from the work of Kumar et al. (2003). To test the relevance of the questionnaire and identify vital problems in the design, a pilot study was conducted among 30 respondents from the target population. Based on the feedback, minor changes were made to the wording of the questionnaire before it was formally fielded.

3.3 Data analysis

Both the SPSS (version 26) and Mplus 7.31 statistical programmes were used to process the relevant statistics. SPSS was used to calculate the descriptive statistics and Cronbach's alpha coefficient values, which were calculated to determine the internal consistency reliability of the scales measuring the constructs. Through Mplus, latent variable modelling via structural equation modelling (SEM) was applied to compare the relationships between respondents' attachment, relationship value, expectations with their loyalty and between loyalty and forgiveness. Through SEM, the researcher can test how well a theory fits the reality, by specifying all the applicable research variables in one model (Muthén & Muthén, 2017). SEM was deemed an appropriate statistical technique, as it tested the theory that respondents' attachment, relationship value, expectations and fear of relationship will positively affect their loyalty and loyalty ultimately affecting their forgiveness.

For the purposes of the SEM analysis, the mean and variance-adjusted unweighted least squares method (ULSMV) estimator was used, seeing that the categorical latent variables were specified. ULSMV is an effective method to follow, as it displays more accurate estimates in analysing observed categorical data for latent variables purposes when a model converges. To estimate the correlation between latent variables, a polychoric correlation matrix was applied with Mplus, with the aforementioned estimators.

The possibility of generating a polychoric correlation matrix via Mplus was owing to the categorical nature of the variables. In comparison with other methods, polychoric correlations have been shown to produce the most accurate results with categorical data. When it came to the effect sizes for the correlation values, $r \geq 0.30$ was considered a medium practical effect, and $r \geq 0.50$ was considered a large practical effect (Hair et al., 2014).

Further, the comparative fit index (CFI), the Tucker-Lewis index (TLI), and the root means square error of approximation (RMSEA) were considered as indices to evaluate the fit of the measurement model to the data. The CFI is used to evaluate the fit of the proposed model relative to the null or independence model, whereas the TLI is another incremental fit measure. The recommended value for both CFI and TLI is above 0.90 (Van de Schoot et al., 2012). The RMSEA is used as an absolute measure of fit to assist researchers in determining the extent to which the overall model, measurement and structural models predict the observed covariance or correlation matrix. For the RMSEA, a value of up to 0.10 is considered acceptable (Hair et al., 2014; Van de Schoot et al., 2012). Lastly, to investigate the potential mediating variables in the research model, the model's indirect function was specified in accordance with the hypotheses through Mplus. Focusing on the size and the significance of the indirect effects, bootstrapping was used and the mediation was tested with requests for 5 000 draws and bias-corrected 95% confidence intervals in the output. To evaluate whether the indirect effects would not cross zero at that level, an investigation was furthermore made.

3.4 Ethics

A low-risk study was conducted that complied with the ethical guidelines of the university.

4. Results and Findings

4.1 Sample profile

Most of the respondents who partook in the research were (63.0%) female. The majority of respondents (39.0%) were 28 years or younger and 64.4% of the respondents spoke Afrikaans. Almost half (46.5%) of the respondents were employed full-time by an organisation and had completed Grade 12 / Matric (42.9%) or some form of tertiary level of education (48.2%).

4.2 Reliability

Cronbach's alpha coefficients were calculated to assess the internal consistency reliability of attachment, relationship value, expectations, fear of relationship loss, loyalty and forgiveness. Cronbach's alpha coefficient values of 0.70 can be considered reliable (Hair et al., 2014). From Table 1, it is apparent that the Cronbach's alpha coefficient values for all the measurement scales were greater than 0.70, indicating acceptable reliability.

Table 1. Cronbach's alpha coefficients

Construct	Cronbach's alpha coefficients
Attachment	0.90
Loyalty	0.94
Involvement	0.81
Relationship value	0.82
Fear of relationship loss	0.95
Forgiveness	0.80

4.3 Assessing the measurement model and confirming construct validity

Table 2 presents the fit indices of the measurement model in terms of the CFI, TLI, and RMSEA, the recommended cut-off points for each fit index, as well as the attained fit indices values.

Table 2. Fit indices of the measurement model

Model fit indices	Recommended cut-off points	Fit indices value
CFI	≥ 0.95 = acceptable fit (Hair <i>et al.</i> , 2014)	0.97
TLI	≥ 0.95 = acceptable fit (Hair <i>et al.</i> , 2014)	0.97
RMSEA	< 0.05 = good fit; ≤ 0.08 = acceptable fit; ≤ 0.10 = average fit (Hair <i>et al.</i> , 2014)	0.09

From Table 2 it can be observed that the measurement model fit the data acceptably, as both the CFI (0.97) and the TLI (0.97) exceeded the recommended cut-off points of 0.95. The RMSEA indicates an average model fit with a value of 0.09, which is less than the cut-off point of 0.10. In addition to the evaluation of the fit indices, a further assessment of the standardised model results was required to evaluate the strength of the loadings of each statement in the relevant constructs in the measurement model. The results indicated that the factor loadings of each statement ranged between 0.67 and 0.94 and can therefore be considered to have a large effect and be statistically significant (p -value < 0.05), as they were all above the recommended minimum value of 0.50. Convergent validity could also be

confirmed due to the acceptable model fit and the positive significant loadings of all the items on the variables.

4.4 Correlation matrix

To measure the strength of the linear relationship between the latent variables, a correlation analysis was conducted, as indicated in Table 3.

Table 3. Correlation matrix of the latent variables

Variables	Attachment	Fear of relationship loss	Forgiveness	Loyalty	Expectations	Relationship value
Attachment	–					
Fear of relationship loss	0.67 ***	–				
Forgiveness	0.39 **	0.62 ***	–			
Loyalty	0.87 ***	0.65 ***	0.40 **	–		
Expectations	0.58 ***	0.35 **	0.10 *	0.67 ***	–	
Relationship value	0.88 ***	0.67 **	0.43 **	0.88***	0.57***	–

*Small effect size (< 0.10)

**Medium effect size ($0.30 \leq r < 0.50$)

***Large effect size ($r \geq 0.50$)

From Table 3 it can be deduced that most of the correlations found between all the variables used in the analysis were either medium or large, where medium effect sizes were found at the $0.30 \leq r < 0.50$ level and large effect sizes were found at the $r \geq 0.50$ level. Only one small effect size between forgiveness and expectations with a r-value of 0.1 were identified.

4.5 Assessing the structural model

Following the correlation assessment, structural paths were added to the measurement model which is presented in Table 4 in terms of hypotheses (H), the path coefficients (β), the standard error (SE), the statistical significance at the 0.05 level (p-value), and the result.

Table 4. Structural paths of the latent variables

H	Path	β	SE	p-value	Result
H ₁	Attachment → Loyalty	0.31	0.10	0.002	Hypothesis supported
H ₂	Relationship value → Loyalty	0.39	0.10	0.001	Hypothesis supported
H ₃	Expectations → Loyalty	0.18	0.05	0.001	Hypothesis supported
H ₄	Fear of relationship loss → Loyalty	0.17	0.06	0.002	Hypothesis supported
H ₅	Loyalty → Forgiveness	0.47	0.06	0.001	Hypothesis supported

β : beta coefficient; SE: standard error; p-value: two-tailed statistical significance

The results of the structural paths indicate that all the hypotheses were supported. Specifically, loyalty was statistically significantly influenced by attachment ($\beta = 0.31$; SE = 0.10; $p < 0.002$; supporting H₁), relationship value ($\beta = 0.39$; SE = 0.10; $p < 0.001$; supporting H₂), expectations ($\beta = 0.18$; SE = 0.05; $p < 0.001$; supporting H₃) and fear of relationship ($\beta = 0.17$; SE = 0.06; $p < 0.002$; supporting H₄). Loyalty also statistically significantly influences forgiveness ($\beta = 0.47$; SE = 0.06; $p < 0.001$; supporting H₅). Taking the significant relationships between the constructs into consideration, prospective mediating effects were possible and necessitated further investigation, as indicated in Table 5, below.

Table 5. Indirect effect with confidence intervals at the 95% confidence interval

Mediating hypothesis	Relationship	Estimate	SE	Confidence interval (95%)		Result
				Lower	Upper	
H ₆	Loyalty mediates the relationship between attachment and forgiveness.	0.14	0.10	0.06	0.26	Hypothesis supported
H ₇	Loyalty mediates the relationship between relationship value and forgiveness.	0.18	0.10	0.09	0.30	Hypothesis supported
H ₈	Loyalty mediates the relationship between expectations and forgiveness.	0.08	0.06	0.04	0.13	Hypothesis supported
H ₉	Loyalty mediates the relationship between fear of relationship loss and forgiveness.	0.08	0.06	0.03	0.15	Hypothesis supported

Using bootstrapping resampling (5 000 replications), the results as indicated in Table 5 reveal that the indirect effect for loyalty in the relationship between attachment and forgiveness (estimate = 0.14; SE = 0.10; 95% CI [0.06, 0.26] – did not cross zero; supporting H6), relationship value and forgiveness (estimate = 0,18; SE = 0.10; 95% CI [0.09, 0.30] – did not cross zero; supporting H7) expectations and forgiveness (estimate = 0,08; SE = 0.05; 95% CI [0.04, 0.13] – did not cross zero; supporting H8) and fear of relationship loss and forgiveness (estimate = 0,08; SE = 0.06; 95% CI [0.03, 0.15] – did not cross zero; supporting H9) was supported.

A summary of the significant relationships identified in the SEM is presented in Figure 2.

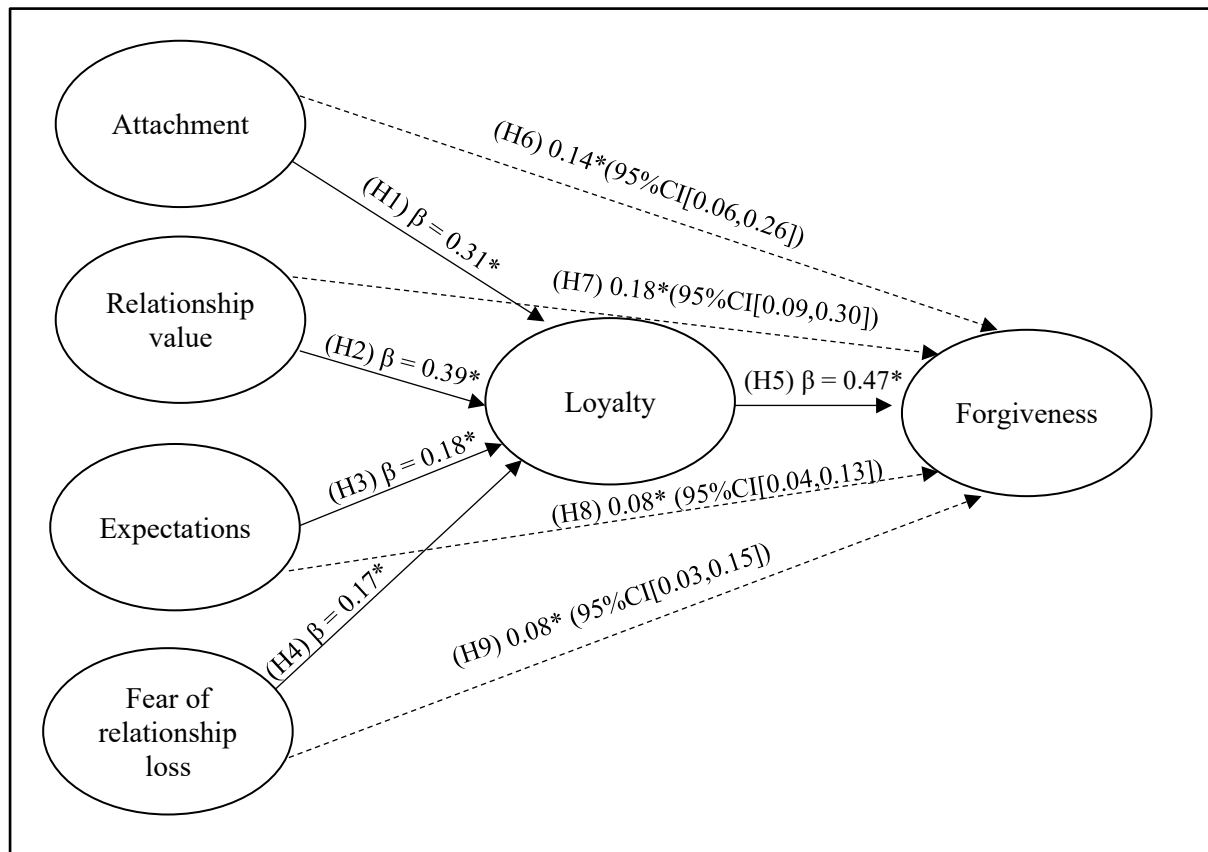


Figure 2. Summary of significant relationships.

5. Theoretical and managerial implications

This paper responds to scholars and marketing managers' calls to form a better understanding of the role of customer forgiveness within patient-private hospital relationships by using the forgiveness motive theory as the basis to synthesize important relationship constructs with the aim of developing a forgiveness model for private hospitals in South Africa. The structural model confirms the forgiveness motive theory as the identified relationship building factors directly and indirectly influences forgiveness.

In particular, the results of the structural paths indicated that respondents' loyalty statistically significantly influence their forgiveness, which supports Latif and Uslu's (2019) argument that customers in strong relationships tend to be more committed and loyal and consequently more inclined to forgive transgressions as they want to build and maintain their relationship with the organisation. The results of the structural paths also indicated that respondents' loyalty is statistically significantly influenced by attachment, relationship value, expectations and fear of relationships. These findings echo the conceptual work of Alam (2020), Huifeng and Ha (2020), Levy and Hino (2016) and Spies and Mackay (2020) who argue that loyal customers exhibit attachment behaviours, receiving value from the relationship, developing expectations and a fear of losing a relationship, which in turn contributes to more successful customer-organisational relationships. This paper, therefore, makes an empirical contribution to theory by confirming the arguments put forth by the aforementioned researchers. It should also be noted that despite the well-reasoned arguments supporting the relationship between fear of relationship loss and loyalty, the relationship between these two constructs have not been empirically tested. This paper, therefore, empirically contributes to the theory by confirming the relationship between fear of relationship loss and loyalty.

Furthermore, the current study also indicates that that loyalty serves as a successive mediator between attachment and forgiveness, relationship value and forgiveness, expectations and forgiveness and fear of relationship loss and forgiveness. This finding is unique in that previous studies have not examined these indirect relationships within the South African private hospital context. Therefore, an understanding of the mediator that enhances the effectiveness is an important finding to better explain the relationships between attachment, relationship value, expectations and fear of relationships loss with forgiveness. Finally, this was the first study to combine eminent relationship marketing constructs, with the aim of developing a comprehensive model that focuses on patients' forgiveness. The importance of customer forgiveness with building patient relationships can't be ignored as forgiveness plays a significant role in both the direct and indirect relationships with selected relationship marketing constructs, contributing towards the forgiveness motive theory. This paper not only contributes to the support of the forgiveness motive theory, but also introduces a model that measures patients' forgiveness in the private hospital sector, develops testable hypotheses, and illustrates how these hypotheses may be used to guide a systematic analysis of the state of patient-private hospital relationships.

This study provides a comprehensive and multidimensional model to guide private hospitals in building, profitable, long-term relationships with patients by seeking patient forgiveness. The results revealed customer forgiveness are both directly and indirectly influenced by selected relationship marketing constructs (attachment, relationship value, expectations and fear of relationship loss, loyalty). Therefore, to reap the benefits of a forgiving patient it is advised that private hospitals establish patient attachment through nurturing bonds with them. Bonds with patients can be nurtured by implementing social,

structural, or financial relationship marketing programmes. Social relations programmes include the personalisation of the relationships through social engagements with patients or by assigning special status to them (e.g., interactive websites, inviting patients to events, newsletters, birthday cards, phone calls, and face-to-face meetings). Financial reward programmes on the other hand offer patients' economic benefits in exchange for their loyalty (e.g., loyalty programmes, discounts, gift giving and free service samples), and structural reward programmes creates value through motivational programmes and the demonstration of quality products and services.

Private hospitals should also focus on the value they add to the relationship with the patient, as well as developing a fear of losing a valuable relationship with the private hospital. This can be established by increasing the relationship benefits or decreasing the relationship costs. Specifically, private hospitals could increase their core benefits (through satisfactorily service delivery and quality products and services), sourcing benefits (through having knowledge of your patients' needs and getting along with patients), and operations benefits (by being informed about patients' needs and wants, and the availability of products and services). With regard to the relationship costs, private hospitals should strive to decrease their direct costs (through a fair market price and reducing prices), acquisition costs (by efficiently handling patients requests and exceed patients' expectations), and operational costs (through reducing product and service costs, process costs or warranty costs). To consistently meet their patient's expectations, it is expected of private hospitals to communicate and provide effective service to patients to understand their needs in order to design and deliver services. Private hospitals should also invest in relationship building strategies such as engagement events, loyalty programmes and personalised gestures such as birthday cards and phone calls. Implementing the above-mentioned marketing strategies will ensure private hospitals develop a loyal customers base, who will be more willing to forgive the private hospital for any transgression, leading to a successful long-term patient-private hospital relationship.

6. Conclusions, Limitations and Future Research

The research findings are based on the responses obtained from respondents from only one service setting (private hospitals), using non-probability convenience sampling. The results can therefore not be generalised and it is suggested that future research encompass different service settings, using probability sampling. Most research related to relationship marketing indicates that customer-organisational relationships are built over time. The relationship building constructs therefore relate to long-term measurements. Seeing as the data may differ over time with regard to the interrelationships of the constructs in this paper, it is suggested that this research be replicated over time, making use of a longitudinal study.

Furthermore, although the model presented contributes towards clarifying and explaining the role of forgiveness in patient-hospital relationships, other relevant variables not included in this research exist

and need to be taken in consideration as it might offer additional insight into customer forgiveness and its role in customer-organisational relationships. For example, future research could examine the moderating role of customer demographics on the relationships between the relevant constructs. Important relationship marketing constructs such as trust, commitment and service quality could also be considered as possible antecedents or outcomes of customer forgiveness.

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