โมเดลนวัตกรรมการตลาดบริการสำหรับผู้ป่วยฟอกเลือดในประเทศไทย*

The Service Marketing Innovation Model for Hemodialysis Patients in Thailand

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บทคัดย่อ

งานการวิจัยนี้มีจุดประสงค์เพื่อสร้างโมเดลนวัตกรรมการตลาดบริการสำหรับผู้ป่วยฟอกเลือดในประเทศไทย โดยใช้การวิจัยแบบผสมผสานระหว่างการวิจัยเชิงคุณภาพและการวิจัยเชิงปริมาณ ประชากรที่ศึกษาเป็นผู้ป่วยฟอกเลือดในกรุงเทพและปริมณฑลจำนวน 8,122 คน สุ่มตัวอย่างแบบแบ่งชั้นหลายขั้นตอนได้ประชากร 544 คน เริ่มการวิจัยโดยการสัมภาษณ์เชิงลึกผู้มีประสบการณ์ด้านไตเทียม 6 ท่าน ได้แก่ อายุรแพทย์โรคไต พยาบาลไตเทียม ผู้ให้บริการและผู้ป่วยไตเทียม หลังจากนั้น ใช้แบบสอบถามรวบรวมข้อมูล แบบสอบถามมีค่าความเชื่อมั่นเท่ากับ 0.80 ใช้สถิติเชิงพรรณนาวิเคราะห์ตัวแปร สถิติทดสอบสมมติฐาน ได้แก่ สถิติทดสอบที และทดสอบความสัมพันธ์เชิงสาเหตุ วิเคราะห์โมเดลด้วยโมเดลสมการโครงสร้าง (SEM) หลังจากนั้นได้ทำการประเมินผลอีกครั้ง เพื่อยืนยันผลสัมฤทธิ์ของโมเดล ผลการวิจัย พบว่า โมเดลนวัตกรรมการตลาดบริการสำหรับผู้ป่วยฟอกเลือดประกอบด้วยปัจจัยด้านการตลาด และปัจจัยด้านจิตวิทยา (8P's and CRM) ปัจจัยการตลาดที่สำคัญที่สุดได้แก่กลยุทธ์การบริหารลูกค้าสัมพันธ์ และปัจจัยจิตวิทยามีอิทธิพลอย่างมากต่อผลสัมฤทธิ์ โมเดลนวัตกรรมการบริการสำหรับผู้ป่วยฟอกเลือดในประเทศไทยที่นำเสนอ ประสบผลสำเร็จโดยวัดจากดัชนีชี้วัด ความสุขโดยรวม การบอกต่อ และพฤติกรรมส่งเสริมสุขภาพ ดัชนีความสอดคล้องของโมเดล ได้แก่ ค่า Chi-square/df, GFI, AGFI, CFI, RMR, RMSEA และ Hoelter index อยู่ในเกณฑ์มาตรฐานโมเดลประกอบด้วย ปัจจัยส่วนประสมทางการตลาด(8P's) และการบริหารจัดการลูกค้าสัมพันธ์ (CRM) ปัจจัยด้านจิตวิทยา ได้แก่ ทัศนคติ การรับรู้ และแรงจูงใจ

คำสำคัญ: การบริหารจัดการลูกค้าสัมพันธ์

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Abstract

This research presents the service marketing innovation model for hemodialysis patients in Thailand by using qualitative and quantitative research methods. The population is the hemodialysis patients in Bangkok and its vicinity. The total population is 8,122. This research uses a sample of 544 patients. The sampling design uses multistage sampling. The qualitative research consists of in-depth interviews of six experts in the hemodialysis field who are nephrologist, hemodialysis nurses, hemodialysis providers and hemodialysis patients. This research uses a questionnaire for collecting the quantitative data. Descriptive statistics were used to analyze variables. Statistical methods used to test hypotheses were Paired t-test and Structural Equation Modeling (SEM). Confirmatory Factor Analysis was used to confirm the component of latent variables. SEM was used to analyze the model. Research found that the innovation model consists of 2 factors, namely service marketing factors (8P's and CRM) and psychological factors. Two latent variables-marketing factors and psychological factors were found to have a significant positive impact on the performance of service. Moreover, the performance of the service marketing innovation model increased after the implementation of new services. All fit indices for the model, which were Chi-square/df, GFI, AGFI, CFI, RMR, RMSEA and Hoelter index, met the standard values. The marketing and psychological factors explained 72.2 percent of the performance of that service marketing model.

Keywords : service marketing innovation model, hemodialysis (HD) patients

Background and problem statement

The service economy emerged more than 25 years ago and has been growing ever since. The service sector represented 63.4% of world Gross Domestic Product (GDP) in 2008 while the manufacturing sector represented 30.6% and the agricultural sector was only 6% (The World Factbook, 2009). The Asian countries' GDP's also have a share of the service sector as high as in developed countries (Gallaher: 2006, OECD: 2004, Abe: 2005). This is also true in Thailand where the service sector represents a large share of total income, with 47.74% of GDP in 2006. The Thai government has strongly supported and promoted the service industry, especially in health services (Office of Service Trade, Department of Export Promotion, 2008). The growth rate of domestic production in the health sector increased by 6.3% in 2007 compared to 2006 (Office of the National Economic and Social development board [NESDB], March 2009). The five year plan (2007-2011) of NESDB is to develop the full cycle of health care services that includes cure and care, prevention, rehabilitation of both physical and psychological health, as well as developing service quality and

healthcare personnel, especially in the innovation of health promotion.

Thailand has a large number of renal failure patients for whom doctors need to prescribe hemodialysis (HD) treatment. There are two types of HD centers in Thailand: hospital-based and non-hospital-based (stand-alone) HD units. When the service capacity in the hospital-based HD center is too small for HD patients, some patients come to non-hospital based HD units. Non-hospital-based HD centers or stand-alone clinics must have a contract with a nearby hospital to transfer patients in case of emergency. All HD centers must be accredited for compliance with the standards set forth by the Ministry of Health and the Nephrology Society of Thailand. Before 2003, the HD cost was about 2,000-3,500 Baht per session because of low demand and few competitors in HD service. After 2003, the number of HD patients doubled and has grown rapidly. At present, the competition in HD service is higher than it was 5 years ago. This is because a large number of new HD centers were opened by HD nurses, doctors and businesspersons since then.

The number of HD centers in Thailand has been growing steadily since 1996. A majority of these centers are located in Bangkok and on the outskirts thereof. Since HD treatment aims to maintain patients' quality of life, the patients have to come for dialysis treatment up to 2-3 times a week, as in the case of permanent kidney failure. This condition is fatal if treatment is not provided. The hospitals can provide a variety of other medical management. Stand-alone clinics or non-hospital-based centers provide only HD treatment. Hospital-based dialysis units may choose to do the dialysis themselves or to outsource. Another advantage of a hospital-based HD unit is broader reimbursement since they can claim reimbursement for every type of patient, including those in the Civil Servant Medical Benefit Scheme, while stand-alone clinics can only claim reimbursement under the Social Security Scheme and Universal Coverage Scheme. Most private hospitals charge 2,000 Baht for HD treatment given to Civil Servants. These patients do not have to pay additional money but the Social Security workers can only claim 1,500 Baht reimbursement for HD. They have to pay the outstanding cost themselves. Patients who are not Social Security workers or government officers will have to pay the total cost of HD. This was the situation before 2008. No patient under the Universal Coverage Scheme was then supported by National Health Security Officer (NHSO).

After 2008, the HD treatments became more widely available as the Universal Coverage Program paid a partial cost for HD treatment. Patients now only have to pay 500 Baht. The total charge for HD treatment is controlled by NHSO at 1,500 Baht. Patients now only have to pay 500 Baht themselves. A number of centers and hospitals co-operate with this Universal Coverage Program. The patients who formerly had to pay full cost on their own are now better off financially since this project has started. The number of HD patients has increased since the introduction of the Universal Coverage Program. Although the HD price is set at 1,500 Baht under the Universal Health Coverage, some stand-alone clinics and

private hospitals who want a share of the mass market have reduced the price for patients under the Universal Coverage Program.

Formerly pricing policy with a physician's affiliation was the marketing strategy for competitiveness. At the moment, competitive advantage in HD business can come from service marketing innovation because price strategy and physician's affiliation are not sufficient and not appropriate at this moment because every unit can contact physicians and use pricing strategy equally. Another problem is that the profit margin for business providers is lower because of price competition and control by NHSO. The future strategy of the HD business providers is to reposition their business models by using service marketing innovation to differentiate themselves from competitors.

This research examines the present service marketing model for HD patients by considering the 8P's service marketing mix, customer relationship management (CRM), interpersonal influences, and psychological aspects on the performance of the model. Service innovation will be implemented depending on the results of this research. Service innovation will be created and implemented either through marketing or incremental innovation, which is minor improvement to existing services or processes-doing what we do but doing it better (Trott, 2008).

The service innovation idea was derived from the integration of four aspects of the full cycle in healthcare systems described by the NESBD. These consists of: *cure and care, rehabilitation both physical and psychological health, developing service quality and healthcare personnel and the innovation for health promotion*. At present, the HD treatment only provides cure and care but does not seriously provide the rehabilitation to HD patients or development of healthcare personnel and the innovation for health promotion.

Research Objectives

This research presents the service marketing innovation model for HD patients with four objectives.

1. To develop the service marketing innovation model for HD patients in Thailand in four steps: (a) By exploring the psychological aspects of HD patients, (b) analyzing the variables in the service marketing innovation model for HD patients, (c) analyzing the direct and indirect effects of service marketing factors, interpersonal influences, and the psychological aspects of HD patients on the performance of the present service marketing model for HD patients, and (d) by developing the service marketing innovation model for HD patients.

2.To implement the service marketing innovation model for HD patients.

3. To evaluate the service marketing innovation model for HD patients.

4. To present the service marketing innovation model for HD patients in Thailand.

Contributions of the Research

There are three contributions of this research: (1) The HD patients will be provided with services more efficiently both physically and psychologically in order to promote a healthy

lifestyle and provide a better quality of life. (2) The HD providers will derive two benefits: improving the service standards will strengthen competitive advantage and will also provide higher profit margins from value added services offered at a premium. (3) It will support the five-year plan of the NESDB to develop the full cycle of health care services.

Scope of Research

The scope of this study is as follows:

Scope of Population

The population consists of 8,122 HD patients from privately-owned HD centers at both hospital-based and non-hospital-based units in Bangkok and the vicinity. The patients in government and private HD centers usually have the same characteristics.

Scope of Content

This study consists of psychological aspects of HD patients lives, interpersonal influences. It also examines HD service marketing factors, as well as the performance of the existing service marketing model for HD patient. The study recommends a new model implementation, as well as an evaluation of service marketing innovation for HD patients.

Scope of Time

The research period is March 2010-February 2011, which has two stages.

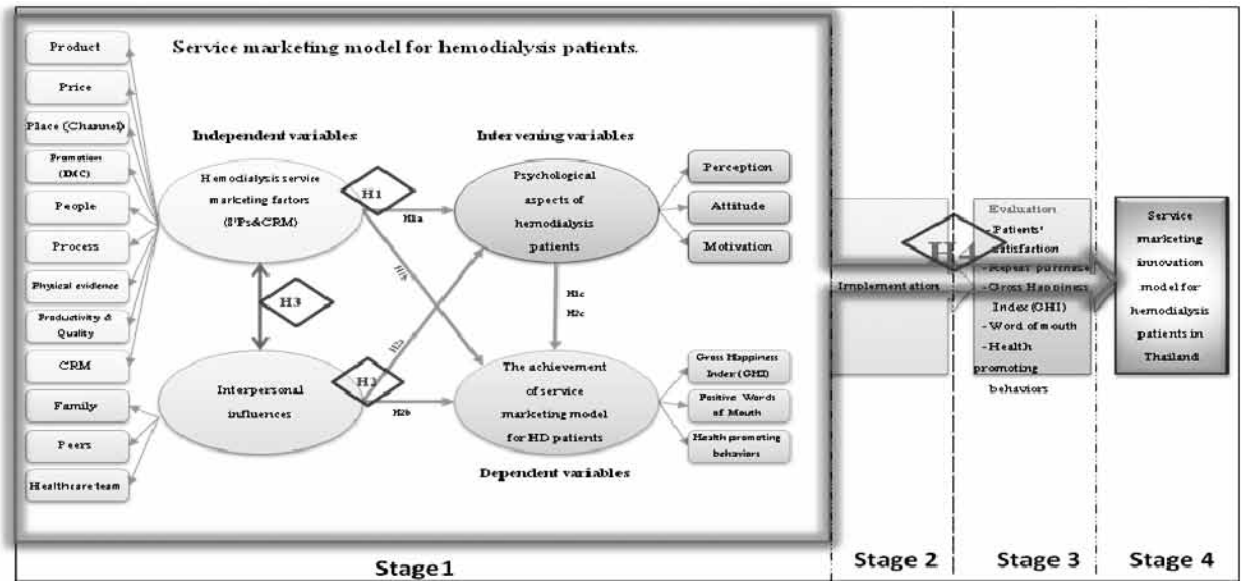
Stage1. Before implementation of the new model, data was collected between August 2010-September 2010.

Stage2. After one month of new model implementation data was collected again in November 2011.

Research Conceptual Framework

The researcher relied on the study of concepts, theories and research related to service marketing innovation for HD patients. The research conceptual framework is shown in Figure 1.

Figure1: Conceptual Framework



Concept, Theory and Related Research

The research was based on the study of concepts, theories and research related to the service marketing innovation for HD patients, the service marketing factors which used the 7P's model of Booms and Bitner (1981), 8P's by Lovelock and Wirtz, 2007 and the CRM strategy by Payne and Frow, 2005. All of these are presented in the model. Pender's Health Promotion model (Pender, 1996) and the Model of Consumer Decision Making (Schiffman and Kanuk, 2007) are used with a view to study health promoting behavior, interpersonal factors and psychological aspects. It also relies on the Morris and Douglas (2007) study on *personal spiritual well being, perceptions of the use of spirituality, and spiritual care in occupational therapy practice*. The Kriegel (2010) study on the *influence of psychological support is also relied on.*

Hypotheses

The conceptual framework for analysis, as indicated in Figure 1, derives from the service marketing concept-7P's model and 8P's and CRM strategy, Pender's Health Promotion Model, the Model of Consumer Decision Making, and the research study of Morris (2007) and Kriegel (2010). This framework suggests that there are three factors (service marketing factors, interpersonal factors and psychological aspects) that can be used as predictors of the performance of the service marketing innovation model for hemodialysis patients in Thailand. Based on this framework, four hypotheses are proposed.

H1: HD service marketing factors, and psychological aspects of HD patient lives have a direct and an indirect effect on the performance of the service marketing model for HD patients resulting in the following sets of hypotheses:

H1a: 8P's and CRM have a direct effect on the psychological aspects of HD patients.

H1b: 8P's and CRM have a direct effect on the performance of the service marketing model for HD patients.

H1c: 8P's and CRM have an indirect effect on the performance of the service marketing model for HD patients through psychological factors.

H2: Interpersonal influences and psychological aspects of HD patients have a direct effect and an indirect effect on the performance of the service marketing model for HD patients resulting in the following sets of hypotheses:

H2a: Interpersonal influences have a direct effect on the psychological aspects of HD patients.

H2b: Interpersonal influences have a direct effect on the performance of the service marketing model for HD patient.

H2c: Interpersonal influences have an indirect effect on the performance of the service marketing model for HD patients through psychological factors.

H3: HD service marketing factors have correlation with interpersonal influences.

H4: The performance of the service marketing innovation model is increased after the implementation of new services.

The Components of Variables

In this study, there are 3 types of variables, namely:

1. Independent Variables:

1.1 Service Marketing Factors: Marketing Mix (8P's) and CRM which consist of 9 components: Product/ Service strategy, Price, Place, Promotion (IMC), People (including physicians, nurses and healthcare personnel), Process, Physical evidence, Productivity and Quality strategy and Customer Relationship Management (CRM) strategy

1.2 Interpersonal Influences consist of 3 components: Family, Peers, and Health care team.

2. Intervening Variables, are the psychological aspects of HD patients consisting of 3 components: (1) Perception, (2) Attitude, and (3) Motivation.

3. Dependent Variable (the performance of the service marketing model for HD patients) consists of:

3.1) Gross Happiness Index (GHI) which defined by four factors: (1) Well-being, (2) Life-Satisfaction, (3) Quality of Life, and (4) Self-Actualization.

3.2) Word of Mouth (WOM) which breaks down to 2 factors: (1) Recommendation and (2) Positive Word of Mouth.

3.3) Health Promoting Behavior (HPB) which consists of 6 factors: (1) Nutrition Behavior, (2) Physical Activity, (3) Health Responsibility, (4) Interpersonal Relationship, (5) Stress Management, and (6) Spiritual Growth.

Research Methodology

The method used consisted of a mixture of qualitative and quantitative research. There are 4 steps of research methodology (1) Qualitative research: a semi-structured in-depth interview of 6 experts in the hemodialysis field was used as the instrument for collecting data before the questionnaire design (2) Quantitative research: a semi-open-ended questionnaire was used to collect the data, its IOC index is 0.96 and Cronbach's alpha coefficient is 0.80. (3) Qualitative research: new service implementation (4) Qualitative and quantitative research: the model evaluation by an in-depth interview and the second questionnaire. The sampling technique is the stratified-multistage sampling consisting of the following steps: 1) Stratified sampling: the sample has been divided into two segments-patients in hospital-based and non-hospital-based HD units 2) Stratified by size of centers-large, medium, and small 3) Simple random sampling of each center 4) Proportionate sampling-to avoid the problem of over or under representation in the sample 5) Simple random sampling of respondents. Descriptive statistics (percentage, means and standard deviation) were used to analyze variables. Statistics used to test hypotheses were Paired t-test and Structural Equation Modeling (SEM). The Confirmatory Factor Analysis (second order) has been adopted to analyze the components of latent variables and SEM was used to analyze the model. Following all of this, the service marketing innovation model was developed for implementation. This model was evaluated by both qualitative and quantitative research with an in-depth interview and questionnaire

as the research tools, respectively. To achieve more precise results, the ordinal scale was used as the measurement scale in marketing and interpersonal parts. The data was transformed to score 0-1 for comparison (Vanichbuncha, 2011) and an interval scale was used to measure the psychological aspects and the performance part.

Research Design

The research design, which is the framework for conducting research, specifies the details of the procedures that are necessary for obtaining information. This information is required to structure research problems. There are four stages in conducting the research of service marketing innovation for HD patients which are as follows:

Stage1. Model Development

The semi-structured in-depth interview was used as the instrument for qualitative research to collect data from 6 experiential persons in the HD field. They consisted of one physician, two administrators, one head nurse, and two patients. The criterion of purposive sampling of these 6 experts, are their experiences in HD service for periods longer than five years for healthcare personnel and longer than one year for HD patients. The information from the interview was then used to construct the questionnaire for collecting data from 544 HD patients.

Stage2. To implement the model

After the model is developed, it will be implemented with the patients: 40 patients at the Pradipat dialysis unit and 40 patients of the hospital-based HD unit at Krungthai hospital.

Stage3. To evaluate the model

After implementing the model for one month, the evaluation was then carried out, using Paired t-test to compare pre-implementation and post-implementation results of the same group of samples. The second set of questionnaire was conducted with 80 patients who received the additional services, 40 patients at Pradipat and 40 patients at Krungthai. Qualitative research was also conducted by in-depth interviews of patients who received the new service by means of quota sampling, comprising five patients at the Pradipat dialysis unit and five patients at Krungthai hospital.

Stage 4. To present the model

The final model is disclosed to the general public by means of published dissertation, presentation in conferences and distribution of handouts for the attention of relevant organizations in Thailand and abroad.

Research findings

1. The majority of respondents are married, aged over 51 years, and graduated from elementary school. Average monthly income is 10,000 Baht or less. They have had HD treatment for 3-7 years and have received HD treatment at Pradipat or Krungthai for less than 3 years. All have had HD treatment 3 times a week paid by the Social Security Program. Most of respondents received treatment at the hemodialysis unit in the Krungthai hospital.

Table 1: *Demographics aspects of HD patients*

Variables	Aspects	Percentage
Gender	Female	52.6
Age	> 51 years old	59.8
Level of education	Elementary school	36.6
Occupation	Home duty	29.5
Average monthly income	⩽ 10,000	52.4
Marital status	Married	71.9
HD treatment period	3-7 years	49.4
HD treatment period at Pradipat HD center and Krungthai hospital HD center	< 3 years	51.1
HD treatment per week (times)	3 times	61.3
Payment method	Social Security	32.7
Type of HD center	Hospital-based HD center	71.3

2. The service marketing model for HD patients in Thailand in applying the Structural Equation Modeling indicates that the conceptual model is supported by statistical results as follows:

2.1) The marketing factors which include 8P's and CRM have the strongest positive effect on the performance of service because they have both direct and indirect effect through psychological factors. The most important factor in 8P's and CRM is CRM followed by productivity & quality, IMC, people, place, process, physical evidence, product or service, and price, respectively.

2.2) Psychological factors have high positive direct effect on service performance. The most important indicator of performance is the gross happiness index (GHI) following by health promoting behaviors (HPB). Also, GHI has significant positive indirect effect on psychological factors (as shown in Table 3 and Figure2).

Table 2: *Psychological aspects of HD patients*

Psychological aspects of HD patients	N	Min	Max	Mean	SD.	Skew-ness
Perception	544	1.50	5.00	3.8767	.60900	-.256
Attitude	544	2.50	5.00	4.1946	.48611	-.690
Motivation	544	3.00	5.00	4.4905	.47986	-.640

Hypotheses Testing

The 4 hypotheses have been tested and the results were shown in Table3 as follows:

Table3: *Summary of Hypothesis testing results*

	Hypotheses	Result	
		Accept	Reject
H1a	Hemodialysis service marketing factors have a direct effect on the psychological aspects of hemodialysis patients.	✓ Standardized estimate = 0.639, p-value = 0.000	
H1b	Hemodialysis service marketing factors have a direct effect on the performance of the service marketing model for hemodialysis patients.	✓ Standardized estimate = 0.704, p-value = 0.001)	
H1c	Hemodialysis service marketing factors have an indirect effect on the performance of the service marketing model for hemodialysis patients through psychological factors.	✓ Standardized estimate = 0.502, p-value = 0.000	
H2a	Interpersonal influences have a direct effect on the psychological aspects of hemodialysis patients.		✓ (p-value = 0.053)
H2b	Interpersonal influences have a direct effect on the performance of the service marketing model for hemodialysis patient.		✓ p-value = 0.051
H2c	Interpersonal influences have an indirect effect on the performance of the service marketing model for hemodialysis patients through psychological factors.		✓ (p-value = 0.051)
H3	Hemodialysis service marketing factors have correlation with interpersonal influences.		✓ p-value = 0.764
H4	Service marketing innovation model increases the performance of the existing service marketing model.	✓ p-value = .000	

2.3) For hypothesis testing result (as shown in Table 3 and Figure 2), Hypothesis 1a, 2a, 3a and Hypothesis 4 were accepted. Hemodialysis service marketing factors (8P's & CRM) have a direct effect on the psychological aspects of patients, regression weight is 0.639 (p-value=0.000). In addition, 8P's & CRM had a direct effect on the performance of the service marketing model for patients, standard regression weight is 0.787 (p-value=0.001). Also 8P's and CRM had an indirect effect on the performance of the model via psychological factors, standardized regression weight is 0.502 (p-value=0.000). Hypothesis 4, the service marketing innovation model increasing the performance of the model is also accepted (t=6.052, p-value=.000), most increasing indicators are GHI (t-value = 11.493, p-value=.000), HPB (t-value=12.514, p-value=.000), and WOM (t-value=2.081, p-value=.021), respectively. Hypothesis 2a, 2b and 2c, the interpersonal influences had no direct and indirect effects on psychilogical aspects and the performance. (p-value=0.053 and 0.051). Hypothesis 3, showing no correlations between service marketing factors (8P's & CRM) and interpersonal influences (r=0.13, p-value=0.764).

Table 4: *Fit indices of the major conceptual model*

CMIN	CMIN/DF	P	GFI	AGFI	CFI	RMR	RMSEA	HOELTER	R-Square
102.844	2.215	.000	.964	.937	.975	.021	.047	287	0.722

3. Examination of the service marketing innovation model, revealed that:

3.1 All fit indices except p-value for the model (as shown in Table 4) met the threshold where Chi-square/df is < 2 or 3 (Kline,1998; Ullman,2001), GFI > 0.90 (Joreskog and Sorbom, 1993; Byrne, 1994), AGFI > 0.90 (Joreskog and Sorbom,1993), CFI > 0.90 (Bollen,1989; Bentler, 1990), RMR<0.05 (Steiger,1990; Joreskog and Sorbom,1993), RMSEA<0.05 (Stieger,1990; Browne and Cudeck,1993), HOELTER INDEX>200 (Hoelter, 1983).

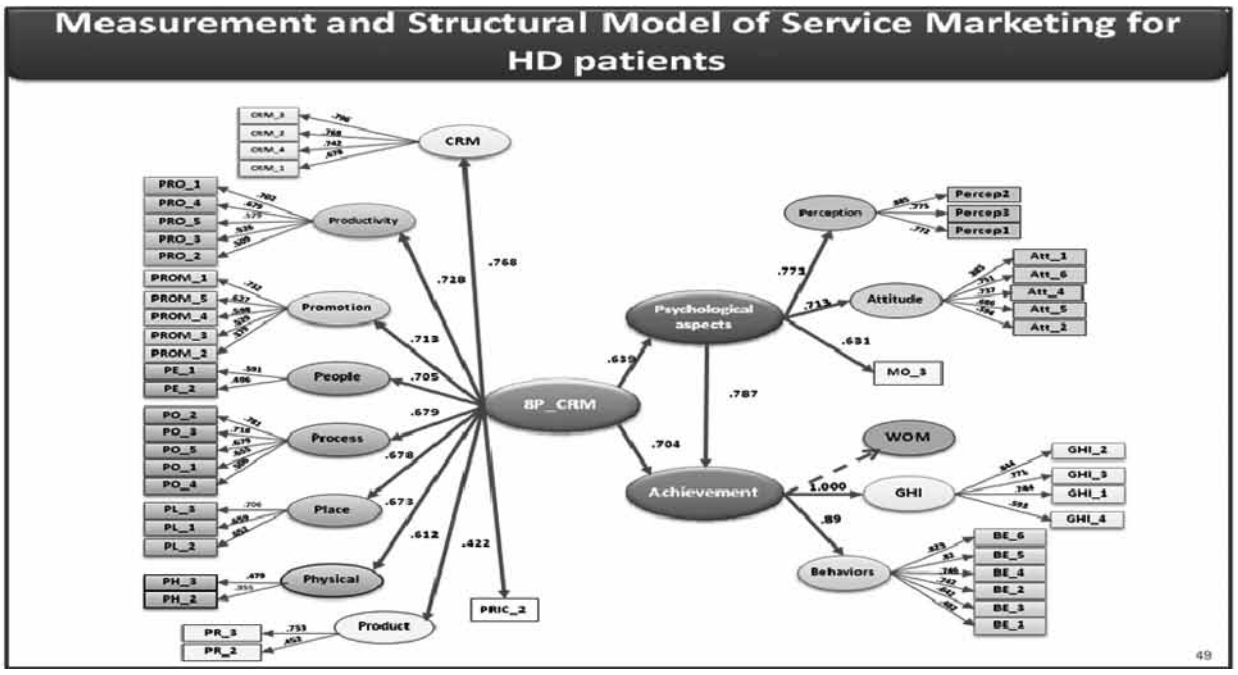


Figure 2: The Measurement and Structural Model of Service marketing for hemodialysis patients

3.2) The empirical findings (as shown in Figure 2) indicated that the marketing factors, especially CRM, Productivity & Quality, and Promotion all have strong influence on psychological factors and the performance of the service marketing objectives. Psychological factors also have strong influence on the performance. Both 8P's & CRM and psychological factors have direct and indirect effects on the performance, 72.20% explains the variance of the performance of service marketing model. Contrary to our expectation, interpersonal influences (family, peers, and healthcare personnel) had no significant direct or indirect effect related to psychological and performance aspects (H2a, H2b, H2c are not supported), and had no correlation with marketing factors (H3 is not supported).

4. Comparing the performance of the service marketing innovation model between before and after implementation it was found that the performance was increased after implementing the model.

Discussion of findings

Hemodialysis service marketing factors have directly influence on psychological aspects and the performance. They also have indirect influence on performance via psychological factors, which is congruent with the concept of Payne and Frow (2005) and Lovelock and Wirtz (2007). Interpersonal influences were not significant directly and indirectly related to psychological factors or performance which is contrary to Pender (2006) who found that interpersonal influences have a direct effect on health promoting behaviors and an indirect effect on health promoting behaviors via social pressure or commitment to a plan of action. From past study, interpersonal influences have affected health promoting behaviors at 57% (Health promoting behaviors is a significant indicator of performance). Before the new service was implemented, word of mouth was an insignificant indicator of the performance. After the new service was implemented, the word of mouth means score improved significantly. This may be because of the actual experience of respondents to new services which changed their mind.

Recommendations

1. For future research studies: As shown in Figure 3, the service marketing innovation model that consists of 8P's_CRM and psychological factors of patients all have influence on the performance of the model. This research suggests four avenues for the next research studies. First, the implementation for all respondents (544) should be done to confirm whether WOM is the significant indicator of the service performance in the model. Second, the future studies should be done with other groups of patients such as medical ward, surgery ward, or other types of service business. Third, several new services should be tried and evaluated. Fourth, the others factors that would affect the model, should be analyzed, such as a service provider's internal marketing as another powerful tool available in order to staff effectively, and to motivate its customer-contact employees.

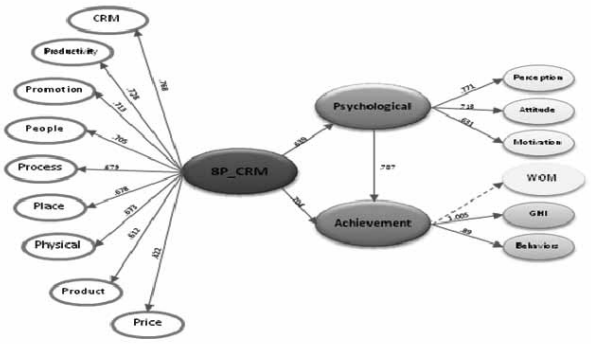


Figure 3: Service marketing Innovation Model for hemodialysis patients

2. For application: The empirical findings from this dissertation show that marketing factors and psychological aspects affect the performance of service. The important marketing strategies are customer relationship management, productivity and quality, and people or personnel. Therefore, the service providers should use these strategies to improve their service standards. This would result in increased competitive advantages. It would increase profit margin by obtaining a value-added price through value-added service. Businesses in the top five of the relative service quality on average realize 8% higher pricing than competitors (Gale, 1992). The psychological aspects of patients should be considered and given more attention by healthcare personnel since it is one of the keys to service success (Kriegel, 2010). An interaction

between the therapists and patients during the new service should be done to improve positive relationships and affect positive word of mouth. The psychological aspects of the patients should be supported to bring forth a better quality of life, supporting the five-year plan of the NESDB to develop the full cycle of health care services.

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