



EMOTIONAL ATTACHMENT AND ITS IMPACT ON PERCEIVED SERVICE QUALITY AND PATIENT SATISFACTION IN PUDUCHERRY HOSPITALS

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ABSTRACT

The aim of every patient is to get rid of their pain, comfortable treatment and improved health. The competitive marketplace makes the patients demanding higher level of service. Along with service quality and patient satisfaction, the relationship between patient-doctor is considered as important to the patients. In this paper an attempt is made to identify emotional attachment variables of patient with the doctor in Indian hospitals. Additionally, the impact of emotional attachment variables on patient perceived service quality and patient satisfaction are examined. A questionnaire was administered to in-patients and multiple regression analysis has been used to study the impact of the variables on perceived service quality and patient satisfaction. The findings revealed that all the variables are significantly influence perceived service quality except sentiment. Similarly, all the variables of emotional attachment are the predictors of patient satisfaction. The results cannot be generalized as the study is based on Indian culture and Indian hospitals. Considerable contribution is given by this paper to the concept of emotional attachment theory in a different perspective.

Keywords: *Emotional attachment, healthcare, patient-doctor relationship, patient perceived service quality, patient satisfaction,*

1. Introduction

Nowadays, service industries are dominant in developed countries. Service sectors have accounted for approximately two-thirds of the total worldwide GNP at the beginning of the twenty-first century. Hospital industry is a service industry. The aim of almost all the providers is to make available the best possible medical services and to prepare and train best medicos to achieve high standard in the profession. It is essential to note that providers are aware of the nature, behavior requirements and status of the users, which helps in planning and development of the services in the background of users changing needs and requirements. The Indian healthcare industry is estimated more than quadruple by 2017. Expenditure on healthcare infrastructure across the Indian states is projected to grow by an average of 5.8 percent per annum between 2009 and 2013, taking the total expenditure in 2013 to US\$14.2 billion (KPMG: Global infrastructure: trend monitor, Indian Healthcare Edition: Outlook 2009-2013).

The government accounts for just over a quarter of spending and expenditure as a percent of GDP is a disappointing 3.9%. By 2014, yearly healthcare spending will have risen to INR 4,317 bn (US\$112bn). The key driver of healthcare spending in India is the expanding economy. India's growing and ageing population is another reason for healthcare spending increasing rapidly. According to the United Nations Population Division, the number of people living in the Asian country is forecast to increase from 1.21bn in 2010 to 1.29bn in 2015 – a rise of 6.6%. Public facilities will continue to suffer personnel shortages, which the government has been unprepared to address. However, recurring public health emergencies will continuously highlight various healthcare system inadequacies. And this needs to be debated lest they become insurmountable obstacles to the country's future performance (India Pharmaceuticals & Healthcare Report Q1 2011). On the contrary, consumers of health care in India have now access to good quality healthcare, along with the willingness and ability to pay for medical care expressed by Duggirala et.al (2008).

1.Objective

The main objective of this paper is to identify emotional attachment variables and influence of emotional attachment on perceived service quality and patient satisfaction.

1. Research gap

Indian culture is the tradition mindset of people that reside in India. It is the customs, traditions, ceremonies, festivals, religions of India. It also refers to the way of life of the people of India. Many believe that Gods and spirits have an integral and functional role in determining their life (Makar, 2008). Culture has a high value which can influence the emotion of a person. Lasting relationship with product or service turns as emotional attachment. According to the model for longevity and universal product attachment it is important that there is an uninterrupted congruency between the shared emotive needs of people and the shared emotive identity of the product. Global giants like Sony, Honda and Samsung invest substantial capital into the research and development of digital products that users are likely to nurture durable emotional attachment (Chapman, 2005). In hospitals the emotional attachment is mostly focused on patient-doctors relationship. Patient's perception of a particular doctor's core service can influence and establish the intensity and longevity of relationship. New ways of working with compliance can improve emotional attachment and widespread patient loyalty. This paper makes an effort to investigate emotional attachment in hospitals in India.

2. Review of literature

4.1 Emotional Attachment

Health care services are highly intangible and cannot be tested or examined before consumption. Patients may not have the requisite knowledge to verify and evaluate the quality of service provided by the doctor. Due to poor educational back ground and low awareness of health care issues, a majority of the patients are not knowledgeable to evaluate service quality. Beyond evaluation patients are still append with a particular

provider for various reasons. It is a kind of attachment with the provider. Consistently attachment can be emotionally expressed.

Humans are naturally social creatures thus forming bonds with other people comes naturally. The level of bond between individual is often because of shared values, culture, background, personal experiences, involvement and some sort of comfort as well. Principles of attachment theory have been used to explain adult social behaviours, including mating, social dominance and hierarchical power structures, group coalitions, and negotiation of reciprocity and justice (Bugental, 2000). Attachment theory describes the dynamics of long-term relationships between humans. Within attachment theory, attachment means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Emotional attachment occurs when an individual becomes involved in a relationship with another individual. The individual with emotional attachment feel a need to be in proximity or reliant of the person they are emotionally attached to. Moreover the person seeks security and comfort in the relationship (Ainsworth, 1989). The attachment figure acts as a base of security (Bowlby, 1988). There is some evidence that the quality of care giving shapes the development of the neurological systems which regulate stress (Fox and Hane, 2008). Attachment theory proposes that the quality of care giving from at least the primary carer, is key to attachment security or insecurity (Karen, 1998).

The possibility that consumers can develop strong emotional attachments to brands is interesting as attachment theory in psychology (Bowlby 1979) suggests that the degree of emotional attachment to an object predicts the nature of an individual's interaction with the object. The desire to make strong emotional attachments serves a basic human need (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1980), beginning from a child's attachment to his or her mother (Bowlby, 1979, 1980) and continuing through the adult stage (Hazan & Shaver, 1994; Trinke & Bartholomew, 1997; Weiss, 1988). The strength of emotional attachment to an object may be associated with investment in the object, the willingness to forego immediate self-interest to promote a relationship (van Lange et al., 1997). In studying adults and their attachments to brands, it should be possible to measure directly the intensity of the emotional attachment itself (Thomson et.al, 2005). Individuals who are strongly attached to a person are more likely to be committed to, invest in, and make sacrifices for that person (Bowlby, 1980; Hazan & Shaver, 1994).

Although attachment theory has become a major scientific theory of socio emotional development with one of the broadest, deepest research lines in modern psychology, it has been less used in clinical practice than theories with far less empirical support. While a wide variety of studies have upheld the basic tenets of attachment theory, research has been inconclusive as to whether self-reported early attachment and later depression are demonstrably related (Ma, 2006). Ongoing research has led to a number of individual treatments and prevention and intervention programmes (Berlin et.al, 2008). They range from individual therapy to public health programmes to interventions designed for foster carers (Bakermans-Kranenburg et.al, 2003; Prior and Glaser, 2006). This paper contributes significantly to emotional attachment concept in health service. The emotional attachment is identified as a dimension in this study. The author refers emotional attachment as the poignant relationship between the service provider and the user which is related to core service with significant consideration of attributes and evaluation.

4.2 Perceived service quality

Improving quality perceptions can help a hospital attract new customers through positive word of mouth and increase the number of repeat customers. Perceived service quality is explained as the consumer's judgment about a product's overall excellence or superiority, based on perceptions of what is received and what is given (Zeithaml, 1988). For inpatient's overall service quality perception influenced by quality of

treatment they receive, patient confidence, and their perception of business competence (Reidenbach and sandifer-smallwood (1990). Scotti, et.al, (2007) revealed in their analysis the strongest correlation of customer perceived service quality were courtesy/respect, confidence/trust in provider, communication, and clinic efficiency.

4.3 Patient satisfaction

An individual who is emotionally attached to a brand is likely to be satisfied with it. This satisfaction might provide a basis for emotional attachment. Nevertheless, satisfaction and attachment are not synonymous. Moreover, although satisfaction can occur immediately following consumption emotional attachments tend to develop over time with multiple interactions (Thomson et.al, 2005). Patient satisfaction is crucial to be remaining competitive in today's healthcare market. Oliver (1989) defined satisfaction as an evaluative, affective or emotional response. Reidenbach and sandifer-smallwood (1990) found patient confidence plays major role for inpatient's evaluation of their satisfaction. Marley, et.al (2004) found that the ability of patients to evaluate process quality than clinical quality has its own impact on patient satisfaction. Patient satisfaction is created through a combination of responsiveness to the patients' views and needs, and continuous improvement of the healthcare services, as well as continuous improvement of the overall doctor-patients relationship (Zineldin, (2006). Added to that intangible factors play a significant role compared with tangible factors in determining the overall customer satisfaction Kara et.al, (2005). Finally, satisfaction is an evaluative judgment and hence different from emotional attachment (cf. Mano & Oliver, 1993).

3. Methodology

The population defined as in-patients (including attendants) in hospitals in Puducherry, India. A sample size of 440 selected using convenience sampling method. Primary data were obtained through structured questionnaire. All constructs were measured on five point Likert scale with the verbal statement 'strongly disagree' and 'strongly agree' anchor to the numerals 1 and 5 respectively. Data gathered over a 6 months period. In this research emotional attachment treated as independent variable whereas patient perceived service quality and patient satisfaction treated as dependent variable.

4. Analysis

Multiple regression analysis has done to check the significant impact of emotional attachment on perceived service quality and patient satisfaction.

Table 6.1 Emotional attachment with perceived service quality

Model	R	R Square	Adjusted R Square	F	Sig
1	0.714	0.510	0.505	90.432	0.000

Predictors: (Constant), Happy to take treatment with this doctor, Trust my doctors, Sentiments, Confident that doctor cure my disease, Come to hospital because of doctors' midas touch

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.039	.136		7.645	.000
	Come to hospital because of doctors' midas touch	.242	.036	.334	6.709	.000
	Sentiments	.041	.040	.051	1.037	.300
	Confident that doctor cure my disease	.082	.040	.096	2.030	.043
	Trust my doctors	.307	.034	.382	9.051	.000
	Happy to take treatment with this doctor	.067	.033	.094	2.014	.045

a. Dependent Variable: Perceived Service Quality

Multiple regression analysis is carried out by treating perceived service quality as dependent variable and midas touch, sentiments, confident, trust and happy as independent variables. The measure of strength of association is denoted by adjusted R^2 . The adjusted R^2 value is 0.505, which implies 50.5 percent of the variation used in this study. The F value 90.432 ($P < 0.000$) shows that there is a significant relationship between dependent variable (perceived service quality) and independent variable (midas touch, sentiments, confident, trust and happy). Table.1 reveals that among the different independent variables, trust ($t = 9.051$), midas touch ($t = 6.709$), happy ($t = 2.014$) and confident ($t = 2.030$), have significant values and influence perceived service quality. Sentiment ($t = 1.037$) have insignificant relationship with perceived service quality.

Table 6.2 Emotional attachment with patient satisfaction

Model	R	R Square	Adjusted R Square	F	Sig
1	0.822	0.675	0.672	180.640	0.000

Predictors: (Constant), Happy to take treatment with this doctor, Trust my doctors, Sentiments, Confident that doctor cure my disease, Come to hospital because of doctors' midas touch

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.438	.114		3.851	.000
	Come to hospital because of doctors' midas touch	.348	.030	.468	11.534	.000
	Sentiments	-.074	.033	-.089	-2.220	.027
	Confident that doctor cure my disease	.217	.034	.247	6.429	.000
	Trust my doctors	.225	.028	.273	7.924	.000
	Happy to take treatment with this doctor	.133	.028	.182	4.795	.000

a. Dependent Variable: Patient Satisfaction

The regression result from the table.2 shows that all the independent variables (five antecedents of emotional attachment) jointly explain about 67.2 percent of the systematic variation of the dependent variable (patient satisfaction). To check whether this R^2 is statistically significant, ANOVA is used. The F value obtained is 180.640 ($P < 0.000$) and hence, it is ascertained that there is a significant relationship between dependent and independent variables. An examination of t – values shows that ‘midas touch’ ($t = 11.534$), trust ($t = 7.924$), confident ($t = 6.429$), and happy ($t = 4.795$) contribute significantly to the prediction of patient satisfaction. Sentiment ($t = -2.220$) has a negative and significant relationship with patient satisfaction.

5. Discussion

Table 6.1 shows that trust is the most influencing predictor of emotional attachment to perceive service quality of a hospital. When the patients experienced the promised service which is offered for the first time, then they trust the doctor about their recovery whenever they get treatment hereafter. In other words, assurance is given by the doctor regarding treatment (Kara et.al, 2005) and the way they handle the patients help to maintain the relationship.

‘Happy’ and ‘confident’ have least significant predictors of perceived service quality. The result also confirmed that sentiment does not influence perceived service quality. Patients evaluate the core service in terms of quality. Simply they don’t believe the service and the provider. They look for a reason to be attached emotionally with the provider.

Table 6.2 shows that among variables ‘midas touch’ have higher score compare to other variables. This shows that patients do not consider any other quality dimensions for their satisfaction. They just want the doctor to attend them. Even they don’t give much importance to what kind of treatment they have been undergone. Because the patients accept whatever the doctor suggest regarding diagnosis and treatment. The reason may be, they don’t want to evaluate the service quality dimensions or they are not aware / knowledgeable of those dimensions. The past experience makes them to believe the doctor strongly. Whenever the patients are in need of doctor service, they don’t even try another doctor or second thought of another provider. Their satisfaction level is also high when compare to other patients who evaluate service quality of provider. These emotionally attached patients are turned become loyal patients later.

Midas touch can be enhanced all the way through nonverbal cues. Nonverbal cues can be used to create a secure attachment bond. Unique qualities such as a certain tone of voice, a particular touch, eye contact or a particular facial expression, together, are creating a sense of recognition, safety, and comfort from the provider. The way a doctor give a gentle touch on the arm, a reassuring pat on the shoulder can convey so much emotion to the patient. Doctor's body language such as crossed arms and head back position shows that he is not interested to the patients well being. Instead, sit with a relaxed and open posture communicates a wealth of information to the patients that the doctor is much interested and attentive. Therefore nonverbal communication remains key to building and maintaining a secure attachment.

6. Implications

Emotionally attached patients who are satisfied, spread their word mouth and persuade their family and friends to avail of service from particular hospital. They remain loyal and are willing to pay more for enhanced services (Reidenbach and sandifer-smallwood, 1990; Padma et.al 2009). On the contrary Thomson et.al, (2005) suggest that though emotional attachment predicts brand loyalty, it is not the only driver of loyalty or that loyalty requires emotional attachment. Similarly, while emotional attachment predicts consumers' willingness to pay a price premium, it is not the best or only predictor of this variable. Emotional attachment predicts these outcomes in a manner consistent with attachment theory and that it is useful because it explains variance beyond attitude, involvement, and satisfaction.

Correspondingly hospitalization is a rare event in people's life which they want to avoid. Hospital administrators can highlight on variables such as midas touch and trust, which will create emotional attachment with the provider. The purchase situations relevant to each dimension of attachment therefore deserve additional attention. Managers have considerable leeway to enhance the strength of consumers' emotional attachments (Thomson et.al, 2005). Additionally, these patients help the provider to promote the hospital through word of mouth.

7. Conclusion

The study examined that whether emotional attachment influences perceived service quality and patient satisfaction. The five facets of emotional attachment are treated as independent variables (midas touch, sentiments, confident, trust and happy), whereas perceived service quality and patient satisfaction is used as a dependent variable.

The findings from the study show that there are various factors of emotional attachment that could influence the perceived service quality and patient satisfaction. It reveals that midas touch, confident, trust and happy all have positive relationship with perceived service quality and patient satisfaction. The research also establishes that sentiment has insignificant relationship with perceived service quality and negatively significant on patient satisfaction.

Among the emotional attachment variables trust and midas touch are the most influencing variables on perceived service quality and patient satisfaction. This shows that patients believe that the doctor's touch could recover their health and get rid of pain as well as disease. Midas touch gives security and comfort in the relationship. Subsequently they trust the doctors and develop a kind of relationship with them. The eternal relationship turns as emotional attachment and create satisfaction to the patients. It provides identity to the doctor and the hospital too.

Future research can be conducted separately on public hospital and private hospital with out-patients to identify emotional attachment variables and the influence of emotional attachment on patient delight and satisfaction in different culture and in differed service sectors.

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