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# Customer Retention Model in the Medical Service Organization: Focusing on Specialized Hospital Services

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## Abstract

**Purpose:** The purpose of this study is to investigate the theoretical basis for assessing the strategic increase in customer perception of service quality, justice, and relationship benefits. Especially in terms of increasing relationship commitment and customer loyalty in the medical service sector. **Research design:** Data were collected by questionnaires through specialized hospital services. Survey was conducted on patients who have been treated at a spine specialized hospital. **Results:** Research shows that service quality, justice, and relationship benefits have the greatest direct impact on relationship commitment, and relationship commitment has a strong direct impact on customer loyalty in the medical service organization. **Conclusions:** The effect of combination of core and voluntary service behavioral attributes such as service quality, justice and relationship benefits have the most positive impact on relationship commitment and customer loyalty. Administratively, this study contributes to understanding the role of service quality, justice, and relationship benefits in the medical service sector. The results showed that in order to induce service quality, justice and relationship benefits should be facilitated relationship commitment and customer loyalty enlarged.

**Keywords:** Service quality, Justice, Relationship benefits, Relationship commitment, Customer loyalty

**JEL Classifications:** M31, M54

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## 1. Introduction

The recent growth of the medical service sector is remarkable. The medical service sector is an industry related to the process of providing services and receiving payments from consumers. Hospitals and clinics are representative, including biotechnology, innovation medicine, medical devices, u-healthcare, medical tourism, and overseas exports of medical systems. The medical service sector is recognized as a blue ocean in the next-generation service industry. Individuals are steadily increasing their interest in improving the health and quality of a happy life. Corona is currently threatening the world. Since

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medical services aim to protect the lives of the people and promote health, unlike other goods and services, there is a high barrier to entry, a high tendency to rely on medical professionals' expertise. In particular, in the case of medical services, the risk and uncertainty perceived by customers is much higher than in other services, so the building of customer relationship in service providers plays a role in strengthening relationship continuity and reducing mutual uncertainty (Chiou et al., 2002).

According to research on relationship between companies, in order to ensure long-term relationship and stability of transactions, the relationship dimension between relationship partners must be developed. The relational dimension includes many behavioral variables such as commitment, trust, communication, cooperation. Existing studies on business relations have emphasized the importance of relationship commitment as key factors for maintaining long-term relationships (Gundlach et al., 1995; Morgan & Hunt, 1994). Many scholars have suggested a new marketing paradigm based on relationship marketing (Sheth & Parvatiyar, 1995). The rationale behind relationship marketing is to create, enhance, and maintain relationships with customers (Berry, 1983).

Increasing and securing loyalty is central to many corporate strategies because obtaining new customer is costly and customer retention is connected to long-term profitability (Anderson & Mittal, 2000). Commitment is recognized as the key component in the relationship marketing paradigm and social exchange theory (Hennig-Thurau et al., 2002). Fournier (1998) argues that relationships both affect and are affected by the contexts in which they are embedded. A myriad of potential practices is available to customize unique customer relationship-building practices (Claycomb & Martin, 2002). Based on interactivity and individualization by the personalization techniques of service marketing, various marketing activities can definitely be declared such a relationship marketing tool (Meyer-Waarden, 2007), one of the most commonly used marketing tools, including in the health care service arena (Kelley et al., 1990, Meyer-Waarden, 2007).

In this study, relationship benefits and justice, including service quality, were selected as variables that influence relationship commitment. The reason is that, as suggested in the study of Tellefsen (2002), relationship commitment is a variable that reinforces the exchange relationship. Relationship commitment eventually directly or indirectly affects members' long-term relationship formation, actual membership retention or participation (Gruen, John & Frank, 2000). A number of studies have shown that relationship commitment affects the long-term relationship orientation of companies (Hennig-Thurau, Gwinner, & Gremler 2002; Garbarino & Johnson 1999).

In a number of existing studies, long-term orientation has been suggested to be affected by relational benefits (Hennig-Thurau et al. 2002; Gwinner et al., 1998). These studies show that relational benefits are an important driver influencing relational outcomes such as loyalty, word of mouth and profit. On the other hand, fairness means fairness perceived by customers in the service experience situation, and includes distribution fairness related to service results, procedural fairness in all service processes, and interactive fairness. This is an evaluation of how well the service organization performs the customer's psychological contract, and is regarded as a key factor in the formation of a continuous business relationship with customers in relation to the fairness and transparency of the business relationship.

In recent years, the financial status of hospitals is intensifying due to the strengthening of consumer sovereignty, such as expanding the scope of medical coverage, regulation of medical institutions such as fixed rates, and the concentration of large hospitals in the metropolitan area. Therefore, the necessity of systematic hospital management for attracting patients is required. The purpose of this study is to establish a theoretical basis for assessing the strategic increase in customer perception of service quality, justice, and relationship benefits, and to test this theory in terms of increasing relationship commitment and customer loyalty, especially for specialized hospital services (Crosby et al., 1990; Hennig-Thurau et al., 2001).

## **2. Theoretical background and hypothesis**

### **2.1. Service quality**

The concept of quality of service is one of the most studied topics in marketing, starting with the service quality model introduced by Parasuraman, Zeithaml & Berry in 1985. Service quality refers to the customers' evaluation of the provider's service based on their experiences and impressions (Hennig-Thurau et al., 2002). Delivering quality service is considered to be essential strategy for success in today's competitive environment (Parasuraman et al., 1985; Reichheld & Sasser, 1990; Zeithaml et al., 1996). Companies that offer superior service achieve higher-than-normal growth in market share and increased profits (through higher market share and being able to offer premium prices) (Philips et al., 1983). The conceptualization and measurement of perceptions of service quality are among the most debated and controversial contemporary topics in the services-marketing literature (Brady & Cronin, 2001, Zeithaml et al., 2000). Some studies have investigated the relationship

between service quality and relationship commitment, and although they have highlighted the antecedent role of relationship commitment in perceptions of service quality (Bolton & Drew, 1991; Boulding et al., 1993), most findings actually support a reverse cause-and-effect relationship (Cronin & Taylor, 1992).

The first hypotheses concern the predictors of relationship commitment. Service quality aspects of fulfillment service quality are cognitive evaluations of customer. Service quality composed of the aforementioned elements impacting on the effectiveness of customer loyalty could certainly be one of them. By providing best and reliable service, important or potentially the best customers, service quality is designed to build customer long-term relationship. Employees of any organization can be a powerful element in achieving differentiation and gaining a competitive advantage in delivering value to customers, since front-line service providers represent the firm to the customer (Judd, 2003). The importance of functional quality in Grönroos's (1984) service quality model, the existence of the dimensions of responsiveness, assurance and empathy in the SERVQUAL instrument (Parasuraman et al., 1988), as well as behavioral aspects. Because relationships involve social dynamics and processes, we can conclude that "relationships in business, as in other spheres of life, grow through emphatic mutual interaction" (Jancic & Zabkar, 2002).

In this regards, we suggest the following hypotheses:

**H1:** Perceived service quality positively influences perceived relationship commitment.

## 2.2. Justice

Justice refers to the fairness perceived by customers in the service experience process, and includes distribution fairness related to service results, procedural fairness and interaction fairness in all service processes. In other words, the customer's perception of fairness can be said to be an evaluation of how well the service organization performs the psychological contract, which is the customer's personal belief in the explicit and implied exchange agreements that exist between the service company and the customer (Clemmer & Schneider, 1996; Gundlach & Murphy, 1993; McColl-Kennedy & Sparks, 2003).

In the case of medical services, the service process varies from reservation, parking, reception, treatment, settlement, and re-appointment, and the service providers participating in this are also very heterogeneous. Since different employees are required to provide services to one customer at each service level, there is a difficulty in standardizing work performance. Because service customers experience service processes and procedures at service facilities, these three fairness at service points are evaluated. The customer evaluates the results of equity provided through experience in the service process, evaluates the procedural process of employee honesty, kindness, interest, explanation, effort, and courtesy, and Recognize fairness to service companies through evaluation.

Gundlach & Murphy (1993) found that the more the counterparty perceived fairness, the greater the relationship-oriented tendency and satisfaction of the counterparty toward the counterparty, and the more dissatisfied with the counterparty increased as the counterparty perceived it as unfair. The formation of trust in a service company depends on how fair customers are treated, and when the service company perceives that they are playing a fair game, it creates a lasting desire to maintain a long-term relationship (Anderson & Weitz, 1989, Gundlach & Murphy, 1993).

In this regards, we suggest the following hypotheses:

**H2:** Perceived justice positively influences perceived relationship commitment.

## 2.3. Relationship benefits

Relationship benefits are perceived as advantages that the regular customer receives over and above the core service (Gwinner et al., 1998). Many relational benefits have been identified by researchers. Economic benefits reflect discounts, price breaks and time saving (Lacey, 2007). Social benefits reflect personal recognition by employees, customization, familiarity with employees, and friendships between the customer and the service provider (Gwinner et al., 1998; Lacey, 2007). Psychological benefits refer to the comfort or feeling of security in dealing with the service provider. Confidence benefits refer to the feeling of trust in the service provider (Gwinner et al., 1998). Customization benefits refer to tailoring the product to each customer (Hennig-Thurau et al., 2002).

Relational service policies such as preferential treatment, communication, and adaptation to customer needs are critical to

customer retention. These service policies can be a prerequisite for quality of service. Hennig-Thurau et al. (2002) found that customer satisfaction and relationship commitment directly influence customer loyalty. The special role of social benefits and the trivial role of preferential treatment benefits were also included. Gwinner et al. (1998) investigated the model in which relationship marketing strategies (preferential treatment, interpersonal communication, and tangible rewards) influence the perception of relationship investment in service setting. Relationship investment, in turn, affected relationship commitment and eventually behavioral loyalty (Hennig-Thurau et al., 2002). Interpersonal communication has proven to be a dominant factor in how customers perceive relationship investments with service providers. Several variables have emerged that can influence the relationship between relationship benefits, relationship commitment, and customer loyalty.

In this regards, we suggest the following hypotheses:

**H3:** Perceived relationship benefits positively influences perceived relationship commitment.

**H4:** Perceived relationship benefits positively influences the level of customer loyalty.

## 2.4. Relationship commitment and customer loyalty

Relationship commitment is recognized as the key component in the relationship marketing paradigm and social exchange theory (Hennig-Thurau et al., 2002; Morgan & Hunt, 1994). Relationship commitment exists when a partner believes that a relationship is important enough to make the greatest effort to maintain the relationship over the long term. Moorman et al. (1992) defined a relationship promise as an ongoing desire to maintain a valued relationship. Commitment is very important to an organization's buying behavior and can lead to significant consequences such as reduced customer turnover and increased motivation. Commitment is positively related to loyalty and repeated purchase and, because relationship performance is critical to repurchase decisions in a relational exchange, business loyalty is similar to relationship commitment (Morgan & Hunt, 1994).

Since acquiring new customers is expensive and retention is linked to long-term profitability, building and securing customer loyalty is at the heart of many corporate strategies. Loyalty is the single most important indicator of long-term financial performance (Jones & Sasser, 1995). Loyal customers can create value for the firm through positive word of mouth, voluntary customer-citizenship behaviors, coproduction assistance, social relationships, and mentoring other customers. The antecedents of loyalty include customer satisfaction (Cronin & Taylor, 1992), some relationship marketing variables such as commitment (Evanschitzky et al., 2006), emotional ties to service providers (Shemwell et al., 1994) and relational benefits (Hennig-Thurau et al., 2002).

Loyalty was defined by Oliver (1999) defined loyalty as a firm commitment to continuing to sponsor or purchase a preferred product or service in the future despite the contextual influences and marketing efforts that could trigger conversion behavior. Consequently, loyalty includes behavioral, as well as cognitive and attitudinal elements (Jones & Taylor, 2007).

In this regards, we suggest the following hypotheses:

**H5:** Perceived relationship commitment positively influences the level of customer loyalty.

## 3. Methodology

### 3.1. Research Model

The research model to test proposed hypotheses is shown in Figure1. The research model illustrates a relationship to identify effects of service quality, justice, relationship benefits, relationship commitment and customer loyalty.

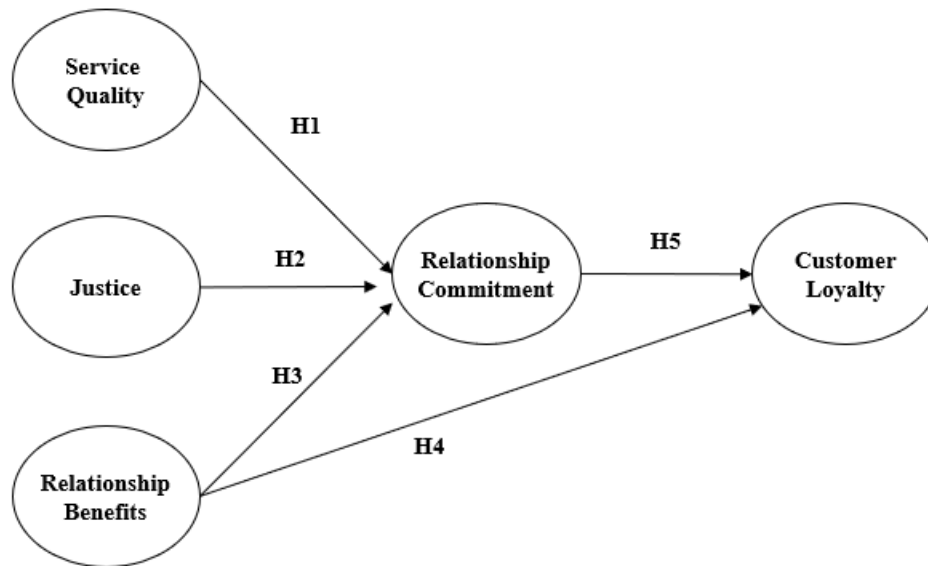


Figure 1: Research Model

### 3.2. Data collection

Data were collected by questionnaires through specialty hospitals. Korean Ministry of Health and Welfare designates small and medium sized hospitals as specialty hospital in order to ease financial difficulties and to provide standardized quality medical service. These hospitals strive to fulfil requirements to obtain and maintain certification and to manage patients through good service. In this study, survey was conducted on patients who have been treated at a spine specialty hospital. The hospital has over 300 beds. The survey was conducted for about 2 weeks and the respondents were helped by survey takers who had prior training. The respondents were asked to fill in the survey in person with the help of survey takers. Finally we got 254 available responses.

The demographic characteristics of the subjects are shown in Table 1. In the overall sample, 52% of respondents were male and 48% were female. Ages were divided roughly equally (25.2% aged 21-30, 26.3% aged 31-40, 21.3% aged 41-50, 19.3% over 50). Most of the hospital experience was 2-3 years (28.7%).

Table1: Selected demographic attributes of the respondents

	Frequency	Percent(%)
Gender		
Male	122	52.0
Female	132	48.0
Age		
Less than 20	20	7.9
21-30	64	25.2
31-40	67	26.3
41-50	54	21.3
Over 50	49	19.3
Experience		
1 year or less	24	9.5
1-2 years or less	65	25.6
2-3 years or less	73	28.7

3-5 years or less	58	22.8
5 years or more	34	13.4

### 3.3. Measures of variables

Scale items have been developed from measurements previously proposed and validated in many studies and have been carefully restated to reflect the characteristics of the medical service context. The variables in this study were measured using a 5-point Likert scale (1 = very disagree, 5 = very agree).

Service quality was defined as a service quality perceived by the employees and 4 items of outcome quality, procedural quality, environmental quality and overall service quality used in study by Brady & Cronin (2001) was used. Justice is defined to the extent that the customer feels that the means and procedures are fair when using the service. By referring to the metrics used in Kumar et al. (1995) and Tyler & Lind (1992), whether the service processing process is transparent, whether fair transaction processing procedures and standards are applied to all customers, and the result is fair in the event of a problem. The scale used for measuring the three relationship benefits (social benefits, special treatment, and economic savings) was developed by Hennig-Thurau et al. (2002).

The measure of relationship commitment was developed by modifying the commitment scales of Anderson & Weitz (1992) and Morgan & Hunt (1994). The commitment construct was designed to capture identification with the company (“proud to belong”), psychological attachment (“sense of belong”), concern with long-term welfare (“care about the long-term success”). Customer loyalty was measured using the following three dimensions: switching if another company offers a better price (Zeithaml et al., 1996); recommendations to others; and repurchase intentions (Cronin & Taylor, 1992). Taylor et al. (2007) noted that for services extending for long periods, measuring loyalty in terms of actual buying behavior may be inadequate. Hence, future purchase intent is a commonly used surrogate measure (Lacey, 2007).

## 4. Empirical analysis

### 4.1. Reliability and validity tests of variables

In order to test validity of multi-item scale, confirmatory factor analysis was conducted. As for the input data for model testing, correlation data was used and model’s goodness of fit was tested after convergent validity and discriminant validity were tested.

#### 4.1.1. Convergent validity and reliability test

Result of analysis on measurement model of all research units are shown in Table 2. Confirmatory factor analysis as  $\chi^2$  (94 d.f) = 329.52 (p = .000), GFI = .94, AGFI = .93, RMR = .022, NFI = .92 and thus confirmed to satisfy model’s goodness of fit and convergent validity. Testing showed as in that t values of parameter estimates were statistically significant. Composite reliability calculated from estimated factor loading through confirmatory factor analysis on structural equation showed values of .70-.83 and average variance extracted values were .52-.61 which all satisfy acceptable standards. Thus we can determine that reliability is secured.

**Table 2:** Composite reliability, AVE and confirmatory factor analysis

Variables	Items	Standized Loading	t - Value	Composite Reliability	Average Variance Extracted
Service	Servqual1	.84	15.05	.75	.61

Quality	Servqual2	.68	12.42		
	Servqual3	.64	11.90		
	Servqual4	.66	12.22		
Justice	Justice1	.68	15.33	.80	.60
	Justice1	.80	15.58		
	Justice1	.71	14.76		
Relationship Benefits	Benefit1	.80	13.83	.83	.56
	Benefit2	.71	13.03		
	Benefit3	.75	13.52		
Relationship Commitment	Commit1	.90	9.51	.78	.54
	Commit2	.90	10.14		
	Commit3	.86	9.24		
Customer Loyalty	Loyalty1	.69	13.84	.70	.52
	Loyalty2	.74	14.68		
	Loyalty3	.78	13.68		
Goodness of fit (measurement model)	$\chi^2(94) = 329.52$ , RMR = .22, GFI = .94, AGFI = .93, CFI = .94, NFI = .92				

#### 4.1.2. Correlation among Constructs

According to the factor analysis results, Pearson correlation analysis was carried out to verify the mutual relationships among the constructs and their unidimensional characteristics. As a result, the relationships of all constructs had a positive relationship, as shown in Table 3. The results are in accordance with the relative direction among the presented variables. In addition, all measures had higher correlation among similar concepts than dissimilar concepts, showing both convergent and discriminant validity.

**Table 3:** Construct Intercorrelations matrix( $\Phi$  matrix)

Construct	Mean	SD <sup>a</sup>	Inter-Construct Correlations				
			1	2	3	4	5
Service Quality	2.67	.79	1.00				
Justice	2.73	.70	.54*	1.00			
Relationship Benefits	2.87	.45	.43*	.73*	1.00		
Relationship Commit	2.93	.50	.49*	.58*	.57*	1.00	
Customer Loyalty	3.08	.75	.25*	.38*	.39*	.67*	1.00

Notes: \*p < .001

<sup>a</sup> Standard Deviation

#### 4.1.3. Hypothesis testing

To test the hypotheses in this study, we estimated the fit and parameters of the models through covariance structural analysis. The parameters of the overall model used maximum likelihood estimation, and the fit of the model resulted as  $\chi^2$  (97 d.f) = 338.21 (p = .000), GFI = .95, AGFI = .93, RMR = .04, NFI = .92, CFI = .94. Compared to general evaluation standards, this failed to meet the  $\chi^2$  value. But its' enough to explain the relations among variables since GFI, NFI, CFI turned out to be .95, .92, and .94, respectively. The results for the path analysis on the structural model are shown in Table 4.

**Table 4: Structural Model Estimates**

	Hypothesized Relationship	Estimate	t Value	Conclusion
H1	Service Quality → Relationship Commitment	.29	5.75 <sup>*</sup>	Supported
H2	Justice → Relationship Commitment	.26	4.90 <sup>*</sup>	Supported
H3	Relationship Benefits → Relationship Commitment	.40	5.81 <sup>*</sup>	Supported
H4	Relationship Benefits → Customer Loyalty	.32	5.25 <sup>*</sup>	Supported
H5	Relationship Commitment → Customer Loyalty	.66	4.18 <sup>*</sup>	Supported
Goodness of fit	$\chi^2(97)=338.21$ , RMR = .04, GFI = .95, AGFI = .93, CFI = .94, NFI = .92			

Notes: \*p < .001

The empirical analysis results for the research hypothesis are shown in Table 4 below. All hypotheses are supported by data. They suggest that quality of service, justice, and relationship benefits have a significant impact on relationship commitment to access to specialized hospitals. Relationship benefits directly affect relationship commitments and customer loyalty, and indirectly through mediators of relationship commitments. Additionally, empirical results have confirmed that relationship commitment plays a strong central role in determining customer loyalty.

## 5. Conclusion

This study examined the effects of service quality, justice, and relationship benefits on relationship commitment and customer loyalty for specialized hospitals in the medical service industry, and the implications related to the research results are as follows.

The formation, maintenance and development of a relationship does not consist solely of the efforts of either of the relationship partners. This study suggests what factors work in the process of developing and establishing relationship commitment through a model that integrates service quality, justice, and relationship benefits. In other words, the results of this study clearly clarify the cognitive mechanism that works to improve the relationship commitment of customers in understanding the relationship between the service organization and the customer in the service industry. These results show that service quality, justice, and relationship benefits are practical drivers for maintaining customer relationships.

In summary, this study explains the reason why customers become obsessed with certain companies and build relationships with psychological attachment. In other words, it explains their decision-making for customers to establish long-term relationships with service companies, and suggests what the driving force is. From this point of view, this study focuses on the previous studies that marketing researchers should focus on the appropriate research concepts that need to be managed managementally related to the interaction between the company and the customer, namely service quality, justice and relationship benefits, relationship commitment and voluntary behavior (Boulding et al., 1993; Gwinner et al., 1998; Hennig-Thurau et al., 2002).

Above all, the prerequisite for improving the commitment to the medical service organization is to provide better service quality than other competitors or to provide a variety of service programs so that they can perceive the benefits of core services. In order to secure a continuous competitive advantage in a fierce competitive environment, it is necessary to continuously provide excellent service quality that can be differentiated from other companies. The specialized empirical, informational, and technical assets of service providers are the core competitiveness of medical service organizations and are identified as a major prerequisite for relationship commitment. In addition to securing excellent medical staff, the excellence of medical



equipment, smooth administrative services, and human and physical infrastructure that is used throughout the entire service process is a major factor in forming relationship commitment.

Many clients who participate in health care organizations will try to ascertain their ability to provide reliable job performance, which in turn depends on the reputation of the industry or the organization's reputation to decide whether to use it. Therefore, in the case of medical service organizations, improvement of relationship commitment through service quality improvement.

More specifically, medical service companies that want to form and develop relationships must provide relationship benefits and provide justice for service organizations recognized by customers' service points. The transparency and fairness perceived by customers in the service process positively affects the formation of relationship commitment. It is important to prepare a fair and equal policy so that customers can recognize that they have received a fair service by providing a standardized manual of service processing procedures and the degree of benefits and compensation. It can be interpreted that relationships can be formed and developed by helping customers accurately recognize what the service provider should do and how to solve problems at the service point of contact.

In order to secure a continuous competitive advantage in a fierce competitive environment, it is necessary to continuously provide excellent service quality that can be differentiated from other companies. In addition, providing relationship benefits such as personalized services, price discounts, and consideration for customers will be an appropriate means for strengthening relationships with customers. Providing a variety of relationship marketing activities such as price discounts, prompt services and personalized services along with excellent service quality of medical service organizations will contribute to increasing relationship commitment.

From a long-term perspective, medical service organizations must strive to increase relationship benefits. Medical service organizations can maintain long-term relationships with customers by allowing their employees to be perceived as reliable employees by customers through customer-oriented training for employees, thereby making customers comfortable and providing various economic benefits. It shows a roadmap of a relationship-oriented strategy.

This study, however, has following limitations.

First, there is a limit to generalization of this study as a research result representing the entire medical service organization since the survey target is conducted by analyzing only specialized hospitals among the medical service fields. In future studies, depending on the level of medical service, it may be divided into primary medical institutions, secondary medical institutions and tertiary medical institutions, and may be verified according to the hospital's acceptance scale and criteria for treatment subjects. In addition, it will be meaningful to look at the hospitals divided into national and public hospitals and private hospitals. On the one hand, there is also a need to expand the theory and concepts of the formation and development of relations between companies to various service industries such as education services, professional consulting, hotels, leisure, and restaurants.

Second, it is necessary to identify key preceding factors such as shared value, reputation, and opportunism that are not presented in this study as the preceding factors of relationship commitment. In addition, although customer loyalty was suggested as a consequent factor of relationship commitment, there is a need to consider variables such as customer citizenship behavior related to voluntary behavior and actual financial performance.

Third, the concept of relationship formation and maintenance is dynamic rather than static. Therefore, it will be meaningful to trace the formation of trust by interlinking cross-sectional studies and longitudinal studies in the future.

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