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Factors Of Customer Relationship Management Affecting Loyalty Of International Patients: An Empirical Study From Stakeholder's Point Of View

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Abstract: This article aims at understanding the loyalty of customers who travel across borders for medical treatments by exploring various factors of customer relationship management. Medical tourism has become an influential industry in last few years and contributes heavily in any corporate hospital's revenues, however it is not short of any challenges though, thus through this article, relationship between CRM, and customer loyalty was identified. The study is based on Mixed Methods (qualitative and quantitative) wherein the quantitative study was done via cross-sectional analytic study design, wherein primary data was collected through a structured questionnaire on a 5-point Likert scale from 419 respondents and processed through descriptive statistics and multiple regression technique using SPSS. The qualitative study involved a focus group discussion between the employees working across several divisions of International Patients Services of the hospitals under the sampling frame chosen for a quantitative study. 'Trust' as a driver of CRM was found to be the most significant contributors of loyalty, thus strategies around this element shall guide the corporate hospitals in establishing India for its competitive advantage and a hub for medical tourism.
Since there have been very limited studies of this kind that have been undertaken concerning the Indian hospitals, this study is one of its kind which shall highlight the important factors as perceived by international patients and employees of the hospitals and thus can further be utilized by the corporate hospitals to strategies their business processes to make the most out of this emerging area of medical tourism.

Index Terms - CRM – Customer relationship management, CL - Customer Loyalty, EFA – Exploratory Factor Analysis, MT - Medical tourism, FGD – Focus group discussion

I. INTRODUCTION

Customer Relationship Management is described as a customer-centric foundation focusing on interactive and relationship aspect of an organization, thus allowing the businesses in executing relationship marketing at an enterprise-wide level (Winer, 2001). CRM is an effective business strategy which deals with the selection and management of the valuable customer and their relationships, thus it requires customer-centric approach by the organizations to support effective marketing and sales programs along with service processes and the same can be done only if the organizations have the right kind of leadership, culture, and strategies (Thomson, 2001) The objective of Customer Relationship Management is to unite technological and business processes of an organization such that it enables them not only to acquire new customers but to retain the existing ones thus increasing the lifetime value of their customers (Peppard, 2000). The role of employees, customer services, relationship and communications with the clients as the key factors of CRM

along with employee-related activities affecting the loyalties of clients to a great extent was also emphasized (Long, Khalafinezhad, Ismail, & Rasid, 2013).

The Loyalty of customers is considered as an asset by any company and has been seen contributing towards profitability, such that a loyal customer leads to more purchases (Shen & Russel, 2007). Thus to retain the loyalty of its customers, the organizations must offer best of its choices to them (Oliver, 2009). Further (Kracklauer, Passenheim, & Seifert, 2001) advised that CRM to be used as a strategy by the organizations to search and attract profitable clients through relationship marketing such that it leads to profitable growth for the company, and thus it is an excellent platform to enhance customer loyalty.

Since the recent past, many healthcare organizations have started accepting the CRM approach through technology to manage their interactions with patients and this is contributing towards enhancing their capacities to extend services and attain exceptional patient care, thus further facilitating the healthcare providers to retain their loyal customers (Anshari & Almunawar, 2012). Further, the globalization of healthcare has been witnessed by medical tourism which is one of the fastest-growing areas of healthcare tourism, and has received attention from many countries (Heung, Kucukusta, & Song, 2011). On the similar lines (Fetscherin & Stephano, 2016) advocated about offering medical tourism and medical facilities by many countries.

The current study is focused on exploring the drivers of CRM (Customer Relationship Management) and further seeing the effect of the drivers of CRM on the loyalty of customers in Indian Hospital's context from patients and employees of the hospital.

II. LITERATURE REVIEW

In the current arena of competition and survival, all organizations aim at acquiring and retaining the existing customers, thus managing relationship with the customers is the key (Hyken, 2019). Customer relationship management has been identified as an organization's strategy, consisting of cross-functional, technologically integrated, and customer-oriented business processes that help in maximizing the relationships with the customers. (Chen, Injazz, & Popovitch, 2003). It has also been described as a management tool used by organizations to establish various channels and methods for managing information related to customers which helps in enhancing organizational performance thereby generating higher profitability (Gomez, Navarro, Badenes, & Lozano, 2020).

In the digital arena, CRM strategies utilize technology to automate business processes, sales, and marketing activities improve the services provided and enhance technical support to the customers (Gast & Ledford, 2014). Several other several aspects constructing the CRM strategies include pricing, engagement of the customers, and quality assurance (Sulaiman & Ridzuan, 2014). Further, highlighting the importance of maintaining collaborative relationship of an organization with its customers, Sofi and Hakim identified the key elements of customer prospective and personalization particularly in service sector to be incorporated in the CRM framework. (Sofi & Hakim, 2018).

Service quality has been identified as one of the most critical element of CRM and has been classified as a determinant of competitiveness since it is the quality of services which helps the organizations to differentiate with the other similar organizations and gain a competitive edge, and is considered as a key to enhanced profitability (Ghobadian, Speller, & Jones, 1994). It has been advised that a good customer service begins from inside, hence empowerment of the employees with the desired information leading to personalized care is an important aspect of an effective CRM program which leads to better customer experience. (Hyken, 2019). The same was also stressed by (Sharp & Duane, 2003, p. 14) , that CRM is an ongoing process and not just one event, hence it needs to be managed strategically at all levels within an organization and all employees must be involved at all levels. Furthermore the activities executed by the employee, customer service, advancement in relationships, and communications have been identified as essential elements of CRM affecting the loyalty of customers (Long, Khalafinezhad, Ismail, & Rasid, 2013).

Another research in this area depicted that good management is imperative towards the success of CRM of an organization, since every company is different in terms of its culture, business processes and technologies (Kirkby, 2001). Hence, CRM adoption philosophy is dependent upon the attitude of the top manager of the company, thus their understanding and support are very important in the successful implementation of the CRM programs (Sharp & Duane, 2003).

Service-related industries and merchandises have been attracted by CRM or relationship marketing (Chahal, 2010). Examination of loyalty of the customers through CRM in the service sector was done and which further highlighted towards a need for the formulation of a framework for the customer-loyalty approach for SMEs based on Customer Relationship Management. (Galvao, Carvalho, Oliveira, & Medeiros, 2018). CRM is considered as a mix of sales and marketing, service and support, persons, and technical aspects of an organization that helps in maximizing the relationships, benefits, and retention of the customer leading to loyalty and customer values (Ito, 2020). CRM practices have been observed to have a positive effect on the loyalty of customers in the airline industry wherein the attributes like shared values, bonding with the customers, commitment to the level of services, trust, handling complaints and conflicts faced by customers and other tangible components have been significant (Salah & Abou-Shouk, 2019).

Customer loyalty as a concept is not a new. It has been explored since 1930s (Bhatnagar, Syed, & Mishra, 2017) . Loyalty has been defined as the repetitive utilization of products or services by the clients without the urge to change their purchasing trends and maintain the continuity of the services irrespective of the changes in business settings. Hence, the focal point of the CRM within the healthcare service periphery is to assure patients' significant concern and requires increasing the patient loyalty level. Therefore it is imperative to study about the positive influence of CRM (Customer relationship management) implementation and patient loyalty enhancement in the hospital setting (Chhangani, 2013).

Many scholars have identified several factors which influences the loyalty of the customers. They range in various categories and can be classified broadly into; psychological and emotional state of the consumers, attributes of the service provider, marketing mix, and environmental (Jamaluddin, Aziz, & Mariapan, 2018). (Shafei & Tabaa, 2016) (Faisal, Hamid, & Abdullah, 2018) In an analysis to check the effect of the service-quality on the loyalty of patients at private healthcare, (Fatima, Malik, & Shabbir, 2018) were successful in establishing a positive relation, hence led to the conclusion that good healthcare service quality leads to loyalty and satisfaction of patients, not only this, other determinants like the physical environment of the hospital, communication and responsiveness by the employees, safety and privacy also relates positively to the loyalty of the patients. Many healthcare organizations are utilizing CRM systems to develop trust between the hospital and their patients by enabling health care organizations to get vital information about their customers and further utilize it accurately and competently. Since it is one of the difficult information management systems, they cannot be set up immediately and requires the regular gathering of the data from in-patient as well as out-patient department's terminals through multimedia networks and consolidation with other additional technological systems (Yina, 2010). The impact of loyalty-programs for patients was studied for the avocation of loyalty programs and its positive effect on patient satisfaction, better engagement, positive perception of service quality and trust amongst the patients (Gambarov, Sarno, Hysa, Calabrese, & Bilotta, 2017).

Customer loyalty is driven by the loyalty of employees of an organization, since the customers prefer dealing with a particular person of an organization (Rigby, Reichheld, & Dawson, 2003). It has been advocated by many researchers that the cost associated with the retention of loyal or existing customers is much less than the cost associated with attracting new customers (Ndubisi, Wah, & Ndubisi, 2007); (Reijonen, 2010). Many organizations also over the years believe that existing customers lead to more profitability for an organization as compared to the acquisition of the new customers owing to the nature of expenses involved (Berry, 1995); (Peppard, 2000); (Sheth & Parvatiyar, 1995)

Globalization of healthcare has led to the emergence of medical tourism wherein people from the more developed nations have started traveling to the developing countries to fulfill their need for medical treatments, which has been witnessed by the preparations and actions of various clinics, hospitals, and countries which are promoting themselves as the destination of medical tourism (Saadatnia & Mehregan, 2014). Several attributes like availability of high-quality healthcare, increased income generation, economical cost of treatment, reduction in transportation costs, advancing technology and competitive prices have supported the people world over to travel distant countries for medical reasons. Although, medical tourism has been growing but not much attention has been drawn towards the concept of medical tourism and medical tourists so far (Ghosh & Mandal, 2019).

In a study done on medical tourists from Amman, positive impact was found on customer loyalty through Customer Relationship Management based on modern technology thus impacting innovation, process, service, and the product positively (Shriedeh, 2019). In the field of medical tourism, the effect of relationship marketing on significant variables like the behavior of the consumers was explored which further indicated that cooperation, trust, and commitment are important attributes. (Sousa & Alves, 2019). In another study based on the medical tourists from china, it was found that perceived value influenced the buying intentions of the customers (Wang, 2012). Further, benefits, service quality, and enjoyment were the key components that had a notable impact on the perception of value. The influence of satisfaction,

quality, price, reasonability, and trust on the intentions of revisiting the clinics by the clients were also found to be significant (Han & Hyun, 2015).

Patient loyalty is considered as a crucial determinant of success for the health care providers, and as already discussed, CRM aims to bridge the gap between the patients and the health care organizations however it requires adequate drivers that can create and encourage customer loyalty, thus with this study such drivers of CRM will be identified from patients and employees perspective such that it supports in the formulation of the strategy of the hospitals to face intense competition in the market and build the confidence and loyalty among the patients within a small time, by delivering excellent productivity and highest quality. Since Medical tourism is gaining popularity in the Asian region, especially in India, this study will help in examining the factors that are perceived as critical and essential to consider Indian hospitals for their medical needs. This perception, of the international patients at selected hospitals shall assist the stakeholders in alignment of their practices as per customer relationship management (CRM) framework suggested.

Since there have been very limited research done in the past addressing the issues of CRM and customer loyalty with respect to international patients in Indian hospitals, the current study aims to bridge this research gap. Various drivers of CRM affecting loyalty were identified in the current study like physical environment, technology, relationship, Interaction, service quality, price, perceived value, and trust which were further explored, and their effect on customer loyalty was analyzed through multiple regression and focus group discussion.

III. RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. This includes Universe of the study, sample of the study,Data and Sources of Data, study's variables and analytical framework. The detailsare as follows;

3.1 Research Design/ Sampling/ Sample Size

The current study utilized a mixed method of study employing both quantitative and qualitative methods to collect primary data for the study

3.2 Quantitative Study

The quantitative research utilized cross-sectional survey of international patients or their attendants through a structured questionnaire and their responses were plotted using Likert scale. The data collection method further utilized the probability sampling technique from the sampling frame comprising of the multispecialty hospitals with a bed capacity of 250 or more beds, from four zones (i.e East, West, North, and south Delhi, Faridabad, Noida, and Gurgaon) of Delhi & NCR region. Each sample of the study was constituted by two hospitals from each zone, picked through a lottery system. In an attempt to have an equal sample distribution from all zones, an same number of responses were collected in all the four zones. To get the exact population for international patients was difficult as it was dependent on many factors, thus to get an appropriate sample size, subject to variable ratio was used. (Natanson, 2016) suggested, 7 to 20 cases per variable create an appropriate sample size in cases where the population cannot be ascertained. As per literature, a ratio of 10:1 was considered ideal (Hair, Money, page, & Samouel, 2007). Thus a total of 450 respondents (International patients and their attendants) were interviewed for primary data collection, with 113 from each zone

3.3 Qualitative Study

Qualitative data was collected through a focus group discussion to take the perception of hospital employees working in the international patient department of the hospitals. The group of employees included front line staff from international patient's services departments which deal with patients on an everyday basis, along with the business development executives who have the responsibility of driving business for the hospitals. In total 8-10 employees from all the hospitals considered under the study were included in the focus group discussion. Employee's perception was sought on drivers of CRM (Customer relationship management) and the role of the stakeholders in leading to the loyalty of customers. The group of participants was guided and introduced to the topic which encouraged them to participate in the research process actively. The responses were videotaped and further explored for the analysis.

IV. DATA ANALYSIS AND DISCUSSION

4.1 Quantitative Data Analysis

The current study utilized several techniques to analyses the primary data collected through the questionnaires. Firstly the questionnaires were screened for their completeness and then the responses were recorded in MS-Excel, thereafter the data was transferred to SPSS.

4.1.1: Case Screening

Case screening of the data was done to check for unengaged responses and missing data. There were a total of 16 unengaged responses, wherein the standard deviation value was 0, so they were removed from the dataset for further analysis and remaining 436 active cases were preceded further for Data analysis. The check for missing value was carried out after removing the unengaged responses and depicted in "Table A1: Missing Data Analysis." It was found that there was no missing data; hence it was not a concern.

Table A1: Missing Data Analysis

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
PE1	436	100.00%	0	0.00%	436	100.00%
PE2	436	100.00%	0	0.00%	436	100.00%
T1	436	100.00%	0	0.00%	436	100.00%
T2	436	100.00%	0	0.00%	436	100.00%
T3	436	100.00%	0	0.00%	436	100.00%
T4	436	100.00%	0	0.00%	436	100.00%
T5	436	100.00%	0	0.00%	436	100.00%
R1	436	100.00%	0	0.00%	436	100.00%
R2	436	100.00%	0	0.00%	436	100.00%
R3	436	100.00%	0	0.00%	436	100.00%
I1	436	100.00%	0	0.00%	436	100.00%
I2	436	100.00%	0	0.00%	436	100.00%
I3	436	100.00%	0	0.00%	436	100.00%
I4	436	100.00%	0	0.00%	436	100.00%
SQ1	436	100.00%	0	0.00%	436	100.00%
SQ2	436	100.00%	0	0.00%	436	100.00%
SQ3	436	100.00%	0	0.00%	436	100.00%
SQ4	436	100.00%	0	0.00%	436	100.00%
SQ5	436	100.00%	0	0.00%	436	100.00%
PI1	436	100.00%	0	0.00%	436	100.00%
PI2	436	100.00%	0	0.00%	436	100.00%
PI3	436	100.00%	0	0.00%	436	100.00%
PI4	436	100.00%	0	0.00%	436	100.00%
PV1	436	100.00%	0	0.00%	436	100.00%
PV2	436	100.00%	0	0.00%	436	100.00%
PV3	436	100.00%	0	0.00%	436	100.00%
PV4	436	100.00%	0	0.00%	436	100.00%
CS1	436	100.00%	0	0.00%	436	100.00%
CS2	436	100.00%	0	0.00%	436	100.00%
CS3	436	100.00%	0	0.00%	436	100.00%
CS4	436	100.00%	0	0.00%	436	100.00%

CS5	436	100.00%	0	0.00%	436	100.00%
TR1	436	100.00%	0	0.00%	436	100.00%
TR2	436	100.00%	0	0.00%	436	100.00%
TR3	436	100.00%	0	0.00%	436	100.00%
TR4	436	100.00%	0	0.00%	436	100.00%
CL1	436	100.00%	0	0.00%	436	100.00%
CL2	436	100.00%	0	0.00%	436	100.00%
CL3	436	100.00%	0	0.00%	436	100.00%

Table 1 above shows that there was no issue of missing data under study.

4.1.2: Reliability

The reliability of the drivers of CRM and Customer loyalty was calculated by using Cronbach α test. It was advised by (Field, 2013) that the constructs under study are considered reliable if their Cronbach α value is 0.5 or more, further it was suggested by (Berger & Hanze, 2007), that if the alpha value is 0.45 and above, it can also be acceptable since such a value can occur for constructs having limited numbers of items under study. In the study further, Cronbach's α was acceptable if α was equivalent to 0.45 or more.

4.1.2 (a): Overall Reliability of the Questionnaire

To access the overall reliability of the questionnaire, all the constructs in the questionnaire comprising of 34 items were subject to cronbach's alpha test, the results for the same have been depicted in "Table B1 : Reliability Statistics : Overall Questionnaire." It was found that the overall reliability of the questionnaire comprising of 34 items was 0.899, which is considered good.

Table B1: Reliability Statistics: Overall Questionnaire

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.892	0.899	34

4.1.2 (b): Reliability of the drives of CRM

Factors of CRM selected for the study were further subjected to reliability testing through cronbach's alpha test to see the reliability of the individual factor. A total of eight factors comprising of 31 items under study was checked. The same has been depicted under "Table B2: Reliability Statistics: Drivers of CRM." It was found that all the factors of CRM had reliability above 0.5, whereas relationship had reliability of 0.495, which is also acceptable as per (Berger & Hanze, 2007), who advised for the values to be acceptable if it is above 0.45, owing to lesser items under study.

Table B2: Reliability Statistics : Drivers of CRM

Drivers	Cronbach's Alpha	N of Items
Physical Environment (PE)	0.557	2
Technology (T)	0.783	5
Relationship (R)	0.495	3
Interaction (I)	0.694	4
Service Quality (SQ)	0.71	5
Price (PI)	0.776	4
Percieved Value (PV)	0.795	4
Trust (TR)	0.698	4

4.1.2 (c): Reliability of Customer Loyalty

The items under customer loyalty were checked for the reliability of items understudy and cronbach's alpha was found as per the "Table B3: Reliability Statistics: Customer Loyalty." It was found that the three items comprising of Customer loyalty had cronbach's alpha value of 0.883, hence inter-item consistency was good.

Table B3: Reliability Statistics: Customer Loyalty

Cronbach's Alpha	No. of Items
.883	3

4.1.3: Patient Profile

The data were further checked for various demographic variables based on gender, age, occupation, education, and mode of payment, depicting the profiling of the patients under study. The same has been represented by "Table C1: Patient Profile." It was found that that maximum respondents were in the male category, the age group comprising of the maximum number of respondents was 50years and above. Moreover, the majority of the respondents was high school graduates and fell in the other category of occupation. The mode of payment for the treatment for maximum respondents was through cash payment.

Table C1: Patient Profile

Patient Profile					
		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	F	152	34.9	34.9	34.9
	M	284	65.1	65.1	100.0
	Total	436	100.0	100.0	
Occupation	Business	33	7.6	7.8	7.8
	Government	30	6.9	7.1	14.9
	Private Sector	153	35.1	36.2	51.1
	Retired	17	3.9	4.0	55.1
	Worker	22	5.0	5.2	60.3
	Other	168	38.5	39.7	100.0
	Total	423	97.0	100.0	
	Missing	13	3.0		
	Total	436	100.0		
Education	Primary	18	4.1	4.4	4.4
	Secondary	17	3.9	4.2	8.6
	High School	186	42.7	45.9	54.6
	University	184	42.2	45.4	100.0
	Total	405	92.9	100.0	
	Missing	31	7.1		
	Total	436	100.0		
Mode of Payment	Cash	308	70.6	70.6	70.6
	Credit	65	14.9	14.9	85.6
	Cash and Credit	63	14.4	14.4	100.0
	Total	436	100.0	100.0	
Age	0-10 years	27.0	6.2	6.2	6.2
	10-20 years	14.0	3.2	3.2	9.4
	20-30 years	53.0	12.2	12.2	21.6
	30 - 40 years	77.0	17.7	17.7	39.2
	40-50 years	103.0	23.6	23.6	62.8
	50years+	162.0	37.2	37.2	100.0
	Total	436	100.0	100.0	22.9

4.1.4: Drivers of CRM

To find out the drivers of CRM as perceived by the international patients, the factors under study as per the extensive literature review were subjected to exploratory factor analysis.

4.1.4 (a): KMO and Bartlett's Test

Before proceeding for the exploratory factor analysis, it is important to check whether the factors considered for the study qualify for exploratory factor analysis or not, KMO and Bartlett's was used. It is advised that the factors qualify for factor analysis if the value is more than 0.5 (Hair, Black, Babin, Anderson, & Tatham, 2006). The results as obtained by KMO and Bartlett's test have been depicted in Table D1: "KMO and Bartlett's Test". It was found that value for KMO test of sampling adequacy was 0.865, hence the sample size is adequate enough to proceed for further analysis and the Bartlett's test result has a value of 0, i.e. less than 0.05, hence the test is significant to proceed further for factor analysis.

Table D1: KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.865
Bartlett's Test of Sphericity	Approx. Chi-Square	4707.4
	df	465
	Sig.	0

4.1.4 (b): Factors of CRM

The factors of CRM i.e. Physical environment, Technology, relationship, Interaction, Service quality, Price, Perceived Value, and Trust comprising of thirty one items were further subjected to factor analysis using principal component analysis via rotation method using varimax and Kaiser Normalization. "Table D2: Grouping of Variables: Rotated Component Matrix," shows the grouping of items under various factors as per rotated component analysis. It was found that all the items were grouped under 8 new factors. It was advised by (Rahn, 2019) that variables with a rotated factor loading of 0.4 are acceptable, further (Stevens, 1992) also advocated that a factor loading of 0.4 of an item is acceptable irrespective of the sample size. Since all the items under study were found with a factor loading of 0.4 and more, hence were acceptable.

Table D2: Grouping of Factors of CRM: Rotated component Matrix

Rotated Component Matrix								
	Component							
	1	2	3	4	5	6	7	8
PE1								0.463
PE2			0.495					
T1			0.753					
T2			0.796					
T3			0.816					
T4		0.643						
T5		0.675						
R1						0.7		
R2							0.726	
R3						0.686		
I1							0.666	
I2						0.527		
I3							0.501	
I4						0.406		
SQ1		0.599						
SQ2		0.651						
SQ3								0.478
SQ4		0.518						
SQ5								0.571
PI1	0.448							
PI2	0.684							
PI3	0.779							

PI4	0.68							
PV1				0.841				
PV2				0.82				
PV3				0.495				
PV4				0.478				
TR1					0.691			
TR2					0.562			
TR3					0.672			
TR4					0.769			
Extraction Method: Principal Component Analysis.								
Rotation Method: Varimax with Kaiser Normalization.								
a. Rotation converged in 14 iterations.								

4.1.4 (c) : Factors Extracted

The Factors extracted after the rotated component matrix have been categorized as per "Table D3: New factors of CRM as a result of Exploratory Factor Analysis" showing the variance explained by each factors extracted along with the items that have been grouped together after exploratory factor analysis. A total of Eight factors were extracted, through exploratory factor analysis, with a variance of 59.69 percent. Further, all the items were forced to form a single factor.

The new extracted factors were: Factor 1 (Price: PI) – PI1, PI2, PI3, PI4; Factor 2 (Service Technology - ST)– T4, T5, SQ1, SQ2, SQ4; Factor 3(Technology & Physical environment: TPE) – PE1, PE2, T1, T2, T3; Factor 4 (Perceived Value: PV)– PV1, PV2, PV3, PV4; Factor 5 (Trust: TR)– TR1, TR2, TR3, TR4; Factor 6 (Interactive Relationship: IR) – R1, R3, I2, I4; Factor 7 (Special and timely Interaction: STI) – I1, I3, R2; Factor 8 (Physical Service Quality: PSQ)– SQ3, SQ5, PE1

Table D3: New Factors of CRM as a result of Exploratory Factor Analysis

	Total	**% of Variance**	**Cumulative %**	**Variables Converged**		**Loading**
Factor 1 (PI)	3.179	10.256	10.256	PI3	The calculation of Treatment costs is easy to understand.	0.448
				PI2	Charges for other services of the Hospital are very reasonable	0.684
				PI4	Choice of transacting with this hospital is the right decision when price is concerned	0.779
				PI1	Hospital Treatment charges are very reasonable	0.68
Factor 2 (ST)	3.021	9.746	20.001	T5	The hospital staff could access my information easily from any customer interaction point in the hospital	0.675

				SQ2	The terms and the clauses of the Hospital contract are easy to understand.	0.651
				T4	The hospital provides a convenient online payment process.	0.643
				SQ1	The Hospital provides access to information on products or services offered	0.599
				SQ4	The Hospital always provides documentation correctly.	0.518
Factor 3 (TPE)	2.714	8.753	28.755	T3	The Hospital possesses good telecommunication system.	0.816
				T2	The hospital provides appropriate information about booking service.	0.796
				T1	The hospital has an interactive website.	0.753
				PE2	The hospital has spacious sitting area	0.495
Factor4 (PV)	2.305	7.437	36.192	PV1	The Hospital provides additional benefits.	0.841
				PV2	The Hospital provides flexibility.	0.82
				PV3	The Hospital offers value for money compared to competitors.	0.495
				PV4	I am generally aware about the value of Hospital products that I had purchased.	0.478
Factor5 (TR)	2.228	7.188	43.38	TR4	The hospitals has been concerned about my wellbeing at all times	0.691
				TR1	The services provided by the hospital are trust worthy.	0.562
				TR3	The hospital treats its customers honestly	0.672

				TR2	My doctor has equipment needed to provide complete care.	0.769
Factor6 (IR)	2.026	6.535	49.915	R1	Hospital employees put effort to solve customers' Complaints.	0.7
				R3	The personnel use language that I can understand.	0.686
				I2	The hospital personnel can handle problems in a very good manner	0.527
				I4	The frontline personnel are prompt in providing services	0.403
Factor7 (STI)	1.752	5.65	55.565	R2	Services offer by this hospital makes me feel special respected and welcome.	0.726
				I1	Hospital employees easily communicate with me.	0.666
				I3	The hospital's personnel provide timely information when the services will be performed	0.501
Factor8 (SQF)	1.279	4.124	59.69	SQ5	The staff of the hospital was appropriately dressed	0.571
				SQ3	The Hospital performs the services as promised.	0.478
				PE1	The ambience of the hospital is clean	0.433

Extraction Method: Principal Component Analysis.

4.1.5: Relation between the drivers of CRM and Customer Loyalty

4.1.5 (a) Effect of the drivers of CRM on Loyalty

Cause and effect relation between the drivers of CRM and customer loyalty was found using multiple linear regressions technique using SPSS software. The analysis as per Table E1: Variance Explained by the Drivers of CRM on Customer Loyalty, shows R-square value 0.263, hence all the factors selected led to 26.3 percent variance in the loyalty of international patients. According to (Chin & Marcoulides, 1998) and (Henseler, Christian, & Rudolf, The use of Partial Least Squares Path Modeling in International Marketing, 2009) the value of R2 greater than 0.67 implies high predictive accuracy, the range between 0.33 - 0.67 implies to a moderated effect model, R2 value between 0.19 and 0.33 indicates a lower effect, however if R2 value is below 0.19, it is considered unacceptable.

Table E1: Variance Explained by the Drivers of CRM on Customer Loyalty

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.513a	0.263	0.25	0.98235
a. Predictors: (Constant), STI, PV, TPE, TR, PSQ, IR, St, PI				
b. Dependent Variable: CL				

4.1.5 (b) Significant Factors

After the test for multiple regressions, the factors with a p value of 0.05 and less are considered to be significant in affecting customer loyalty, the same was represented by Table E2: Significant factors of CRM leading to loyalty of international patients, and it was seen that that Factors like Price (PI), Perceived Value (PV), Trust (TR), Physical service Quality (PSQ) and Service Technology (ST) have p values less than 0.05, hence are significant towards contributing the loyalty of international patients.

Table E2: Significant Factors of CRM leading to Loyalty of International Patients

	Unstandardized Coefficients		**Standardized Coefficients**		
Model	B	Std. Error	Beta	T	Sig.
(Constant)	.113	.265		.428	.669
PI	.223	.108	.115	2.071	.039
PV	-.172	.084	-.107	-2.042	.042
TR	.996	.104	.455	9.598	.000
PSQ	.345	.128	.135	2.692	.007
TPE	.083	.096	.042	.859	.391
St	-.337	.113	-.161	-2.993	.003
IR	.064	.132	.024	.488	.626

Dependent Variable - CL

4.2: Qualitative Data Analysis:

Qualitative Analysis was undertaken to support the outcomes of quantitative research and understand the stakeholder's point of view. For this study, a focus group discussion was organized with a group of total of 10 representatives from the international patients' divisions comprising of the operations and business development team of the hospitals under study. The objective of the discussion was to find out the role played by the hospital employees to maintain the loyalty of international consumers. The entire session was videotape, which was further transcribed into various themes based upon the responses.

4.2(a): Interaction with the customers

The analysis after the group discussion revealed that as per the job profile assigned to all members, maintaining effective communication with the customers was a key. The flow for conversation starts from the business development team which is further supported by the patients' service team. The element of personalization of conversation influenced the level of satisfaction amongst the customers. Since the junior staff is directly in touch with the patients on a day to day basis, they play a very crucial role to sort out the issues and ensure patient delight by engaging with them regularly. It was also discussed that the behavior

of an individual person, the organization's culture, and the ideology of the leadership team influenced the response time of an individual towards the patient's queries.

4.2 (b): Quality of Service, Infrastructure and competition

Service quality of one hospital is different from the other and is dependent upon various factors like; specialized doctors, demographics of patients, organization's culture, and uniqueness of the industries. Further, as per the respondent's views about the services provided by their own hospitals and the competitors, it varied from each individual as they all are unique. For maintaining the loyalty of international patients, one of the hospitals with multiple units has a separate business development team which functions on a hub and spoke model such that the central team extends support to the service and operations teams before the patient arrives at the hospital and thereafter the operations teams take over and ensures a seamless service to the patients so both work hand in hand, however, the inclination varies from unit to unit. Whereas there are stand-alone hospitals wherein only one person is responsible to ensure that his or her team takes care of both before and aftercare services provided to the international patients.

Further, it was emphasized that each hospital have its own uniqueness that attracts the customers, an example of a standalone hospital was quoted here, wherein the lobby, emphasizing on the physical environment and space provided for the international customers is quite small but the customer base is high because of the service quality extended by the team. Another respondent stated that sometimes one factor overshadows other factors, for example, bigger giants like Fortis and Medanta have excellent infrastructure and it overshadows other factors that might impact the international customer's loyalty. Another respondent stressed the culture of the organization and not the staff alone which influences the level of services provided to the patients since staff changes with time but the culture remains the same.

4.2 (c): Strengths of organization and improvement areas to ensure customer loyalty

All the respondents were of the view that their respective hospital provides superior quality services, starting from the time the query is placed, to stay of the patient at the hospital, interactions with the doctor, and availability of a specialist who deals in the type of treatment required. There are many areas that are considered as the strengths of the organizations and one amongst them was maintaining a relationship with the international customers. Communication plays a major role to improve performance, as it results in resolving the minute issues. Furthermore, the performance along the chain is affected by the instruction of the superiors; therefore the superior must be qualified, experienced, and capable enough to manage a team. Additionally, the superiors must hold the decision making power to manage the whole performance. One of the respondents also added that continuous training, better projection, and change in the overall thought process are the basic ways that should be adopted to increase the learning capabilities and improve

4.2 (d): Incentive or recognition to support CRM activities

Employees feel motivated if they are incentivized which further improves their productivity, in turn, impacting the performance of the organization and maintaining customer loyalty. The respondent stressed that recognition is given to them in the form of an appreciation mail from the immediate superior, an employee of the month, and incentive once the targets are achieved. Another respondent stressed that "Trust" of the superiors in the field and their behavior is also a kind of recognition they would thrive for. Further one respondent stated that though there is incentive plan but the same has been standardized and are unchanged since last 4-5 years and there is no motivation inviting creativity since last few years. The incentive to the employees is dependent upon the presentation of the incentive formulated by the higher authorities.

A few respondents also stressed that their inspiration to meet the goals set is constructed when the vision of the superior becomes a personal vision and integration of the same motivates to move forward and improve overall productivity. Other respondents remarked that customer loyalty is the ultimate aim for them and this drives them to perform efficiently and effectively. The motivation to work is gained when a doctor can retain their customers for a longer time and they return for further issues. Furthermore, a respondent remarked that the leader's vision is an inspiration to work hard and achieve the end goals.

4.2 (e): Role of Information Technology

IT department has been playing a great role since the past few years, thereby helping the senior-level executives in their decision making. As per one of the respondents, the efficiency of the IT department is dependent upon the way it is utilized; it could be in the prediction of the kind of patients and the numbers

in the future. However effective use of the IT infrastructure, for instance in Data mining and further utilization for-profit generations has been very limited in the current hospital setup.

4.2 (f) Creative marketing strategies

Further during the discussion, the respondent's views were taken regarding the creativity bought in by the CRM in context to international customers, to which the respondents agreed that not much creativity has been there in this field for the last 4-5 years. This is one area that has influenced by the culture of the organization and percolates from the top.

4.2 (g): Working environment of the organization

The environment at work and the organizational culture are a few of the important factors impacting the overall performance of the employees and the outcomes, i.e. customer loyalty. To find out the working environment, many points were discussed. One of the respondents argued that it is important to seek both emotional and physical safety wherein the first one is influenced by the culture and the behavior of fellow mates; however the latter is impacted due to the higher chance of infection at the work-place. The mentors in the organizations try and keep their team member's morale high. One of the respondents' suggested that, continuous training along with considerable authority and responsibility needs to be assigned for a task to be performed. Another respondent advocated for job security and acknowledgment of work to keep the morale high for the employees. Teamwork is another important aspect that was acknowledged by all and thus overall employee satisfaction was seen amongst the respondents.

4.2 (h): Organization capability to meet international customer's demand

It was emphasized by a few respondents that, owing to the competitors a few hospitals have opened the divisions for international customers in spite of their incapability of meeting the demand of international patients. The capabilities of the international customer department are associated with the capabilities of the research and development department and several other factors.

4.2 (I) Factors influencing international Customer loyalty

The loyalty of international customers' is based on several factors; firstly relationship management which is influenced by the initiatives taken by top-level management. Experience during the stay of the patient, Quality of interaction with the customers and patients, personally connect with the patient's further impact the loyalty. It was also concluded by a respondent that communication is the key to create customer delight. Further a responded stressed that the patients tend to have a difference in opinion if they observe special treatment being given to a few patients and ignorant responses to others, further the experience factor also plays a critical role, which begins with the query addressed to the post-treatment services.

V. CONCLUSION

From the quantitative analysis, it was found that exploratory factor analysis evolved eight new factors of Customer relationship management as perceived by international patients having a variance of 59.69 percent. The drivers of customer relationship management explored were price (PI) Service Technology (ST), Technology& Physical Environment (TPE), perceived value (PV), trust (TR), Interactive Relationship (I**R**), Special and timely Interaction (ST**I**), and Physical Service Quality (P**SQ**) and they contributed towards 26.3 percent loyalty of international customers. Out of all the drivers' explored loyalty was advocated mostly by TR which contributed to an increase of loyalty by 0.996 with every unit increase in trust. However, all other factors like Price (PI), Perceived Value (PV), Physical service Quality (PSQ), and Service Technology (ST) are significant in contributing towards the loyalty of international patients who come for treatment at hospitals in Delhi/ NCR area of India. Whereas, factors like Technology and physical environment (TPE) and Interactive relationship (IR) were not found to be significant as per the statistical analysis.

The qualitative analysis led to the conclusion that as per the employees working in the hospitals, Interaction is one of the key elements which was also proved by the significant impact of the factor STI i.e. special timely interaction explored through statistical analysis. Service quality was further highlighted as a bare minimum to generate loyalty and the same is dependent upon various factors like the way the patients are treated, communication at several levels etc. it was also stressed that Physical infrastructure also influences loyalty and the same was also found significant as per the statistical analysis wherein the factor PSQ i.e. physical service quality was found to be important along with ST, involving items like service quality and technology. Information technology on the other hand although important was found to be deficient in the

hospital set up as per the employees. Communication was found to be one of the most important elements as per the employees that generate loyalty besides motivation too influences the employees to deliver better. It was further found that it is important for the top management of the organizations to influence the culture and strategies around the business to generate the loyalty of patients.

It can also be said since the variance caused was 26.6 percent hence the model is a low fit and can be replicated only in hospitals with similar settings and cannot be generalized. Moreover, more research is required to understand the framework applicable to public hospitals as well as an understanding of the drivers like Technology and relationship and their role in influencing the loyalty of international patients in a hospital.

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