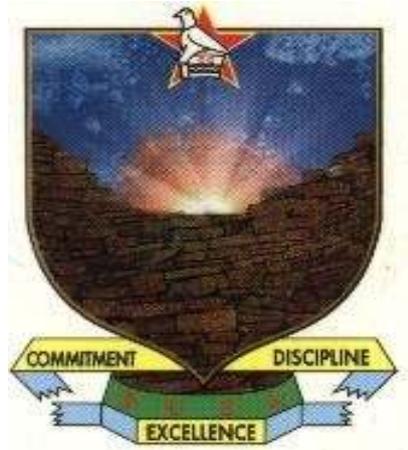**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

FACAULTY OF COMMERCE

DEPARTMENT OF   MARKETING

TOPIC

FACTORS INFLUENCING CUSTOMER LOYALTY IN HEALTH CARE SERVICES
SECTOR : A CASE OF PRIVATE HEALTH CARE SERVICES –HARARE

SUBMITTED BY

THELMA NGARA

B1542672

RESEARCH SUPERVISOR: MR MUSEKIWA

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR A BACHELOR HONOURS DEGREE IN MARKEING OF
BINDURA UNIVERSITY OF SCIENCE EDUCATION, FACULTY OF COMMERCE.

2019

RELEASE FORM

Registration Number: B1542672

Dissertation Title   : Factors influencing customer loyalty in the health care services sector. A case of private health care services – Harare Zimbabwe

Year granted   : 2019

Permission is granted to the Bindura University of Science Education Library and the department of Marketing to produce copies of this dissertation in an effort it deems necessary for academic use only.

Signature of student …………………………………………………………

Date signed

Permanent address : 18 Sussex Road Avondale West

                    Harare, Zimbabwe

APPROVAL FORM

Topic : Factors influencing customer loyalty in the health care services sector.A case of private health care services – Harare Zimbabwe

TO BE COMPLETED BY THE STUDENT

I certify that the dissertation meets the preparation guidelines as presented in the faculty guide and instruction for preparing dissertation ."

(Signature of

student)……………………………………….Date…………………………………………

TO BE COMPLETED BY THE SUPERVISOR

"This dissertation is suitable for presentation to the faculty .It has been checked for conformity with the faculty guideline".

(Signature of

Supervisor ……………………………….Date …………………………….

TO BE COMPLETED BY THE DEPARTMENTAL CHAIRPERSON

I certify to the best of my knowledge that the required procedures have been fulfilled and the preparation criteria was met in this dissertation

(Signature of

Chairperson ………………………………Date …………………………….

DECLARATION FORM

I ,B1542672 ,solemnly declares that the information of this dissertation ,prepared in partial fulfilment of the Bachelor of Commerce Honours Degree in Marketing and submitted to the department of Marketing ,Faculty of Commerce at Bindura University of Science Education has not been presented, submitted or published in this nature or part .previous works have been duly accredited and acknowledged properly .

(Signature of

Student ……………………………………Date………………………

DEDICATION

This research projects is dedicated to my mum, my guardian Mrs Batson, who has always been my source of inspiration .

ABSTRACT

With the growing competition in the healthy industry around the globe and Zimbabwe in particular, it has become of paramount importance for the private hospitals to identify the factors that influence customer loyalty in hospitals as this will help them retain existing customers and attract new customers. The study aimed at evaluating factors influencing customer loyalty in the health care services sector using a case study of Harare CBD clinics. The researcher had to review relevant literature both theoretical and empirical literature in-order to have an understanding of the topic under study. Data were collected from the customers of five different private hospitals in Harare CBD which includes Harare Avenues Clinic, Baines Clinic, Belvedere Medical Centre, Corporate 24 and 24 hour CBD with a sample size of 280 respondents, where 20 respondents failed to bring back the questionnaires. As an instrument, a questionnaire was used for data collection from the respondents. To collect primary data, the researcher made use of a structured questionnaire and used SPSS version 16 to analyse the data from 260 questionnaires. The findings indicate that services quality offered, trust, price fairness and quality of services offered have significant impact on their loyalty to the private hospitals. The study recommends that hospitals should have to exercise a high level of commitment to deliver quality service, satisfy their patients and increase the satisfaction of patients by giving and keeping promise, by showing concern for the health of their patients, providing consistent quality services, showing respect for patients and fulfilling obligations to their patients.

ACKNOWLEDEMENTS

First and forward, l would like to thank the Almighty God for the grace, love, and guidance throughout the completion of this dissertation not in my capacity but by His grace

My heartfelt thanks and special credit goes to my immediate supervisor, Mrs Ngara, for her patience, guidance, encouragement and support. Without her continuous support and help it would have not been easy for me to complete this dissertation.

My gratitude and sincere appreciation goes to the Harare Avenues clinic, Baines clinic, Belvedere medical centre, 24 hour CBD clinic and Corporate 24 medical centre and its staff for granting me the opportunity to carry out my research and for provision of professional responses from questionnaires and interviews.

My most humble thanks goes to my relatives and my friends just to list, my mum for continued love, support and inspiration in all my endeavours and they have been pillars of my strength during the period of this research.

Contents

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

1.1 Introduction

This chapter covered an outline of the background of the study, statement of the problem, aim of the study, objectives of the stud, research questions, significance of the study and information to be gathered. The chapter also explained the assumptions that were made for the research to be successful. The delimitations and limitations to the research were given. The chapter also provides definition of terms and chapter summary.

1.2 Background of the study

The global healthcare industry is among the most dynamic and rapidly growing industries in the world economy. In Zimbabwe, the health care industry has become a powerful engine of economic growth. The industry is seeing more deals, more alliances, more investment, and more experiments than ever before. Health care organisations are rethinking every element of their strategies, structures, and business practices to find the path to sustainable results.in view of the intense competition in Zimbabwe private healthcare players, coupled with the increasing demand of customers, hospitals need to understand the consumer's attitudinal and behavioural processes that influence the hospital patronage, in order to increase the competitive positions. Thus, creating a strong relationship with the customers; who could be consequently followed by their loyalty, is considered to be a key factor for increasing the market share and building a sustainable competitive advantage. It is important for private healthcare to develop a better strategy to gain more competitive advantages against their rivals. Loyal customers are arguably to be overly crucial for an organisation for market survival, as attracting new customers is much more expensive than retaining the existing

customers. As competition grows and given the rising costs of attracting new customers, service providers are increasingly focusing their strategic activities on customer satisfaction. Organisation are interested to know the driving forces of customer loyalty since it enhance the company's competitiveness and becoming increasingly important for organisational survival, let alone prosperity. Customer loyalty factors and drivers are basic for loyalty modelling, which can be used for customer behaviour forecasting as well as forecasting customer preferences observed in future purchase patterns (Szczepanska and Gawron, 2011).

Zimbabwe is a landlocked country in southern Africa. It is divided into eight administrative provinces, two cities with provincial status, and 62 districts. An estimated 12.4 million people live in the country, with an annual population growth rate of 0.11 percent (World Bank, 2016). Approximately two-thirds of the population resides in rural areas, though urbanization is projected to rise by 32, 21% (United Nations Population Division, 2016). The country's population is largely young: the median age is 18.8 years (United Nations Population Division, 2016), and about 40 percent of the population is under the age of 15 (World Bank 2016). Population growth is estimated to have stalled likely because of an adult HIV/AIDS prevalence rate estimated at 15.3 percent (World Bank, 2016) and high levels of outmigration (World Health Organization [WHO], United Nations Program for HIV/AIDS [UNAIDS], and United Nations Children's Fund [UNICEF] 2015). An estimated three million of Zimbabwe's total population are currently living outside the country.

Between independence and the mid-1990s, Zimbabwe developed one of the strongest economies and health systems in southern Africa. However, economic collapse has led to a rapid decline in key economic indicators since 1996. From 2010 to 2015, gross national income per person fell by 54 percent (World Bank, 2010). Unemployment hit 94 percent by the end of 2008, according to some estimates (United Nations Development Program [UNDP] 2008). Between 1996 and 2006, Zimbabwe's GDP declined by 37 percent (Zimbabwe Institute, 2016), whereas during the same time period, the GDP of many countries within the South African Development Community (SADC) grew by about 40 percent. By 2015, Zimbabwe's GDP per capita was US$450.35, with a negative GDP growth rate of -5.3% (World Bank, 2010).

The current staff shortages were created by recent political decision by the government, high turnover of health staff, and the absence of effective manpower planning in public health care services. Erosion of real wages in the public sector and increasing workloads have

contributed to turnover and low morale leading to a rapid growth of private health care primarily serving urban population (world bank,2017). Currently the health care service sector in Zimbabwe is operating in a higher competition. Retaining valuable customers for private health care services is a prerequisite to survive in the business and build strong long term customer relationship. The potential for establishing loyalty depends on the product, customer and market environment. Therefore the objective of the study is to investigate the key factors that influence customer loyalty in private health care services

1.3 Statement of the problem

The public health sector in the Zimbabwe is deteriorating at alarming rates due to different reasons with some hospitals having an unprecedented patient-doctor ratio of 1:12,000 compared to the 1:200 prescribed by the United Nations (2014). There is consistent increase in private health care sector customer complaints due to efficiency and operational problems of taking long to attend to patients. This has led to unhappy patients or clients that prefer the services of other competitors from both private hospitals in Harare or even Public Hospitals. This is now affecting loyalty of patients or customers. It has thus become imperative for the company to seek the most economical and profitable methods of building customer loyalty in order to curb the competition and to reduce customer complaints. Previous studies have mainly focused on customer loyalty in other industries but no research known to the researcher has focused on the private health sector in Zimbabwe by identifying the factors that determines customer loyalty in private health care sector in Harare and that is what prompted this study.

1.4 Objectives of the study

- To determine factors influencing customer loyalty in private hospitals

- To rank the factors influencing customer loyalty in private hospitals

- To recommend the best factors for customer loyalty

1.5 Research questions

Research questions were developed from the research objectives as follows:

- What factors influence customer loyalty of private hospitals

- What are the rankings of the factors influencing customer loyalty in private hospitals

- What are the best factors for customer loyalty

1.6 Assumptions

The following are assumptions that have made it easier for the researcher to conduct the research:

Researcher assumes that participants are willing to cooperate by responding positively and giving accurate and unbiased information. The data that is collected is representative of the whole population of the patients. Also, an assumption made is that valid and valuable instruments are used and that the data obtained by the researcher is accurate and hence can be relied upon. Questionnaires are not structured in such a way that as to obtain a predetermined position. Accurate and unbiased interpretation of the results is done. All information provided by the respondents is treated with utmost confidentiality.

1.7 Significance of study

If the research findings are accepted the researcher believes that Zimbabwean health providers, the country, the university and the student will benefit as follows:

Zimbabwean health providers

The study will provide an understanding and appreciation of the value of customer loyalty to the health care providers in the country and beyond.

The country

State owned health care providers contribute to gross domestic product, so if efficiency in enhanced, their contribution will also increase.

The University

This study will immensely contribute to the body of knowledge and literature pertaining to customer loyalty. Future research will be made easier.

The Student

The study will provide an understanding and appreciation of customer loyalty and health care providers operations thus enabling the researcher to develop both academically and professionally.

1.9 Delimitation of study

Geographical Delimitation

The research was contacted in Harare because the city has recorded a significant growth in private health care providers in this decade.

1.10 Limitations of study

Below are the limitations of the study:

- Respondents were not willing to participate in the study for different reasons like the idea that most researches by students do not get to benefit the people as promised. Constant dialoguing and persuasions were used to overcome this limitation.

- Some respondents were filling to be affected by suspicions that the information might be abused so the researcher had to assure them of the confidentiality of the study in order to overcome this limitation.

1.11 Contextual definition of terms and acronyms
- **Customer loyalty**- Fornell (2002) defined customer loyalty as the function of satisfaction, switching barriers and voice ,loyal customers may not be always satisfied customers are apt to be loyal

- **Patient satisfaction**- is the patients 'emotions, feeling and their perception of delivered health care services (Mohan2011)

- **Customer satisfaction :** are customers' needs and goals when a service is providing a pleasurable level of fulfilment and emotional response(Oliver, 1997)

- **Service quality**: Parasusuraman *et al* (1988) defined service quality as a global judgement, or attitude relating to superiority of the service

- **Customer service:** Customer service is individuals' expectations and perception of a service encounter

1.12 Organization of the study

Chapter 1 provides a background of the study, statement of the problem, research objectives, research hypothesis, and delimitations of the study, limitations of the study, importance of the study, assumptions, definition of terms, and chapter summary. Chapter 2 comprises a critical review of the literature within the context of the research being undertaken that is the theoretical and empirical evidence of the research. Chapter 3 deals with research methodology used in order to gather data. Chapter 4 gives data presentation and interpretation of research findings. Chapter 5 gives conclusion and recommendations.

1.13 Summary

Chapter one gave an insight into the research by revealing a brief background of the problem under study. The researcher stressed objectives and research questions that gave direction of the research. Without assumptions, the research couldn't be a reality. The researcher gave an outline of assumptions that guided the research. Key terms in the research were defined, with the importance of the study being touched. Some constraints that the researcher met were also stressed. The next chapter explores the related literature that others writers have propounded concerning the subject under review, factors affecting customer loyalty.

LITERATURE REVIEW

2.0 Introduction

Literature review is defined be Saunders *et a*l (2014) as the documentation of comprehensive review of published and unpublished work from secondary sources of data in areas which are related to the underlying study. Alternatively, it is a clear and logical presentation of relevant research work done so far in the area of inquiry (Chakaipa, 2010). The purpose of literature review is to identify important variables and document signification findings from earlier research that will serve as a foundation on which the theoretical framework from the current study can be based. Sauders (2014) suggest that literature review enables the researcher to learn from previously established theory on the subject by illustrating how the subject has been studied before. This chapter reviews literature related to the influence of customer loyalty in the health care sector

2.1 Conceptual framework

In this section, the concept of customer loyalty was explained in detail and the theories or models that revolve around the concept of customer loyalty.

2.1.1 Customer Loyalty Definitions

Loyalty as a concept has its root from the consumer behaviour theory and is something that consumer expose to brand, product, service or activities (Rosemond and Gloria, 2011). According to Beerli et al (2004) loyalty has been, and continues to be defined as repeat purchasing frequency or relative volume of same brand purchasing. According to Rosemond and Gloria (2011) customer loyalty has been defined as the attitude and behaviour of customer to commit to the firm's product or by making frequent purchase, repurchase and product recommendation; engage in brand defence as well as establishing a long term

relationship with the firm. Customer loyalty is all about attracting the right customers, getting them to buy, buy often, buy higher quantities and bring even more customers for the firms.

Customer loyalty is considered a vital link and aspiration to organizational success, profit and business performance (Oliver, 1997: Rechheld, 1993: sheth and Paravatiyar, 1995). The consumers that show the greatest levels of loyalty towards the product, or service quality, tend to repurchase more often, and spend more money. Thus loyal customers do not only increase the value of the business, but also enable business to maintain cost and lower those associated with attracting new customers (Barroso and Martine, 1999).

Sui and Baloglu (2003) posit that the building and maintaining of customer loyalty based on relationship marketing has become a crucial aspect in business strategy. At a general level, customer loyalty has been identified as something that consumers may exhibit to brands, product categories, services and stores (Uncles *et al*, 2003). Sheth and Parvatiyar, (1995) posit that a number of scholars have also stressed that loyalty is an experience that is related to long-term relationships.

Customer loyalty has been described as an attitude-based phenomenon by many researchers. (Uncles *et al,* 2003) argues that such views highlighted that in order for true customer loyalty to exist there must be strong "attitudinal commitment". This form of commitment emanates from consistently favourable set of stated beliefs towards the brand purchased. Knowing customer's needs, how much they like a brand, feel committed towards it, their beliefs and feelings towards a brand and how much they are willing to recommend it to others may be used to measure this attitude. Siu and Baloglu, (2003) viewed customer loyalty as combining attitudes, intentions and seller performance indicators. They posited that customers with weak relational bonds and little loyalty may proceed with their service provider for a long time due to perceptions of high switching costs and insufficient time to evaluate alternatives.

Customer loyalty has been viewed by many scholars from a behavioral perspective. This can be seen in the study of (De Wulf and Lacobucci, 2001) viewed customer loyalty as a measure based on the frequency of consumer's purchasing and amount spent at a service provider compared with the amount spent at other service providers from which the consumer buys. They have built up their definition of customer loyalty based on the notion suggested by (Sharp and Sharp, 1997) that the appropriateness of relationship marketing strategies should be evaluated through the behavioral changes they create. Volume of purchase, frequency of purchase, repeat purchases, less price sensitivity and voluntary information includes

behavioral loyalty also. In studying customer loyalty other researchers combined attitudinal and behavioral dimensions.

2.2 History of customer loyalty

Loyalty programs are said to hall back to the 18th century, when shop owners provided customers with copper tokens for application to later purchases, essentially a delayed discount program (Anderson et al, 2014). In the 19th century, stores shifted to stamps that eventually would become third party programs offering a variety of merchandise. Consumers ultimately paid in full and then some for the freebies but given they had to buy goods anyway, it was an attempt to entice return visits and avoid customers shifting to another store. Such stamp programs faded from the scene as loyalty strategies focused on rewarding consumers for showing up repeatedly. By the latter part of 20th century, American airlines helped establish such a practice with its frequent flier program, which promised eventual free flights and better treatment while you were in transit (Hunter, 2013)

The training spread to for all intents and purpose each sort of business ,small cafes had their punch cards , and business of various types ,drug stores ,auto fix shops, donut shops ,lodgings and more offered plastic keychain labels that advanced their faithfulness programs(Bansal and Taylor, 2011). In the end, cell phones applications supplanted plastic cards, yet the goal behind the offering remained. Such dependability programs have satisfied somewhat. Be that as it may, they all displayed two principal shortcomings. One was that consistent limiting can turn into an approach to reward purchasers, who in the long run need more prominent reserve funds to continue returning. The second is that every one of the contenders of an organisation had their own dependability cards. Purchasers could be faithful to everybody and gets limits from adversary (Hunter 2013).

In the interim, as unwaveringness programs began to disintegrate, a parallel improvement developed to end up a progressively strong establishment: enrolment programs (Barich and Kotler, 2011). As opposed to a reliability card program, which is allowed to enter, participation programs expect shoppers to pay for incorporation. Discount clubs just enabled individuals to shop and get limits and exceptional stock. Many are brilliant spot in the stinging retail portion. Historical centers, in spite of the fact that not as a rule thought of as organisations, have effectively consolidated enrolment programs for quite a long time.

Individuals pay ahead of time to get rehash section, early chances to see real shows, access to exceptional projects and a markdown at the blessing shop (Baldinger and Rubison, 2016)

The last long periods of the 1900's would see retailers embrace dependability aggregators, programs that remunerate focuses paying little mind to the retailer they were initially earned from (Barich and Kotler, 2011). The focuses gathered could then be utilized to buy things through a different retailer. Card based retailers all dedication programs additionally picked up notoriety in 1990's.Retailers were hoping to execute in store dependability that was simpler to screen than the gathering of stamps or marked cash, and these sorts of projects are as yet main stream today.

2.3 Importance of customer loyalty

2.3.1 Higher revenue and profits

Reicheld (1993) proposed that depending on industry, loyalty can increase profit by as high as 60% by reducing potential customer migration by 5%. Clark and Payne (1994) suggested that loyal customers give more revenue to organisation as they may purchase extra goods or services.

Investigation of Reicheld and Sasser (1990) was reinforced by Dubofff and Sherer (1997) who suggested that loyalty prompts higher revenues through premium which is willingly paid by loyal customers. Loyal customers give higher revenue as they purchase larger variety of products and services from the organisation (Shoemaker and Lewis, 1999). Ennew and Binks (1996) suggested that loyal customers help in generating higher revenues as they spend more with a company

Vandermenve (2000) proposed that higher revenues can be accomplished by getting customers to spend more by focusing ,firstly, on total spending spread over a customer's lifetime ,also ,on depth of spending meaning getting greater share of wallet ,thirdly ,on width of spending meaning new sources of significant worth items and fourthly ,by concentrating on ensuring diversity of spending stretching ng into newer areas of customer's lives

2.3.2 Competitive advantage
Bowen and Chen (2001) proposed that loyal customers can give a competitive advantage as they are less likely to switch. Yi and Jeon (2003) and Allaway et al, (2006) listed number of

competitive advantages; first, loyal customers reduce the market share of competitors as they intentionally select the organisation over and over. Second, loyal customers won't get distracted to lower prices being offered by competitors. Third, loyal customers will be more patient with the organisation by letting them to match the offering of the competitor or they allow them to correct a service failure before defecting. Fourth ,loyal customers reduces marketing costs of acquiring new customers Fifth ,customers loyalty acts as barrier to prevent customers to change easily to the competition .

2.3.3 Word of mouth

Reicheld and Sasser (1990) recommended that word of mouth is one of the remarkable advantages of customer loyalty, particularly in service products. In this loyal customers help organisations in generating more business through word of mouth recommendations. These recommendations can be to prospective and additionally other existing customers of the organisation. Loyal customers having higher confidence may give organisations higher revenue as organisations may charge them premium.

Dick and Basu (1994) suggested that loyal customers help organisation by spending positive word of mouth. Also, the loyal customers don't get attracted easily to the offers from competition, coupled with this loyal customers are less likely to look for other service providers or suppliers. Loyal customers, on an average, make seven to twelve recommendations in favour of the organisation. (Gremler and Brown and Shoemaker and Lewis, 1999)

2.2 Theoretical Framework for Customer Loyalty

2.2.1 Keller brand equity model

Figure 2 1: Customer based brand quality model

(source Keller, 2003**)**

Keller (1993, 2001, and 2003) has developed the most comprehensive brand equity model available in today's literature. According to Keller (1993), brand equity is the effect that brand knowledge has on consumer response to the marketing of a brand, with the effect occurring when the brand is known and when the consumer possesses favourable, strong and unique brand associations. He has developed the Customer Based Brand Equity from figure 2.1 above, which identifies four steps for building a strong brand which are brand identity, brand meaning, brand responses and finally brand relationship (Keller, 2003). Subsequently these four steps consist of the following "brand-building blocks" which are salience, performance, imagery, judgments, feelings and resonance, which allow a business to create a strong brand (Keller, 2003).

The first step of Keller's Customer Based Brand Equity model is to ensure 'brand identity' (Kuhn *et al*., 2008). Organizations are able to achieve the right brand identity by creating brand salience (Keller, 2003). Brand identity will be answering the first question customers ask about brands which are "who are you?" the purpose is to create an identification of the brand and an association with a specific product class or need (Keller, 2009)

Brand salience measures customers' awareness of the brand, for example, how often the brand is evoked under different situations and circumstances (Keller 2008). Salience for customers means category identification and needs satisfied whereas companies need to create deep, broad brand awareness among its customers to achieve that salience. By building brand awareness the firm helps customers understand the product or service category in

12

which the brand competes and ensures that customers know which of their needs the brand is designed to satisfy (Pappu *et al* 2005) According to Keller (2008,), brand salience is an important first step in building brand equity but it is not sufficient. Often other considerations, such as brand meaning or brand responses, come into play.

After the first step of establishing brand awareness in the minds of customers, it is important for companies to create significant brand meaning through establishing brand image. According to Keller (2008,), brand meaning is made up of two major categories of brand associations related to imagery and performance. At this stage, companies must communicate their points of parities and differences to customers. Brand associations at this stage can be formed directly, from customer's own experiences, or indirectly, through the marketing messages (Pappu, *et al* 2005,) Keller divides attributes and benefits under brand performance into five categories which are primary ingredients and supplementary features, product reliability, durability and serviceability, service effectiveness, efficiency and empathy, style and design and price. This is an important building block for brand equity, because if consumers do not have any emotional bonds to the brand yet, they can still evaluate its functional performance (Keller, 2008)

The other main type of brand meaning and association is brand imagery. Keller (2008) defines brand imagery as the extrinsic properties of the product or service, including the ways in which the brand attempts to meet customers' psychological or social needs. Brand imagery refers to more intangible aspects of a brand than brand performance does. Imagery can be seen as the abstract way that people think about a brand. Keller sorts out four main intangibles that can be linked to the brand which are user profiles, purchase and usage situations, personality and values and history, heritage and experiences (Keller, 2008). The type of ideal or typical brand user can affect consumers' perceptions of a brand, in a positive or negative way. The second set of associations refers to how and when customers should use the brand. If there have been some associations formed in this category, it can be hard for the firm to change these associations. According to Hoeffler and Keller (2002), in the third category, people can link human-like values to brands and act like brands have personalities. Finally, brand associations may be created because some events in the brand's history. These events can be personal experiences for the customer, such as past behaviours and previous contacts with the firm, or more public and shared by many consumers.

In Keller's theory (2008), the brand responses are distinguished into brand judgments, as arising from the head and brand feelings, as arising from the heart. At this stage, companies are seeking to achieve positive and accessible reactions from customers. Brand judgments are customers' personal opinions about the brand, which they form by putting together all the different brand performance and imagery associations. Customers can make judgments about quality, credibility, consideration and superiority (Keller 2008). Quality judgments can refer to brand's functional attributes. Perceived quality indicates consumers' willingness to buy products because it provides value to consumers and differentiates products from competing products (Pappu *et al* 2005). Credibility measures that how consumers see the organization behind the brand; how good the organization is, is it concerned about its customers and believable in its business area. Consideration, in brand judgments, means how likely consumers are willing to buy the brand and let it in their consideration sets (Keller, 2003). It depends on how personally relevant customers find the brand. Brand superiority means the extent to which customers view the brand as unique as and better than competitors' brands. It is a critical element in building strong brand relationships (Kuhn *et al*, 2008)

The other aspect of the brand response step is brand feelings, which are defined by Keller (2008) as follows: "brand feelings are customers' emotional responses and reactions to the brand." They also relate to the social currency evoked by the brand. At this stage, it is important for companies to remember that feelings evoked by the brand can be both positive and negative. Kotler and Keller (2012) recognizes six types of brand building feelings which are warmth, fun, excitement, security, social approval and self-respect. None of these feelings listed are negative, however, people prefer brands that make them feel good, not bad. All types of consumer responses are possible, but what matters for companies is how positive they are. According to Keller (2008), brand judgments and feelings can have a favourable effect on customer behaviour only if consumers think of positive responses in their encounter with the brand.

The final step of customer-based brand equity pyramid is brand resonance, which focuses on the ultimate relationship and level of identification that the customer has with the brand. According to Keller (2008), brand resonance describes the nature of this customer-brand relationship and the extent to which customers feel that they are 'in sync' with the brand. Keller divides brand resonance into two dimensions, intensity and activity, and these

dimensions still into four categories which are behavioral loyalty, attitudinal attachment, sense of community and active engagement.

Behavioral loyalty refers to how often customers purchase a brand and how much they buy. However, this category is not sufficient for resonance to occur. Resonance requires personal attachment because customer's strong attachment to a brand will outpace competitors' brands in purchasing situations. Brands that are in the centre of a brand community may have stronger resonance with its customers. (Keller 2008) This might take a broader meaning to the customer by conveying a sense of community. Customers engaging consumption communities may have stronger relationships with the centre brand through opposition to competing brands (Muniz 2001). Customers' active engagement to the brand may be the strongest affirmation of brand resonance. According to Keller (2008), in active engagement situations consumers are willing to invest time, energy and money in the brand beyond those expended during purchase or consumption of the brand. These customers may become brand ambassadors or evangelists, who are communicating the brand messages and strengthening the brand relationships on their own. All of these categories are connected with the concept of loyalty. According to Yasin, Noor and Mohamad (2007) if customers are loyal to the brand, it means that the brand has a substantial value to the consumers

2.2.2 Aaker's Brand Equity Model
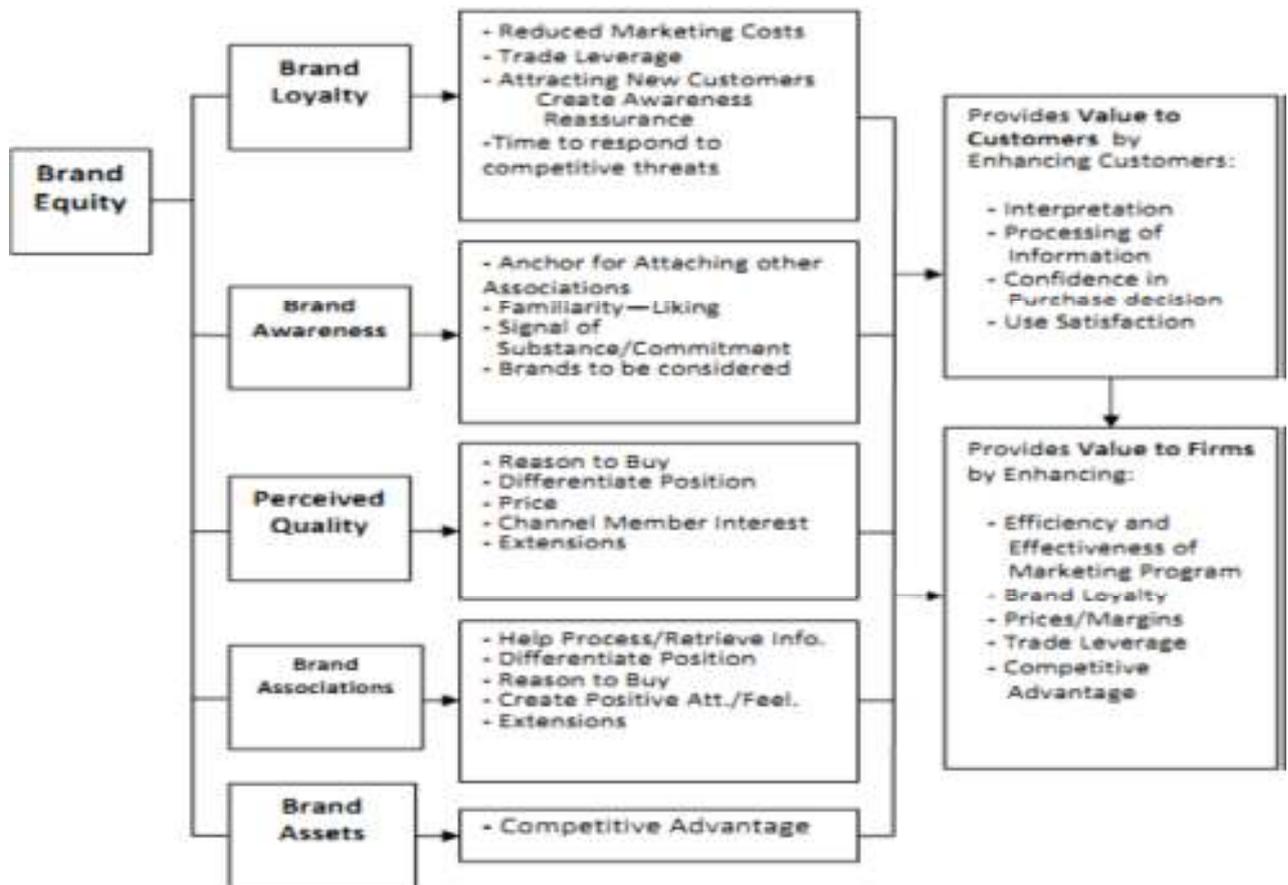
Figure 2 2: Aaker brand equity model

Figure 2. 3: Aaker brand equity model

 (source Aaker 1991)

Aaker (1991) considers that brand equity is "a set of brand assets and liabilities linked to a brand, its name and symbol that add to or subtract from the value provided by a product or service to a firm/or to that firm's customers". Although the assets and liabilities on which brand equity is based will differ from context to context, they can be usefully grouped into five categories: brand loyalty, brand name awareness, perceived brand quality, brand associations, and other proprietary brand assets. Aaker's concept is summarized in Figure 2.2, the figure illustrating how each brand equity asset/liability generates value for the customer or the firm in a variety of ways (Aaker 1991)

 Based on Aaker's model, Ovidiu (2005) discussed that Brand loyalty generates value by reducing marketing costs and leveraging trade. Loyal customers expect the brand to be always available and entice others advising them to use it. According to Aaker (1991) retaining existing customers is much less costly than attracting new ones and even if there are

low switching costs there is a significant inertia among customers. It is also difficult for competitors to communicate to satisfied brand users because they have little motivation to learn about alternatives. Therefore competitors may be discouraged from spending resources to attract satisfied and loyal customers and even if they do so, there is plenty of time to respond accordingly to that action. Aaker (1991) identified factors affecting brand loyalty which are reduced costs, trade leverage, bringing new customers and competitive threats response time.

Brand awareness refers to the ability of a potential buyer to recognize or recall that a brand is a member of a certain product category (Aaker, 1991). Brand awareness generates a high level of purchase, mainly because consumers are likely to buy those brands they are familiar with enhancing the firm's profitability and sales (Baldauf *et al*, 2003). The following measures depict the extent to which a brand is widely known among consumers that is association anchors ,familiarity, substantiality and consumer's consideration(Aaker 1991)

Aaker (1992) explained that perceived quality provides value by providing a reason to buy, differentiating the brand, attracting channel member interest, being the basis for line extensions, and supporting a higher price. In other words, perceived quality is the consumer's judgment about a product's overall excellence or superiority (Zeithaml, 1988). It can be measured on the following criteria ; quality, brand position, wide availability, number of brand extensions and price

.

Brand associations can help customers process or retrieve information, be the basis for differentiation and extensions, provide a reason to buy, and create positive feelings. Consumers use brand associations to process, organize, and retrieve information in memory and this helps them to make purchase decisions (Aaker, 1991). Brand associations refer to how and when customers should use the brand (Keller 2008). In order to build strong brand equity in the market, it is fundamental to understand the core dimensions of brand image, which is brand personality (Lee *at el*, 2006). Criteria for brand associations includes information retrieval which is the extent to which the brand name is able to retrieve or process the associations from consumer's memory, drive purchasing is the extent to which brand associations drive consumers to purchase, attitude is the extent to which brand associations create positive attitude in the consumer's mind , and number of brand extensions (Aaker 1991)

Other proprietary brand assets refer to patents, trademarks and channel relationships which can provide strong competitive advantage (Ovidiu 2005). A trademark will protect brand equity from competitors who might want to confuse customers by using a similar name, symbol or package. A patent can prevent direct competition if strong and relevant to the purchase decision process. Finally, a distribution channel can be indirectly controlled by a brand as customers expect the brand to be available(Aaker 1996).

Aaker's brand equity model lists three ways of how brand assets create value for the customer. Firstly, brand equity can help a customer interpret, process, store, and retrieve a huge quantity of information about products and brands (Aaker 1991). Secondly, it can affect the customer's confidence in the purchase decision; a customer will usually be more comfortable with the brand that was last used, is considered to have high quality, or is familiar(Keller 2008).

Aaker (1991)also assumed six ways that brand assets create value for the firm. Firstly, brand equity can enhance the efficiency and effectiveness of marketing programs. Secondly, brand awareness, perceived quality and brand associations can all strengthen brand loyalty by increasing customer satisfaction and providing reasons to buy the product. According to Aaker and Jacobson (2001) thirdly, brand equity will usually provide higher margins for products, permitting premium pricing and reducing reliance on promotions. Brand equity can also provide a platform for growth by brand extensions and can provide leverage in the distribution channel as well. Channel members have less uncertainty dealing with a proven brand name that has already achieved recognition and has established strong associations. Finally, a strong brand represents a barrier that prevents customers from switching to a competitor

2.2.3 Crowell ABC Model (2016)

Crowell (2016) clarifies how client customer loyalty is actuated from customer attitude which is comprised of the affective, behavioural and cognitive factors. The dimensional structure in Figure 1 shows customer loyalty as initiated by customer attitude towards a brand of product .

AFFECT

BEHAVIOUR ⟶ ATTITUDE ⟶ CUSTOMER LOYALTY

COGNITIVE
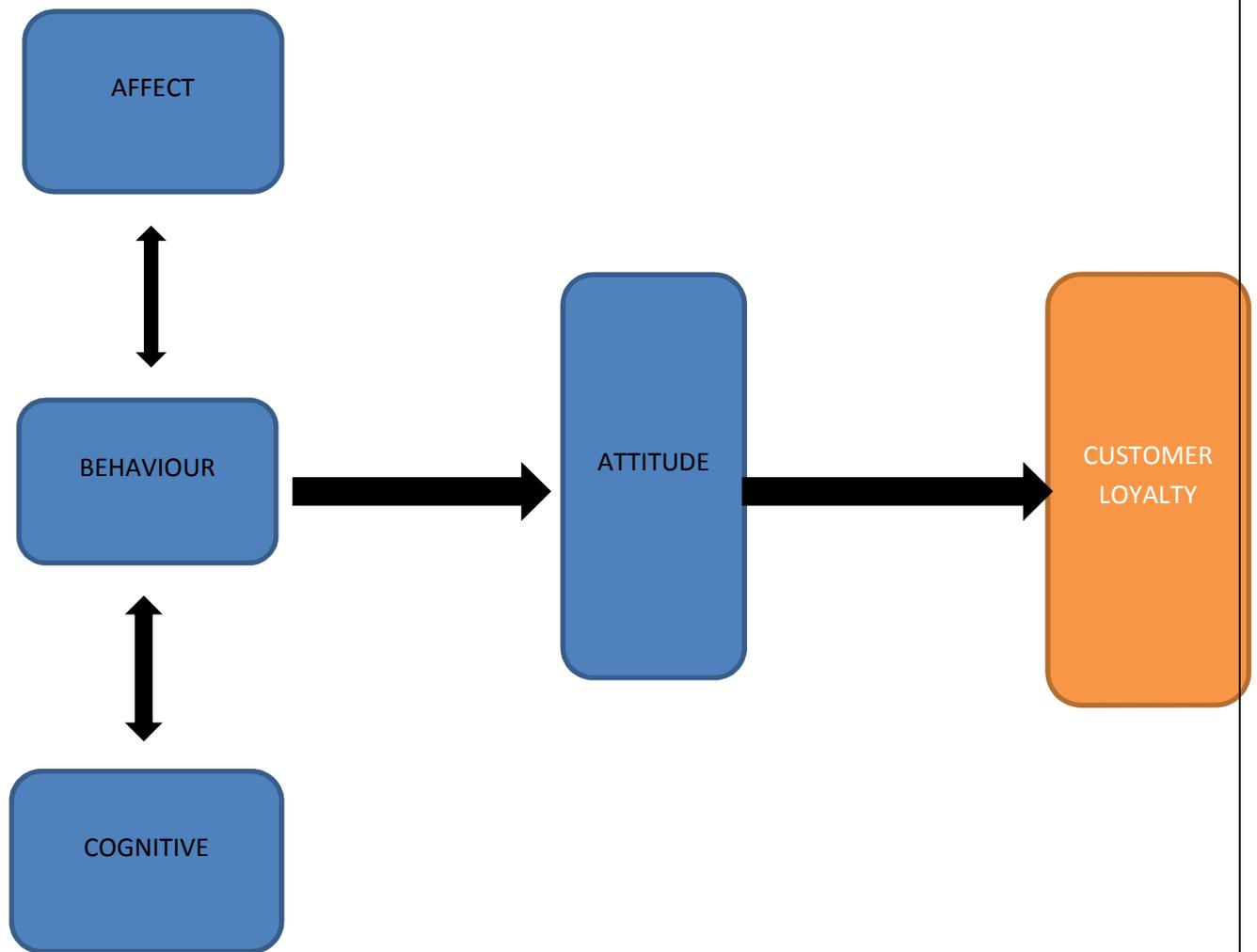
Figure 2 .3: The ABC model of attitude

Deduced from Crowell (2016)

Crowell (2016) contend that there must be existence of strong attitudinal commitment to a brand for true loyalty to exist. This is viewed as appearing as a reliably great arrangement of expressed beliefs, values and assumptions towards the brand purchased.

Affective : the segment alludes to the emotional reaction one has toward an attitude object (Crowell,2016). The attitude may be measured by asking how much individuals say they like ,feel ,and committed to the brand in question (Dick and Basu 1994).

Behavioural: it alludes to the manner in which one carries on when presented to an attitude object (crowell,2016). The equivalent applies to the manner in which a customer may act when presented to specific brands and products or services. The examples of loyalty incorporate continue to purchase services from the same supplier, expanding the scale and or scope of a relationship, or act of recommendations.

Cognitive : it refers to the considerations and beliefs one has about an attitude object (Crowell 2016). Different feelings characterize the person's(purely cognitive) level of loyalty. The customer will prescribe it to other people and have positive beliefs and feelings about it in respect to competing brands (Dick and Basu 1994). The quality of these attitudes is key indicator of a brands purchase and repeat patronage in future. In the cognitive phase Oliver(1997) framework proposed that customers make their choices of brand that is more beneficial and preferable as compared to its competitor .

Oliver (1997) has shown that attitudinal-loyal customers are less susceptible to negative data about the brand than non-loyal customers. Additionally ,where dedication to brand or item is expanded, the revenue stream from loyal customers becomes more predictable and can become considerable over time (Gremler and Brown ,1999).

The expansion of these attitudes defines loyalty. The viewpoint is to propose that buyers structure associations with a portion of their brands. A genuine case of this point of view is given by Fournier (1998) ,who sees loyalty as a committed and affect laden partnership between the customers who are consumer and brands. It is a partnership that will be even stronger when supported by other member of a household or buying group.

2.4.2 Kirk 4D Loyalty Model (2015)
Kirk (2015) developed the 4D loyalty model that shares four stages of customer loyalty namely :inertia loyalty, mercenary loyalty, cult loyalty and true loyalty as shown in Figure 2.4
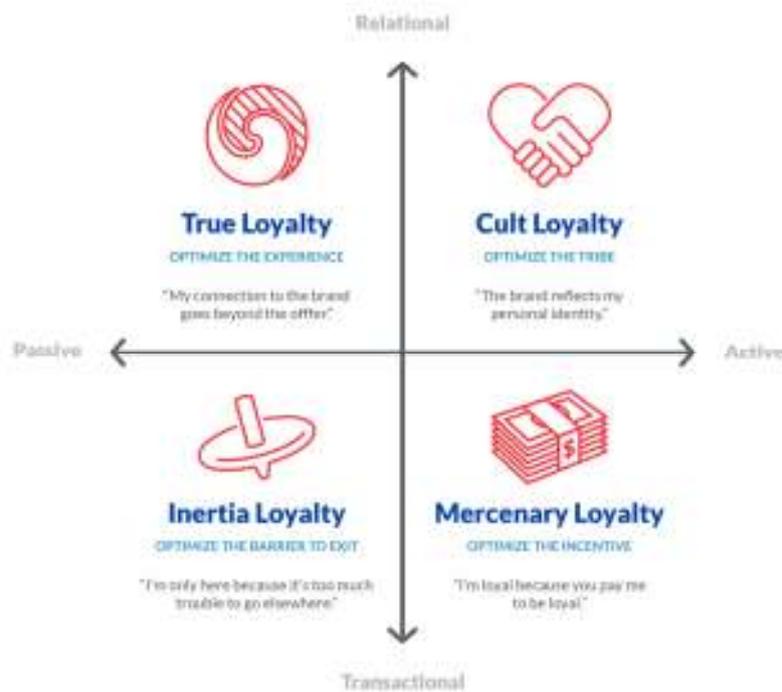
Figure 2 4: Kirk 4D model

Inertia loyalty /Lack of loyalty :In this case the customer is passive and has a transactional relationship with the institution. Customers are loyal to the institution because there are no other alternatives they can choose from (kirk, 2015). The organisation may be the cheapest on the market or offer very rare product.in situations where the customer relative attitude and repeat purchase behaviour, he is at a low level, and therefore the institution will face a lack of loyalty. According to Daff (2009) defined inertia loyalty occurs when an obstacle exists or is created causing the customer a difficulty in changing the tendered. Here customers are easily flowing in, but they can easily disappear, too Kirk (2015)

Mercenary loyalty/Fake loyalty: the customer is active and has a transactional relationship with the organisation. According to Kirk (2015) mercenary loyalty exists where the customer is trying to save money because the customer does not believe the variety of options is very similar to the inactivity and apathy. Here the pattern repeats purchases, based on special offers, convenience, access to brokers and recommend to others. As a result ,customers may only occasionally be loyal and easily rivals the organisation to change (Elahi and Heydari, 2005).

Cult loyalty /Hidden loyalty. This is where the customer is active and in a relational relationship with the firm. Customers are loyal to the brand because they feel that you are part of their identity Kirk (2015).Cult loyalty occurs when the customers want to be

associated with certain brands. Elahi and Heydari,(2005) commented that hidden loyal customers based on their attitudes toward the organisation and its brand are specified but they are not buying behaviour. These customers usually affect the choices made by the provider ,or the inventory status is influenced by others .

True loyalty : customers will be passive and in a relational relationship with the firm. Customers are loyal to the organization because they love the product and service (Kirk, 2015). True loyalty exists when regular customer strongly justifies their purchase. This class is so profitable loyalty floor (Elahi *et al* 2005).Truly loyal customers are less motivated to explore other options and the pull of the other brands are very resistant, likely to present themselves positively verbal communication to interact with other users on the service (Shahin and Taymuri, 2008). The delight and surprise strategy is what always makes the true loyal customers fall in love with the organization. This is exactly how true loyalty is earned. As such, the key concept here is to find every possible way to make your customers smile. Organization should focus on for boosting positive customer experiences.

2.4 Empirical literature

Rundle-Thiele (2005) studied exploring loyal qualities assessing survey based loyalty measures. Featured that there were distinctive ways which customers can be loyal and attitudinal loyalty was the most essential measurement for marketers to monitor. Further ,the dimensions of loyalty may include propensity to be loyal ,behavioral intentions ,complaining behaviour, resistance to competing offers, attitudinal loyalty and behavioral loyalty

Sudhalar, Israel,Britto and Selvam (2006),looked at service loyalty measurement scale. In their research ,they made an effort to assess service loyalty recognized seven dimensions of loyalty ,namely ,cognitive ,behavioral, altitudinal, conative, trust, affective and commitment. By deploying Confirmatory Factor analysis, they have empirically examined the fixture of these dimensions of loyalty and found an ideal fit and thereby confirming that these dimensions are the reflectors of service loyalty.

Juan and Yan (2009) studied the dimensions and influencing factors of customer loyalty in the intermittent service industry in Beijing**.** Results showed that customer loyalty in the service in dusty are composed of three causally related dimensions, namely cognitive loyalty ,affective loyalty ,and behavioral loyalty. The factors influencing customer loyalty in the

intermittent service industry were customer satisfaction, service quality, and customer perceived value

Fergsuon et al (2010) looked at customer sociability and the total service experience .In their study on service experience of patients discharged from hospitals found that their loyalty gets improved in the form of them being positive word of mouth advertisers about the service and fulfilment rendered to them. The study was done on 500 surgical patients

Shamsudin, Razali and Hassim (2015) conducted a study titled Factors Influencing Customer Loyalty in Private Health Care Services in Malaysia. The research that the above review succeeded in proving the influence factors of independent variables for instance service quality and corporate image significantly and potentially affect customer loyalty towards private hospital services. Thus, the management of private healthcare is to understand their customers' demand and expectations towards their image and services which will increase the customer loyalty and will lead to the profitability and sustainability of the organization.

According to the findings of Dr. Younes, et.al (2013), the effect of perceived quality and expectations, willingness and trust, bank charge and switching cost and bank commitment on satisfaction is strongly positive and significant. And the effect of customer satisfaction on loyalty is strongly positive and significant

Conclusion made by Kuusik (2007) showed that "overall satisfaction and importance of products (or relationship) build the foundation of any kind of loyalty. It also showed that reliability of products or trustworthiness of the vendor is most critical for behavioral loyalists and the image creation is the main tool for getting committed customers".

Motwani and Shrimali (2016) looked at the determinants of patients' loyalty in a hospital in India. The Customer Loyalty Index (CLI) was used to measure loyalty. This is a standardized tool to track customer loyalty over time, and it incorporates the values of NPS, repurchasing, and upselling. It calculates all three values with an NPS-like questionnaire on a 6-point scale. 1 stands for "Definitely Yes", 6 stands for "Definitely No". The downside of this approach is that the researcher asks directly for the customer's intention, which is less reliable than measuring actual behaviour. The advantage is that this score incorporates all of the loyalty values. Also, by consistently sending this questionnaire over time, it allows the researcher to systematically track changes.

Efuteba (2013) looked at the determinants of customer loyalty in health care services: the case of public and private hospitals in North Cyprus. The customer engagement numbers were used to measure customer loyalty. According to Efuteba (2013), customer engagement is the most effective predictor of customer loyalty. He argues that compared to net promoter score and customer loyalty index, customer engagement metrics are easier to measure, to influence, and that they are more strongly correlated with revenue and profits. Efuteba explains that customer loyalty results out of positive interactions and experiences with the brand. These nurture emotional attachments that shield the brand's customers from competitor influence.

2.5 Gap Analysis

Previous researchers have covered a lot of study on the impact of relationship marketing on customer loyalty in different industries consist of telecommunication, banking and hospitality. Most of these researches hypothesize customer satisfaction and its relationship with customer loyalty, a few was studied on factors that influence customer loyalty in private hospitals. Hence there is need for the impact of factors influencing customer loyalty in the health care services sector (a case Harare private health care services). More so, these researches have been conducted in other countries so there is need to see whether these results obtained are applicable in the Zimbabwean private hospitals.

2.5 Chapter summary

This chapter reviewed literature related to determinants of customer loyalty in the health services sector. It outlined outlines the definition of customer loyalty, types of customer loyalty, history of customer loyalty, importance of customer loyalty, models of customer loyalty in general. The literature showed that customer satisfaction is the main determinant of customer loyalty. The next chapter will focus on research methodology.

CHAPTER III

RESEARCH METHODOLOGY

3.0 Introduction

The purpose of this chapter is to highlight the framework and procedures used to solve problems and unanswered questions so that data collection brings about the mind of the researcher on the factors influencing customer loyalty in the health care services sector, a case of private health care services in Harare.

3.1 Research design

According to Bryman (2003) a research design provides a framework for collection and analysis of data. He further postulates that a research design is the procedures selected by the researcher to answer a particular hypothesis or questions, that is, which questions to study, which data is relevant, which data to collect and how to analyse the results. The objective of a research design is to provide results judged to be credible and should resemble reality and are taken to be true and reasonable. The researcher used descriptive research design, it was used in the form of a case study.

3.1.2 Descriptive Research Design

Zikmund (2005) defines a research design as a master plan specifying the method for collecting and analysing the information needed. Descriptive research was used to cover the first two objectives and the third objective was covered by explanatory research design. Descriptive research is a study designed to depict the participants in an accurate way. The study adopted descriptive survey approach in collecting data from the respondents as it has been used for similar researches before by Wanjau, (2012); Combs, (2010); Ndambuki, (2013) and Asefa *et al*, (2014). The descriptive survey method was preferred because it ensures complete description of the situation, making sure that there was minimum bias in the collection of data and finding out the what, where and how of a phenomenon (Kothari, 2008). Shajahan (2005) suggested that the objective of descriptive data is to "portray an accurate

profile of persons, events of situations." Shajahan (2005) further argues that it is necessary to have a clear picture of the phenomena of which you wish to collect data. Descriptive research gave a good picture of the position of patients' loyalty. Explanatory research is used to obtain evidence on how one variable influence another. In this research it helped the researcher to know the factors influencing customer loyalty

3.2 Target Population

According to Crawshaw and Chambers (2002) a population is defined as a group of interest to the researcher to which he or she would like results of the study to be generalized. Population comprises all elements or units under investigation for a specific study. This research has a target population of 2800 clients or patients at Harare CBD private clinics.

3.3 Sampling Technique

Sampling according to Locke *et.al* (2010) is the process used for selecting the group of instances that will represent the larger population thus there is selection of units for analysis in people and groups. There are various sampling techniques that can be used which are classified into two categories which are: probability and non-probability sampling techniques, and in this case the researcher used an ideal sampling technique that is very useful and convenient which is purposive sampling.

3.3.1 Purposive Sampling

Saunders et.al (2003) present that purposive sampling is one that enables one to use own judgment to select cases that will best answer the research questions and meet the objectives. Degu and Yigzaw (2006) supports this by stressing that purposive sampling is typically used when focusing on a limited number of informants whom one select strategically so that in-depth information will give optimal insight into an issue about which little is known.

Permits the researcher to use people, who have good grounds and knowledge in the research area concerned, thus clients or patients with knowledge on the customer loyalty was selected to participate in the research. Purposive sampling does not produce a sample that is representative of a larger population. People are judgmentally selected thus other patients were left behind and were not equally represented in the research.

3.4 Sample Size

Thakur (2009) defines a sample size as a portion of sub part of the total population. Given a numerical value of about 2800 patients who receives their medication at Harare CBD private clinic, it was not feasible for the researcher to study the whole population (all patients in Harare private health care service) since secondary data is readily available. A sample size of

10% of the target population is considered large enough (Kerlinger, 2006). The sample size is influenced by many factors such as the objectives of the study, available resources such as time, money, personnel, among others.

3.5 Sources of data

There are two main identified data sources which are primary and secondary data sources. This study was done using more of primary data than sources of data.

3.5.1 Primary data sources

This is first-hand information collected by the researcher about the organizations under study. The data was collected through interviews and questionnaires. It is the raw data that is collected by the researcher from the field using different data collection methods, (Saunders, Lewis and Thornhill, 2003). Primary data collection method was used because it resulted in the accumulation of current and relevant data that is sound for conclusion and recommendations to the topic under study. First-hand information is obtained and this means that it will have a greater accuracy.

The researcher managed to employ judgemental skills on information that was given by the respondents which appeared to be so crucial and of relevant to the research. However, this method of data collection was that it was time consuming because questionnaires and interviews were not attended to as expected and time consuming respectively.

3.5.2 Secondary data sources

Secondary data made the basis of the study and was complimented by primary data. The sources comprised of information that already existed and had been collected for other purposes other than the current research. This is the data that already exist and that was collected for other purposes other than what the researcher is intending to use it (Robson, 2009). It helped the researcher in coming up with a historical background of the work done as it provided an existing literature around the topic studied. Obtaining secondary data was time saving and the researcher incurred fewer costs in carrying out data collection process because there was no need for data processing. Also, the data to be observed is easily available and data is less costly and time consuming to obtain. However, secondary data cannot be the correct answer to the problem at hand.

3.6 Research Instruments Used

A research instrument is a way or method that is used by the researcher in collecting data for the topic under study. The tools used by the researcher in this study are questionnaire to collect primary data.

3.6.1 Questionnaire

According to Mugenda and Mugenda (2003) questionnaire is a document containing questions designed to seek information that is appropriate for analysis. A structured self-administered research questionnaire was distributed to the target population. The questionnaire included some questions on demographics and items that seek to answer research questions. The questionnaire was used in the research because it enabled the researcher to gather as much data as possible since the questionnaire was both standard and open ended. Additional questions were thought of and asked only were clarification was needed. Open ended questions were also used to allow the respondents to answer using their own style, expression of language and removing boundaries for respondents. Questionnaire was used to collect data on the factors that influence customer loyalty of private hospitals in Harare.

The questionnaire was designed in a very easy manner constituting primarily of structured questions using a 5 point Likert scale, standardized by (Brayfield-Rothe 1951). The scale consists of statements, for each statement has five options such as strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5). The primary objective was to lure a high response rate from the participants. Structured questions were considered appropriate given that they were easy to use in the field especially in a case where the researcher posted the questionnaires and was not present administering the questionnaire. Thus, the use of structured questions also helped the researcher to code and tabulates such data at the findings and interpretation stage. The attributes of reliability and validity were also considered in the design of the questionnaire. The researcher carefully designed the questions to ensure that each question was relevant to beseech the research question and meet up the research objectives.

The researcher used the questionnaires based on the following advantages as cited by Saunders *et al* (2005); questionnaire is attached to low costs, relative flexibility and their applicability to a fairly large sample. Also, it enables easy comparison of data and information gathered and lastly, the researcher does not employ much skill to administer the questionnaire. However, the response rate was very low and hence it will not be successful if

a high response rate is required. Questionnaires are too impersonal also that it may not be able to arouse the interest that an interview arouses. The information used in designing the questionnaire is to be generated from the relevant literature guided by the research objectives

Justification of a questionnaire

The sample size was made up of 80 respondents and this means that the participants to be reached are many. Questionnaire was then used by the researcher because it allowed the respondents to be properly reached thereby minimizing the time taken to conduct a research.

3.7 Data Collection Procedure and Administration

Kotler (2000) claim that, data collection procedure and administration entails how the primary and secondary data was gathered. The researcher distributed the questionnaires physically in person to the respondents. An assistant (colleague) helped in the collection of feedback from the questionnaires. The method used by the researcher was cheaper, faster and ensured a definite response. Physical distribution however ensured reduced delays. Retrieval of instruments was done in person.

3.8 Validity and reliability

Validity referred to the appropriateness and accuracy in each step in finding out what you set out (Kumar, 2011). Validity can be evidenced when the data provided reflects a true picture of what was being studied (Bethlehem and Silva, 2013). To establish the validity of the research, instruments, opinions of experts in the field of study, especially the research supervisor, was sought. This lead to the revision and modification of the research instruments thereby enhancing the overall validity of this study.

Silverman (2004) explained reliability as the degree of consistency with the instruments which measure an attribute. The less the variation the instrument produces in repeated measurements of an attribute the higher the reliability (Kaliope and Hilman, 2013). Thus, the greater the reliability of an instrument the less likely the errors of measurement occurs (Bethlehem and Silvia, 2013). In this study reliability of the questionnaire was examined through Crocbachs' Alpha value generated by SPSS version 16.

3.8 Presentation and Data Analysis

Data was presented using pie charts, bar graphs and tables that were generated by making use of SPSS version 16 and excel. The choice of tables as data presentation tools resulted from their ability to clearly classify different data. Pie charts and bar graphs were chosen based on

their best visibility and their ability to show trends clearer. On data analysis, the researcher checked for completeness of questionnaires and performed editing, coding and general cleaning of the data. Data collected was analysed using Statistical Package for Social Sciences (SPSS Version 16.0) program and Microsoft Excel for generation of reports. For descriptive analysis, the mean, mode, variance and standard deviation was used to determine the respondents' agreement or otherwise with statements under each variable.

3.9 Ethical Considerations

The ethical framework that guided the researcher in this research was based on the quality framework proposed by (Polit and Hungler 2006).   The quality framework includes guidelines on the quality of evidence, quality of purpose, quality of outcome, informed consent, striving to do no harm, and exercising sound judgement. These qualities applied to the present research. Permission to carry out the study was sought from Harare Avenues Clinic and from the respondents. The study participants were given written informed consent forms to sign and verbal information on the purpose of the study. The participants' voluntary freedom to participate or withdraw from participating was clarified. All study participants were treated with respect, fairness and dignity. Anonymity, confidentiality and privacy of study participants were afforded by explaining to the participants that their personal data was not going to be used to link results to them, and names were not to appear anywhere on the questionnaire so that completed questionnaires cannot be linked to the participants.

3.10 Summary of Chapter

This chapter discussed the research design, target population, sampling techniques and sample size, research instruments, data collection procedure and data analysis, validity and reliability of data and ethical considerations. The next chapter presents research findings in detail and looks at a critical analysis of data.

CHAPTER IV

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter focuses on data analysis, presentation and interpretation of the research findings. Data presentation will start with the demographic characteristics of the respondents, followed by findings of various aspects of the research questions. The chapter provides findings about the assessment of the factors influencing customer loyalty in the health care services sector (a case harare CBD clinics). The previous chapters have enlightened the problem of the study, literature review and research methodology to provide a theoretical foundation for the correct analysis of the results obtained during data gathering. Data collected from respondents through a questionnaire was analysed using SPSS V16 and presented in form of tables. The findings of this study were also compared and contrasted to those of previous studies similar to the topic under study.

4.1 Response Rate

The questionnaire response rate of the respondents (Hospital Patients) who participated in the study is illustrated below.

Table 4.1 : Questionnaire Response Rate

Category	Questionnaire Distributed	Questionnaire Returned	Percentage Response Rate %
Patients at Harare Avenues Clinic	70	63	90%
Patients at Baines Clinic	80	75	94%
Patients at Belvedere medical centre	40	38	95%
Patients at Corporate 24 Clinic	40	39	98%
Patients at 24hour CBD	50	45	90%
Total	**280**	**260**	**93%**

Table 4.1 Questionnaire Response Rate: Primary Data 2019

Table 4.1 above shows that the questionnaire response rate was 93%. A total of 280 questionnaires were distributed to different patients who were present at different clinics in Harare town and amongst those 280 questionnaires distributed 260 questionnaires were returned. Respondents who failed to return or to fill in the questionnaires were serious ill so that they cannot afford to do that and some were unwilling because they are not able to read and write. A true representative of the target population was achieved due to a high response since the respondents were given the questionnaires and response to it immediately whilst the researcher was waiting for that questionnaire. Thus, a high response rate was obtained since the questionnaires were delivered and collected by hand and hence there was a close contact and follow-up with the respondents. Jackson (2011) argues that a high response rate implies that the research findings are unbiased and ensures more accurate research findings.

4.2 Demographic Characteristic of the Respondents

Section 4.2 presents the summary of the descriptive statistics of the selected demographic characteristics of the respondents who participated in this study. The characteristics discussed in this section are gender, age, marital status, level of education and level of income of the patients who respondent to research questionnaires. The demographic statistics of the respondents who participated in the study are illustrated below.

4.2.1 Gender of respondents
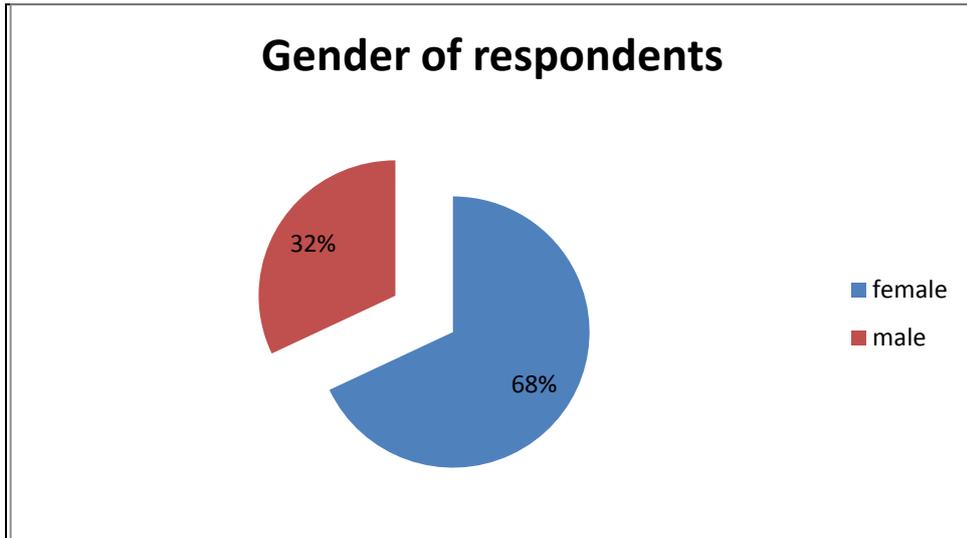
Figure 4.1: Gender of respondents

Primary Data 2019

Table 4.2 above shows that out of the 260 respondents, who participated in the survey, 177 were female and 83 were males. The results reveal that females contribute to the majority with 68% of the sampled patients; the remaining 32% were male respondents. Sex is one of demographic variable which is important in customer loyalty studies. Basing on the above these results shows that the sampled females were more than their male counterparts.

4.2.2 Age of respondents

The respondents were also asked to give their age during the research and the graph below Fig (4.2) depicts the age distribution of the respondents, who responds to the questionnaires.

Age of respondents in percentage
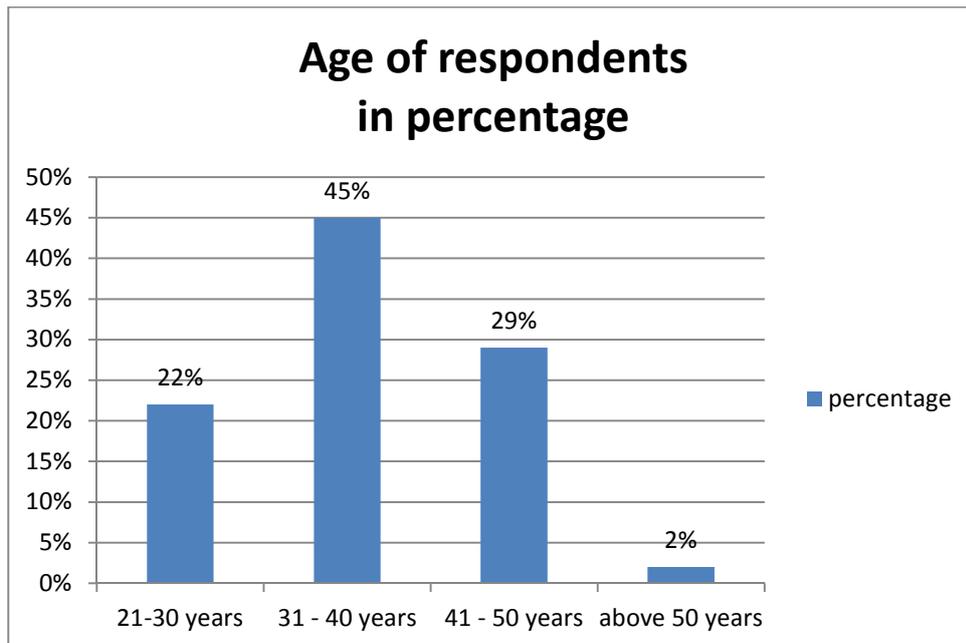
Figure 4 2: Age respondents

Source: Primary Data 2019

On the above Fig 4.2 it can be noted that the majority of the respondents were in the age group range of 31 – 40 years with 45% of the total respondents this is because the majority of the population in Harare are the economically active population (the working population). This majority age group was followed by the range 21 – 30 years which has obtained 22% of the respondents and 29% of the respondents were 41- 50 years and lastly the least age group of the respondents were those who were above 50 years who just 2% of the respondents, this is because the respondents in this age range are given free medication at public hospitals so they opt for public hospitals ahead of private clinics.

4.2.3 Marital status of the respondents
The fig 4.3 below shows details pertaining to marital status of the respondents.
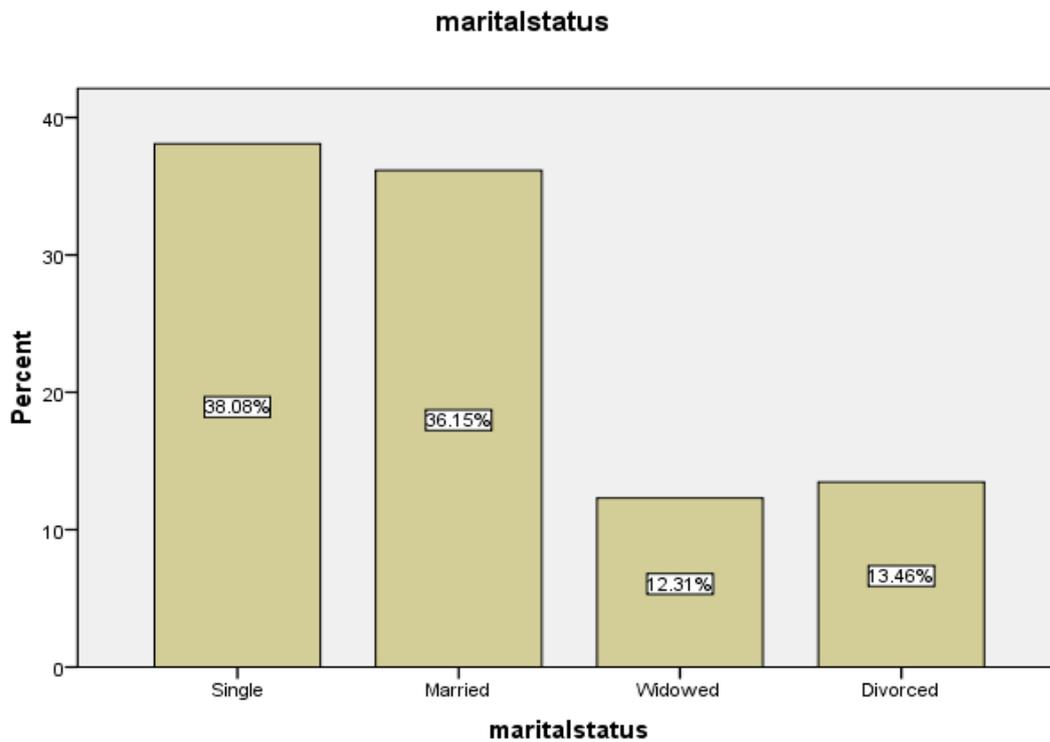
Figure 4 3: Marital status

Fig 4.3 Marital Status: Primary Data 2019

On the above fig 4.3, the majority of the respondents (38.08%) were single followed by 36.15% of the respondents who were married, 13.46% were divorced and the least were 12.31% of the respondents who were divorced.

4.2.4 Academic qualification

Table 4.2 level of qualification of respondents

Table 4.2 : Academic qualification level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Certificate	85	32.7	32.7	32.7

Degreed	83	31.9	31.9	64.6
Other	92	35.4	35.4	100.0
Total	260	100.0	100.0	

Table 4.2 level of qualification of respondents: Primary data2019

From the respondents' results shown on the Table 4.2 above, it is indicated that the holders of certificates which include ordinal and advanced level qualification together with national certificates and diplomas were (32.70%) of the total respondents, this is because those who are working are the ones who afford to go for medication at private hospitals thus the majority of the patients were educated. Secondly, 31.9% were holders of Degrees, then those who have the level of education up to masters and post graduate had been classified as other and they constituted the majority percentage of the respondents 35.40% of the total respondents. These findings were supported by Swaidan, Vitell and Rawwas (2003) also stated that level of qualification also affected one's ability to complete questionnaire thus in this research given the high literate rate of the respondents who were asked to fill in the questionnaires, the research can be said to be valid and reliable.

4.2.5 Income Level of the respondents

Respondents were asked to tick the income range since the researcher wanted to use that information to make conclusions on what factors affect customer loyalty in Hospitals. The responses by the respondents were analysed on the fig 4.4 below;
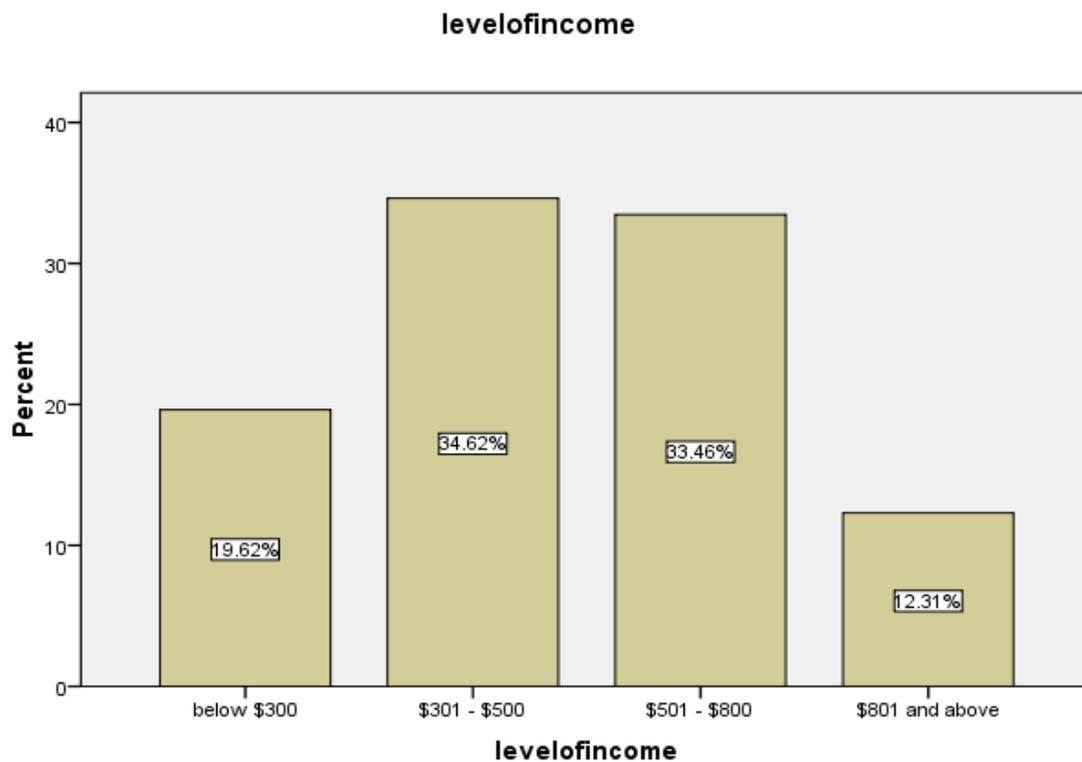
Figure 4 4: Level of income

Primary data 2019

On the above diagram, the majority of respondents (34.62%) depicted that their level of income ranges from $301 - $500, followed by 33.46% of the respondents who have the income ranging from $501 - $800. Also, 19.62% of the respondents have the income less than $300 per month and the least of the respondents (12.31%) were those having income in the range of $801 and above.

4.2.6 Analysis of Hospitals according to customer's Loyalty

whichhospitaldoyugaveyourhighestpreference
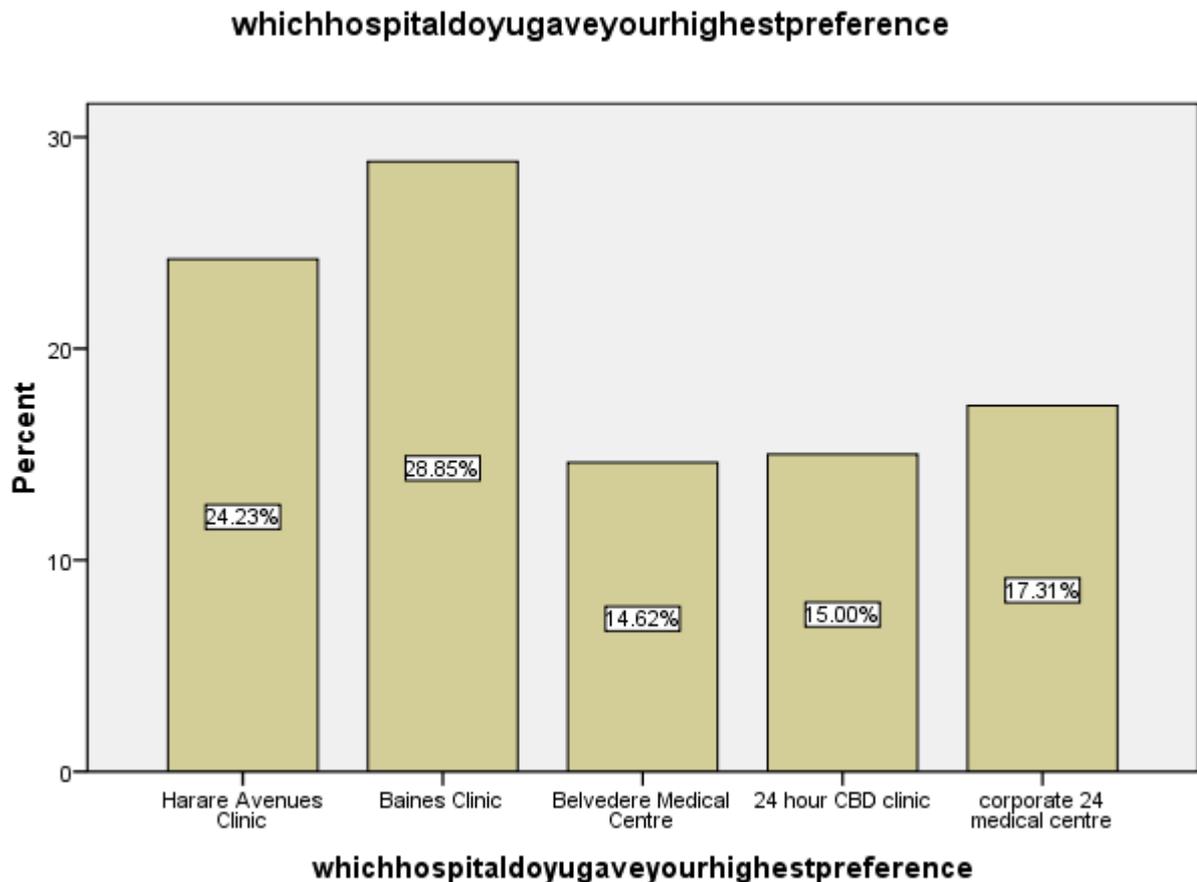
Figure 4 5: Hospital with highest loyalty

Primary Data 2019

On the above diagram, majority of respondents (28.85%) have their loyalty in terms of hospitals in Baines clinic which is then followed by 24.23% of the respondents who have their loyalty in Harare Avenues Clinic. Corporate 24 medical centre had been selected by 17.31% of the respondents who have loyalty in that hospital, 15% of the respondents chose 24 hour CBD clinic as the clinic that have their patients loyalty and the least respondents (14.62%) choose Belvedere Medical centre as the clinic which they have loyalty in.

4.3 Reliability test

The instrument used in this study was tested for reliability. Below is a table which shows the Cronbach's alpha scores for the components of the questionnaire.

Table 4.3 : Reliability scores

Construct	Number of items	Cronbach's Alpha
Customer satisfaction	5	0.889
Trust	3	0.759
Price fairness	4	0.821
Quality of services offered	3	0.714

Source: Primary data 2019

Reliability tests for the instruments used in this study indicated that the tools were reliable. An average Cronbach's alpha of 0.700 of the constructs is acceptable, as according to Nunnally (1978) who said that reliability of the instrument should be at least 0.7.

4.4 Data analysis for research questions

The researcher presented the data collected using descriptive statistics in the form of means and standard deviations so as to come up with proper answers for the research questions.

4.4.1 Factors influence customer loyalty of private hospitals in Harare Private Hospitals
The study ought to examine the factors that influence customer loyalty in private hospitals. The table 4.3 below depicts the factors that affect customer loyalty of private hospitals as they were ranked by the respondents.

Table 4 4:Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Customer satisfaction	260	1	33	2.89	.703
Trust of the clinic	260	1	4	2.53	.743
Pricing of the service	260	1	4	2.62	.780
Quality of services offered	260	1	4	1.68	.710
Valid N (list wise)	260				

Table 4.3 Factors that influence customer loyalty: Primary Data 2019

Table 4.3 above depicts mean and standard deviations for all factors that influences customer loyalty in private hospitals, it was found that all the mean values exceeded the scale midpoint, ranging from 2.89 to 2.62 except the mean for quality of services offered which was found to be 1.68. All standard deviations were below 1, ranging from 0.703 to 0.780 which literally means that respondents where very consistence in responding to questions under factors that influence customer loyalty in private hospitals. Therefore, given the above results, the researcher can give a conclusion that customer satisfaction, trust of the clinic, pricing of the services and quality of the services offered are the factors which influences loyalty of customers on their deemed preferred hospitals. On the issue of quality of services offered, the respondents were not so sure on its impact on customer or patient loyalty.

The level of customer loyalty with customer satisfaction of the hospital clients in Harare hospitals

The table 4.4 below depicts the means and standard deviations as well as the minimum and maximum number of the scale so as to allow the researcher to make proper analysis on the issues to do with customer loyalty in hospitals.

Table 4 5:Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Personnel of this clinic has enough experience and expertise	260	1	2	2.90	.567
The clinic employee givescustomers individual attention	260	1	4	2.53	.743
Valid N (list wise)	260				

Table 4.5 the level of customer loyalty with customer satisfaction: Primary data 2019

Table 4.4 above presents means and standard deviations for items measuring customer satisfaction. The mean values were found to be 2.53 and 2.90 on the items, personnel of this clinic has enough experience and expertise and the clinic employees give patients individual attention respectively. Clearly, the means for the customer satisfaction items are all more than the scale midpoint, indicating patients in Harare considers personnel of the clinic, their experience and expertise when building their loyalty together with considering if clinic employees give patients individual attention. Standard deviations were 0.567 and 0.743 suggest customer satisfaction with respect to customer loyalty is consistent across all the respondents. This finding is in lined with finding of (Morgan and Hunt, I994) and (Forgas *et al*., 20l0) which founds that there is quite a broad consensus that customer satisfaction is an antecedent of loyalty.

The level of customer loyalty with customer trust of the hospital clients in Harare hospitals

The table 4.5 below depicts the means and standard deviations as well as the minimum and maximum number of the scale so as to allow the researcher to make proper analysis on the issues to do with customer trust on customer loyalty in hospitals.

Table 4 6: the level of customer loyalty with cuctomer trust

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I nearly always find the services of this clinic inferior	260	1	4	1.68	.710
Repeatedly the performance of this clinic is superior than others	260	1	5	2.01	.781
Valid N (listwise)	260				

Table 4.6 The level of customer loyalty with customer trust: Primary data 2019

The items on customer trust as the factor that influence customer loyalty in hospitals record mean values of 1.68 and 2.01 and standard deviations were 0.710 to 0.781. First, the mean values are all below the scale midpoint, indicating that customers do not agree that they build their loyalty in certain hospitals as a result of inferior services offered by the clinic and the performance of the clinic. Secondly, the standard deviations, which are all below 1, suggest that this observation is somewhat consistent across all the respondents. This finding is in lined with finding of Ndubisi (2007) which founds that trust has a significant impact on customer loyalty.

The level of customer loyalty with price fairness by the hospital clients in Harare hospitals

The table 4.6 below depicts the means and standard deviations as well as the minimum and maximum number of the scale so as to allow the researcher to make proper analysis on the issues to do with customer trust on customer loyalty in hospitals.

Table 4 7: The level of customer loyalty with price fairness

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Clinic services are fairly priced	260	1	5	3.08	.794
There is value of money in the services of this clinic	260	1	5	3.41	.835
Bonus services for loyalty	260	1	5	2.87	.922
Valid N (listwise)	260				

Table 4.7 The level of customer loyalty with price fairness: Primary data 2019

The items on price fairness as a factor that influences loyalty decisions by hospital patients or client's record mean values which ranges from 2.87 and 3.08 and standard deviations were ranging from 0.794 to 0.922. First, the mean values are all above the scale midpoint, indicating that customers do agree that price fairness influence customer loyalty in the selection of hospitals in Harare CBD. This means that if clinic services are fairly priced, if there is value of money in the services of this clinic and if there is bonus services for loyalty patients will certainly develop customer loyalty. The standard deviations, which are all below 1, suggest that this observation was consistent across all the respondents.

The level of customer loyalty with quality of services offered by the hospital clients in Harare hospitals

The table 4.7 below depicts the means and standard deviations as well as the minimum and maximum number of the scale so as to allow the researcher to make proper analysis on the issues to do with customer trust on customer loyalty in hospitals.

Table 4 8: The level of customer with quality of services offered

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Personnel of this clinic are sincere helpful and kind	260	1	4	2.14	.859
This clinic seems to care about its patients	260	1	4	2.14	.859
Valid N (listwise)	260				

Table 4.8 The level of customer loyalty with quality of services offered: Primary data 2019

The items on quality of services offered as the factor that influence customer loyalty in hospitals record similar mean values of 2.14 and same standard deviations of 0.859. First, the mean values are all below the scale midpoint, indicating that customers do not agree that they build their loyalty in certain hospitals as a result of the care and kindness which they receive from the clinic personnel. The standard deviations, which are all below 1, suggest that this observation is somewhat consistent across all the respondents.

4.4.2 Rankings of the factors

The main purpose of the study was to investigate the main factors that influence customer loyalty of a private clinic. Data was collected from the respondents by the use of a questionnaire and the respondents ranked the factors according to their importance using 5 point Likert scale. The researcher identified 14 variables that influence customer loyalty of a b private clinic from the review of literature and for easy analysis the variables were grouped into 4 main factors *(customer satisfaction, trust, price fairness and quality of service offered).* As such the researcher used the SPSS model (descriptive statistics of mean values) to ascertain the most important factors considered by hospital clients when determining their loyalty. Factors with the highest mean values where considered to be important and those with lower mean values where considered to be of less influence.

Ranking of the factors that affect customer loyalty in hospitals

Table 4 9: Rankings of factors

Factor	Mean score	Rank
customer satisfaction	2.0460	1
Trust	2.0000	2
price fairness	1.8046	4
quality of service offered	1.9195	3

Fig 4.9 Rankings of the factors that influence customer loyalty in hospitals

Results from the table 4.5 shows that customer satisfaction is the most important factor of all the factors that influence customer loyalty in hospitals with a mean score of (2.0460). Trust was ranked the second factor which influence customer loyalty with a mean score of (2.0000) followed by quality of service offered by the clinics with a mean of (1.9195). On the other

45

hand, price fairness has the least influence amongst the loyalty factors with a mean score of (1.8046). From the study, customer satisfaction was regarded as the most important amongst loyalty factors. Price fairness was ranked as the least important customer loyalty factor which shows that hospital clients or patients in Harare do not place much value on the pricing system which is used by the hospitals on their services. These findings were in line with those of Shamsudin, Razali and Hassim (2015) who conducted a similar study and found that price fairness and trust in the hospitals are less important factors when it comes to loyalty in hospitals by clients in Malaysia. On the contrary Motwani and Shrimali (2016) argued that hospital clients placed much emphasis on the pricing system of a clinic in order for them it built loyalty in that clinic.

4.5 Factor Structure

The table 4.3 below depicts the rotated factor matrix and communalities of the research instrument.

Table 4 10: factor matrix

Rotated Factor Matrixª and communalities

	Component					Communalities
	1	2	3	4	5	
Thisclinicisattentivetoitsclientsorpatients	.977					.985
Personnelofthisclinichasenoughexperienceandexpertise	.977					.985
Ifoundthisclinicveryreliable						.965
repeatedlytheperformanceofthisclinicissupuriorthanothers		.885				.245
Inearlyalwaysfindtheeervicesofthisclinicinferior		.799				.838
Provisionofdiscountsforpromptpaymentsofclinicbills		.770				.861
Thisclinicseemstocareaboutitspatients			.990			.664
Personnelofthisclinicaresincerehelpfulandkind			.990			.832
thisclinicappearssympathetictomyproblems						.659
iamcompletelysatisfiedwiththeervicesdelivered						.729
Theclinicemployeegivescustomersindividualattention						.648
Ihaverepeatedlyfoundthisclinicbetterthanotherclinics						.413
thereisvalueofmoneyintheservicesofthisclinic					.818	.985
clinicservicesarefairlypriced					.783	.985
Bonusservicesforloyalty					.521	.965

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

Once the initial factor loadings have been calculated, the factors are rotated. This was done to find factors that are easier to interpret, (Rencher, 2002). If there are clusters (groups) of variables for instance subgroups of variables that are strongly inter-related then the rotation is done to try to make variables within a subgroup score as highly (positively or negatively) as possible on one particular factor while, at the same time, ensuring that the loadings for these variables on the remaining factors are as low as possible, (Rencher, 2002). In other words, the objective of the rotation is to try to ensure that all variables have high loadings only on one factor. In this particular research the researcher used minimum of two items under one factor as the extraction method since it would be able to like all the possible factors with the instrument. Varimax with Kaiser Normalisation was used as a rotation method since many scholars advocated for this method of rotation because of its ease to apply and that rotation was converged in 5 iterations.

From the above table it can be noted that only one variable had three factors that were closely linked while some other three variable were found to have only 2 factors and the researcher decided to proceed with the research since (Rencher, 2002) suggested that one can still continue with the research even if there are at least 2 factors on each variable that correlate.

On the issue of KMO, KMO and Bartlett's test is a statistic which tells whether you have sufficient items for each factor. It should be over 0.5. Bartlett's test is used to check that the original variables are sufficiently correlated. This test should come out significant ($p < 0.05$). Thus the variables were significant for the KMO and Bartlett's test.

4.6 Discussions

Customer loyalty is very important because that concept creates a sense of belongingness, emotional binding and brand loyalty among customers of any given company in the world, Kumbhar (2011). The main objective of this research project was to determine factors influencing customer loyalty in private hospitals in Harare. Results show that customer satisfaction, quality of service offered, price fairness and customer trust are the factors which determine customer loyalty in private hospitals in Harare. Pricing of hospital services was concluded to be the most powerful stimulant of customer loyalty in private hospital in Harare.

Descriptive results shed light on the positive trend of each of the variables selected for the study. The results highlighted that if the clinic's employees give customers individual attention then consequently the clients or patients of that hospital will be very satisfied with the service provided to them and as a result customer loyalty will increase due to excellent customer satisfaction.

Apart from the above, some factors that had influence on customer loyalty in private hospitals in Harare included building trust in customers by providing services which are superior to those of the competitors, this result increased loyalty by the customer. However the research findings were not in tandem with the results of Efuteba (2013) who examined the determinants of patients 'loyalty in a hospital in North Cyprus, reporting mean and standard deviation score of 0.5294 and 4.00380 respectively which means that respondents in Cyprus believed that building trust in customers or patients promotes customer loyalty and to the researcher's knowledge there is no such research on the factors that influence customer loyalty in private hospitals in Harare ,in Zimbabwe. Likewise, it seems from the present study's findings on building trust in customers or patients that offering superior services as compared to those of competitors promotes to a greater extent customer loyalty.

In another research conducted by Juan and Yan (2009) also found that customer loyalty in the service industry is composed of the casually related dimensions, namely cognitive loyalty, affective loyalty and behavioural loyalty. Also identified the factors influencing customer loyalty in intermittent service industry were customer satisfaction, service quality, and customer perceived value. The research findings of Juan and Yan (2009) brings new factors that influences customer loyalty, however these factors were not highlighted in the current study. Therefore, it can be concluded that customer satisfaction is the amongst others when it comes to issues influencing customer loyalty in any given organisation, thus, business entities are encouraged to meet their customer expectations so as yield customer satisfaction in their existing customer which then promotes customer loyalty.

Motwani and Shrimali (2016) reveal in their study that there is a positive relationship between customer satisfaction and customer loyalty. The findings of Motwani and Shrimali (2016) were in tandem with the findings of the current study. This implies that during the service delivery the technical quality which is the quality of what patients actually receives during the interaction is important to customers when evaluating the service because the

change in patient's satisfaction will alter their loyalty. Therefore technical skills, knowledge of employees and the techniques related to the equipment and facilities which is used during service delivery process in private hospitals is essential in the minds of customers' interns of building customer loyalty. The technical skills which an employee displays during service delivery leads to customer satisfaction hence customer loyalty.

Lastly, the findings of the current research differs to the findings of Shamsudin,Razali and Hassim (2015) who conducted that customer loyalty in hospitals in Malaysia are influenced by hospital image and service quality. The research above review succeded in proving the influence factors of independent variables for instance service quality and corporate image significantly and potentially affect customer loyalty towards private hospitals services in Malaysia. This difference in the results may have been caused by difference in income levels between the countries to which researches were carried out

4.7 Chapter summary

In this chapter data findings was analysed, presented and interpreted as they relate to the theory that underlies the study. This chapter dwelled on presenting, analysing and discussing the major findings of the research. The chapter reveals the addition to the body of knowledge that the survey brought. The next chapter shall look on the summary of findings, conclusions, recommendations as well as considerations for future research on the subject.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The study aimed at exploring the factors that influence customer loyalty in hospitals specifically targeting hospitals in Harare CBD. The last chapter presented, analysed and interpreted data collected for the purpose of this research therefore this chapter provides a brief summary of the research findings, conclusions recommendations and recommendations for further studies

5.1 Summary of study

The study aimed on finding the major factors that influence customer loyalty in private clinics in Harare CBD and to recommend the best factors for customer loyalty in private hospitals. To address the research objectives theoretical literature and empirical literature was reviewed to broaden up the understanding of the study. Literature suggested that convenience, price fairness, customer trust customer satisfaction, reputation and service quality are the factors that influence customer loyalty in private hospitals, this study used these factors to determine which ones are most considered by Harare residents to build their loyalty on. The researcher adopted the descriptive research design and convenience sampling was used to collect data from a sample of 280 hospitals patients who were found to be at the 5 clinic which were used as case studies. Data obtained from primary and secondary sources was analysed using descriptive statistics of the SPSS version 16 and was presented in the form of tables, graphs, percentages and charts for easy interpretation and understanding.

5.2 Summary of findings

Customer satisfaction, building customer trust, price fairness and quality of service offered to the patients are the most important factors that are considered by hospital clients or patients in Harare CBD private hospitals.

Satisfaction is the chief factor which influences customer loyalty. When customers are satisfied with services provided by the hospital their loyalty toward the hospital increases.

Thus, private hospitals in Harare should attempt to get customers trust by giving high quality services, by exceeds customer expectation, showing respect for patients showing concern for the health of their patients this will keep the satisfied customer loyal to the hospital.

5.3 Conclusions

The study concludes that customer satisfaction, building customer trust, price fairness and quality of service offered to the patients are the most important factors that are considered by hospital clients or patients in Harare CBD private hospitals. On the contrary tangibles such as parking facilities, building, appearance of staff was the least factor to be considered by customers, marketing campaigns and recommendations by others were the least important factors to be considered by hospital clients or patients in Harare.

Based on the study conducted the analysis made, the following conclusions are drawn showing the factors ranked from the highest factor that determine customer loyalty to the lowest factor, shows that customer satisfaction is the most important factor of all the factors that influence customer loyalty in hospitals with a mean score of (2.0460). Trust was ranked the second factor which influence customer loyalty with a mean score of (2.0000) followed by quality of service offered by the clinics with a mean of (1.9195). On the other hand, price fairness has the least influence amongst the loyalty factors with a mean score of (1.8046). From the study, customer satisfaction was regarded as the most important amongst loyalty factors. Price fairness was ranked as the least important customer loyalty factor which shows that hospital clients or patients in Harare do not place much value on the pricing system which is used by the hospitals on their services

 Apart from that, the findings of the study also conclude that private hospitals should take to their attention the factors that are considered to be of important by customers either individually or according to their demographic characteristics for them to improve on their marketing strategy. Furthermore, hospitals must be aware that factors that influence customer loyalty differ from one segment to another, basing on the demographic, some factors impact more on the younger customer, than they do to customers of older age.

5.4 Recommendations

Based on conclusion the following recommendation is forwarded

Based on the recommendations which were given by the patients or clients commitment was found as the most essential factors in creating customer loyalty. Therefore, management of private hospitals in Harare should concentrate on commitment by making adjustment to suit customers need, offering personalized and flexible services, respecting customer needs, providing reliable hospital information, offering consultancy, contacting customer to know whether they are satisfied and to remind them of future service, by doing so we can build customer loyalty between patients and the hospital .

Respondents also suggest that the second most essential factor affecting customer loyalty is switching cost. Therefore, management of the private hospitals in Harare should create higher cost for customers switching to another hospital. By develop different strategies to make their patients have higher switching cost by ensure-that service offered by them matches or exceeds customer expectation by having more specialist doctors that they could not find in other hospitals. In order to make customers more loyal toward their hospital private hospitals in Harare should have to increase its customers switching cost by increasing speed of service, by having more specialist doctors, charging fair price, minimizing waiting time, having good treatment for patients.

Lastly, respondents recommended building image as the other factor which influences customer loyalty in private hospitals in Harare. Image is another essential factor to building customer loyalty. Therefore, management of the private hospitals in Harare should focus on building positive image, give more attention to find ways of building a feeling of intimacy between the consumer and the image of the hospital, concentrate on creating good image of the hospital in the minds of customers by creating awareness about the hospital and association, offering fast and reliable service, by involving more in the community service, maintain the good reputation of the hospital and the hospital has to be able to create a position in the minds of its of customers to show that the hospital has a unique image than other hospitals.

5.5 Recommendations for further study
The researcher suggests that further studies in different parts of the country should be done on this research problem as there is limited literature in the Zimbabwean context. This study focused on the factors affecting customer's loyalty in case of private hospitals in Harare CBD but other researchers can study on other private hospitals in Harare City as a whole. Other

researchers can also study factors affecting customer's loyalty in case of other public hospital.

5.6 Chapter summary
The chapter is a summary of the previous chapters of the research. It focused on the research findings, conclusion and recommendations for further study.

REFRENCES

Aaker, D.A. (1991), Managing brand equity; capitalizing on the value of a brand name. The Free Press, New York, N.Y

Aaker, D. A., & Jacobson, R. (2001), "Thevaluerelevance ofbrandattitude in high-technologymarkets",Journal of Marketing Research,vol.38, no.4,pp.485-493.

Anderson, E. W., Fornell, C., and Lehmann, D. R. (2014). Customer Satisfaction, Market Share, and Profitability: Findings from Sweden. Journal of Marketing, 58(4), 53-66.

Asefa. A, Kassa. A and Dessalegn. M, (2014), Patient satisfaction with outpatient health

services, Journal of Public health and Epidemiology, Hawassa University, Ethiopia.

Baldinger, A. L., and Rubinson, J. (2016). Brand loyalty: the link between attitude and behaviour. Journal of Advertising Research, 36(6), 22-34.

Bansal, H. S., & Taylor, S. F. (2011). The service provider switching model (SPSM): a model of consumer switching behaviour in the service industry. Journal of service Research, 2(2), 200- 218.

Barich, H., & Kotler, P. (2011). A framework for marketing image management. Sloan Management Review, winter, 94-104.

Beatty, S. E., Reynolds, K. E., & Lee, J. (2016). Customer-sales associate retail relationships. Journal of Retailing, 72(3), 223-47.

Beerli. A., Martin. J.D.and Quintana.A. (2004) "A model of customer loyalty in the retail banking market," European Journal of Marketing, 38(1), 253-275

Bitner, M. J., and Zeithaml, V. A. (2013). Service Marketing (3rd ed.). New Delhi: Tata McGraw Hill.

Bowen, J. T., & Chen, S. L 2001 The Relationship Between Customer Loyalty and Customer Satisfaction, International Journal of Contemporary Hospitality Management, 1(2), 213-217. http://dx.doi.org/10.1108/09596110110395893

Cronbach, L. J. 1951. Coefficient alpha and the internal structure of tests. Psychometrical 16,297–334.

Dick, Alan S. and Kunal Basu 1994, "Customer Loyalty: Toward an Integrated Conceptual Framework," Journal of the Academy of Marketing Science, 22 (Spring), 99–113.

Day, G.S. (1994), "The capabilities of market driven organisations", Journal of Marketing, Vol.58, October, pp.37-52.

DR. Younes A. A. Megdadi, Jaber R. A. Aliaber and ENG. Khaled Sh. alajmi, (2013). An Examine Proposed Factors Affecting Customer Loyalty Toward The Financial Services Of Jordanian Commercial Banks. International Journal Of Business And Social Science Vol.4.

Ferguson. R. J., Paulin. M. and Bergeron. J. (2010) "Customer sociability and the total service experience: Antecedents of positive word-of-mouth intentions", Journal of Service Management, 21(1), 25-44

Fornell. C. (1992) "A national customer satisfaction barometer: The Swedish experience", The Journal of Marketing, 56 (1), 6-21.

Fornell, C., Johnson, M.D., Anderson, E.W., Cha, J. and Bryant, B.E. (1996), "The American customer satisfaction index: nature, purpose and findings", Journal of Marketing, Vol. 60, October, pp. 7-18.

Fournier. S. (1998) "Consumers and their brands: Developing relationship theory in consumer research". Journal of Consumer Research, 24(4), 343-353.

Gremler. D. D. and Brown. S. W. (1999) "The loyalty ripple effect: Appreciating the full value of customers", International Journal of Service Industry Management, 10(3), 271-293.

Hoeffler, S., & Keller, K. (2003), "The marketing advantages of strong brands",Journal of Brand Management,vol. 10, no.6,pp.421-435.

Hunter DJ (2013) Evidence-based policy and practice: riding for a fall? J R Soc Med 96: 194-196.

Keller, K. (1993), "Conceptualizing,measuring,managingcustomer-basedbrandequity", Journal of Marketing,vol.57, no.1,pp.1-22.

Keller, K. (2001), "Buildingcustomer-basedbrandequity",Journal of Marketing Management,vol.10, no.2,pp.14-19.

Keller, K.L. (2003),Strategic Brand Management: Building, Measuring and Managing BrandEquity, 2nd Ed, Prentice Hall, New Jersey.

Keller, K. (2009)."Building strong brands in a modern marketing communications environment",Journal of Marketing Communications,vol.15, no.2/3,pp.139-155.

Keller, K.L. 2008. Strategic brand management. Building, measuring and managing brand equity. Upper Saddle River: Pearson Education, Inc.

Kotler, P., and Keller, K., L., 2013. Marketing Management, (15th Edition), Pearson Education Inc.: Essex.

Kotler, P. & Keller, K. L., 2012. Marketing Management. 14th Edition. New Jersey: Prentice Hall

Kumar, R. (2011) 'Research Methodology: A Step –By-Step Guide for Beginners, 3rd Edition, and Sage Publications.

Kuusik, A,., (2007). Affecting Customer Loyalty: Do Different Factors Have Various Influences In Different Loyalty Levels? Working Paper No.58-2007, University Of Tartu, Faculty Of Economics And Business Administration. LAUREN

Kuhn, K.A., Alpert, F. & Pope, N.K.L. (2008), "An application of Keller's brand equity model in a B2B context", Qualitative Market Research: An International Journal, vol.11, no. 1, pp.1-40.

Morgan. R.M. and Hunt. S.D. (1994) "The Commitment-trust: Theory of relationship Marketing", Journal of Marketing, 58 (3), 20-38.

Muniz, A.M. Jr. & O'Guinn, T.C. 2001. Brand community. Journal of Consumer Research, 27 (4), 412–432.

Ndambuki. J, (2013),The level of patients' satisfaction and perception on quality of

nursing services in the Renal unit, Open Journal of Nursing, Nairobi, Kenya.

Ndubisi. N. O. (2007) "Relationship quality antecedents: The Malaysian retail banking perspective", International Journal of Quality and Reliability Management, 24(8), 829-845.

Oliver, R.L. (1980), "A cognitive model of the determinants and consequences of satisfaction decisions", Journal of Marketing Research, Vol. 17, pp. 460-9.

Oliver. R. L. (1997) Satisfaction: A behavioral perspective on the customer. McGraw-Hill, USA

Oliver. R.L. (1999) "Whence Customer Loyalty?", Journal of Marketing, 63 (5), 3344.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality, Journal of Retailing, Vol. 64, Number 1, p.12-40

Pappu, R., Quester, P.G. & Cooksey, R.W. 2005. Consumer-based brand equity: Improving the measurement – empirical evidence. Journal of Product and Brand Management, 14 (3), 143–154.

Reichheld. F. F. and Sasser. W. E. (1990) "Zero defections: Quality comes to services", Harvard Business Review, 68(5), 105-111.

Reichheld. F. (1996) "Learning from customer defections", Harvard Business Review, 74 (2), 56-70

Saunders, M, Lewis. P &Thronhill, A. (2003). Research Methods for Business Students, 3rd

Edition, Madrid: Prentice Hall.

Shajahan S, (2005), Marketing research: concepts and practices, Mcmillan, New Delhi,

India

Sheth, J., and Parvatiyar, A., 1995, Relationaship marketing in consumer markets, antecedents and consequences, Journal of academy of marketing science vol 23, no. 4, pp 255-71

Shoemaker. S. and Lewis. R. C. (1999) "Customer loyalty: The future of hospitality marketing", International Journal of Hospitality Management, 18(4), 345-370.

Silverman, D. 2004. Qualitative research: Theory, method and practice. London: Sage.

Sudhahar. J. C., Israel. D., Britto. A. P., and Selvam. M. (2006) "Service loyalty measurement scale: A reliability assessment", American Journal of Applied Sciences, 3(4), 1814-1818.

Uncles. M. D., Dowling. G. R. and Hammond. K. (2003) "Customer loyalty and customer loyalty programs", Journal of Consumer Marketing, 20(4), 294-316.

Wanjau. K. N, Muiruri. B. W and Ayodo. E (2012), Factors affecting provision of service

quality in the Public Health Sector, International Journal of Humanities and Social Sciences, Nairobi, Kenya

WHO (2016) Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organisation, Geneva, Switzerland

Yasin, N.M., Noor, M.N. & Mohamad, O. 2007. Does image of country-of-origin matter to brand equity? Journal of Product and Brand Management, 16 (1), 38–48.

Zimbabwe National Statistics Agency (ZIMSTAT) (2017) Zimbabwe multiple indicator cluster survey 2014, Final report. Harare, Zimbabwe

Zeithaml, V.A., Berry, L.L. and Parasuraman, A. (1996), "The behavioural consequences of service quality", Journal of Marketing, Vol. 60 No. 2, pp. 31-46.

Zikmund, G.W. (2000), Business Research Methods, 6th ed., The Dryden Press, Harcourt College Publishers, New York.

APPENDICES

Questionnaire

My name is Thelma Ngara B1542672, I am an undergraduate student at Bindura University of Science Education pursuing an Honours degree in Marketing. I am required to carry out a research project in partial fulfillment of the requirements for the degree. As such the student is carrying out a research on "*factors influencing customer loyalty in the health care services sector (a case of private health care services in Harare)*". The researcher is kindly asking for your assistance as respondents to the research understudy by filling in the questionnaire. The responses you will provide will be treated with utmost confidentiality and will be used sorely for academic purposes. Your co-operation will be greatly appreciated.

INSTRUCTIONS:

- Please answer all the questions honestly.

- Please kindly indicate your answers by ticking where appropriate in the boxes and writing in the spaces provided.

- Your name or identity is not required.

SECTION A: GENERAL INFORMATION

1.1. Gender

Male ☐   Female ☐

1.2 Age

21 - 30 ☐   31- 40 ☐   41 – 50 ☐   above 50 ☐

1.3. Marital status

Single ☐   Married ☐   Widowed ☐   Divorced/Separated ☐

1.4. Your Academic qualification

Certified ☐   Degreed ☐   Others ☐

1.5 Income level

Below $300 ☐ $301-$500 ☐ $501-$800 ☐ $801 and above ☐

1.6 identify the private hospital you visit

Harare avenues clinic ☐   Baines clinic ☐   Belvedere medical centre ☐

Corporate 24 medical centre ☐   24 Hour CBD clinic ☐

SECTION B: CUSTOMER LOYALTY

To understand factors that determine your Loyalty to Harare Avenues Clinic, please read each statement and circle the number which most closely matches your opinion on a scale from 1-5, where **1=strongly Agree (SD), 2=Agree (D), 3=Neutral (N), 4=Disagree (A), and 5=strongly Disagree (SA).**

Please tick only one choice for each item

	Customer Satisfaction	1	2	3	4	5
1	I am completely satisfied with the services delivered by this clinic					
2	The personnel of this clinic are sincere, helpful and kind					
3	The personnel of this clinic have enough experience and expertise					

4	I find this clinic very reliable					
5	The clinic's employees give customers individual attention					
	Trust					
6	I have repeatedly found this clinic better than other clinics					
7	I nearly always find the services of this clinic inferior					
8	Repeatedly, the performance of this clinic is superior to that of competing firms.					
	Price fairness					
9	This clinic services are fairly priced					
10	There is value for money in this clinic's services					
11	Provisions of discounts for prompt payments of clinic bills					
12	Bonus services for loyalty					
	Quality of service offered					
13	This clinic appears sympathetic to my problems.					
14	This clinic seems to care about me.					
15	This clinic is very attentive with me.					

SECTION C

Rank the following factors of customer loyalty in their order of importance of the criteria you did consider by choosing a specific hospital or clinic to attend. **Use the scale 1=Not important at all, 2=less Important, 3=neutral, 4=important, 5= very important, 6= did not consider at all**

	Factor	1	2	3	4	5	6
16	Customer satisfaction						

17	Trust of the clinic						
18	Pricing of the services						
19	Quality of Service offered						

End of questionnaire

Thank you for your valuable time and commitment