

Individual-Level Market Orientation of Healthcare Practitioners in the COVID-19 Era

Ceyhan Kilic
Tarleton State University

Türkan Dursun
West Texas A&M University

Rui “Aray” Chen
Tarleton State University

Healthcare organizations may have different types of business orientations such as customer orientation, goal orientation, management orientation, sales orientation, marketing orientation, and so on. All these orientations can be assessed both at the organizational and individual levels. They may be critically important for healthcare organizations both in national and international markets. In general, the purpose of these orientations is to generate more profit, more sales, more satisfaction, and so on. Especially, customer orientation in the healthcare context has been increasingly emphasized by both academics and practitioners as a beneficial business orientation. The current study aims to investigate the individual-level of customer orientation of healthcare practitioners through a theoretical framework. Four hypotheses were proposed.

Keywords: healthcare, customer orientation, market orientation, job involvement, job satisfaction, role ambiguity, organizational commitment, personality, performance, marketing

INTRODUCTION

After the World Health Organization’s warning about the COVID-19, the virus spread all over the world in a very short time and its variants become more infectious (Pettersson et al., 2021; Powell, 2021). Many service providers laid off their employees to survive this pandemic. According to health experts, the safety measures related to the COVID-19 pandemic and its variants should be kept in place for a few years (Shin & Kang, 2020). The service-related jobs have been deeply affected by the pandemic during this new era. The rules and regulations related to customer orientation have also changed. The concept of customer orientation is influenced by the changes and challenges in the service industry resulting from the new rules, regulations, and to some extent, government mandates. In the current study, the authors aim to investigate the individual-level customer orientation of healthcare practitioners that work in hospitals, healthcare centers, and other service delivery points, but also in academic training, research, and administration. Some healthcare practitioners provide care and treatment services for patients in private homes. Many countries

have a large number of community health workers who work outside formal healthcare institutions. Managers of healthcare services, health information technicians, and other assistive personnel and support workers are also considered vital parts of healthcare teams (WHO 2006).

Some of the safety measures for service industries include cleanliness and hygiene, physical distancing, and training of the employees. Service industries have dealt with “significant” challenges related to human and social rights as individuals and communities. According to ILO (2020), “Globally, there are 136 million workers in human health and social work activities, including nurses, doctors, and other health workers, workers in residential care facilities and social workers, as well as support workers, such as laundry and cleaning staff, who face a serious risk of contracting COVID-19 in the workplace. Approximately 70 percent of jobs in the sector are held by women.” (p.4). There is a lack of empirical and conceptual studies that explore the effects of COVID-19 in different service industries.

Overall, the objective of this study is to investigate the potential antecedents and consequences of customer orientation of healthcare practitioners in the COVID-19 context. The suggested model aims to analyze the following research relationships: (1) personality antecedents of customer orientation of a healthcare practitioner, (2) customer orientation of a healthcare practitioner, and (3) individual performance outcomes or consequences of customer orientation of a healthcare practitioner.

LITERATURE REVIEW

Evolution of Marketing

Customer orientation has been a part of the important stages of modern marketing’s evolution. This evolution is characterized by four distinctive eras in some marketing texts (e.g., Berkowitz, Kerin, Hartley, and Rudelius, 2020). These eras include, in chronological order, *the Production Era, the Sales Era, the Marketing Concept Era, and the Market Orientation Era* (Berkowitz et al. 2020; Wilkie and Moore 2003). This periodization framework is widely acknowledged by scholars.

According to this well-known framework, the first era, the Production Era, is commonly extended from about 1870 to 1930. The major emphasis of management in this era is on production rather than distribution (Fullerton 1988). This era gave very little attention to marketing (Bagozzi 1986; Fullerton 1988). The Production Era was followed by the Sales Era in the 1930s. In this era, personal selling was backed by research and advertising (Webster 1988). Until the mid-1950s, “marketing” was seen as “selling”. Under this conventional view of marketing, it was believed that greater sales volume was the key to profitability. The main focus was on products, not on customers (Webster 1988). In 1950, the Marketing Concept Era which is based on customer orientation started (Webster 1988). A consumer orientation approach has proved more profitable (Webster 1988). Customer orientation is one of the foundational elements of the marketing concept. The last era is the Market Orientation Era which starts in the 1980s and lasts to the present time. Since market orientation is accepted as the implementation of the marketing concept (Kohli and Jaworski 1990), customer orientation has also been an integral part of market orientation. There are two widely acknowledged views of market orientation in literature. These are a cultural perspective (Narver and Slater 1990) and a behavioral/activities/process perspective (Kohli and Jaworski 1990) of market orientation (Jaworski and Kohli 1996). From the cultural perspective, Narver and Slater (1990) defined market orientation as “the organization culture that most effectively and efficiently creates the necessary behaviors for the creation of superior value for buyers and, thus, superior performance for the business” (p.21). Market orientation was characterized by three dimensions which are (1) customer orientation, (2) competitor orientation or focus, and (3) cross-functional coordination. From the behavioral/ activities/process perspective, Kohli and Jaworski (1990) described market orientation as follows: “Market orientation is the organization-wide generation of market intelligence pertaining to current and future customer’s needs, dissemination of the intelligence across departments, and organization-wide responsiveness to it” (p.6). Market orientation consists of three dimensions which are (1) intelligence generation, (2) intelligence dissemination, and (3) responsiveness (Kohli, Jaworski, and Kumar 1993). Both the marketing concept and market orientation have been mainly studied at the organizational level in the literature. The effect of market orientation on organizational performance has been widely investigated by

scholars in different business contexts (e.g., Baker and Sinkula 1999; Greenley 1995; Jaworski and Kohli 1993; Kohli and Jaworski 1990; Matsuno and Mentzer 2000; Narver and Slater 1990; Voss and Voss 2000). This effect was mostly positive and significant (Deshpande, Farley, and Webster 1993; Jaworski and Kohli 1993; Han, Kim, and Srivastava 1998; Narver and Slater 1990; Ruekert 1992). It would be fair to say that the antecedents, consequences, and/or effects of organizational-level customer orientation have been relatively well-documented compared to those of individual-level customer orientation (Kilic and Dursun 2023). The previous organizational-level research showed that market orientation may lead to a number of individual- or employee-level favorable outcomes such as enhanced employee esprit de corps and organizational commitment (Jaworski and Kohli 1993; Jaworski and Kohli 1996). Market orientation also affects the customer orientation, role stress, job satisfaction, and organizational commitment of salespeople (Siguaw, Brown, and Widing 1994; Jaworski and Kohli 1996). The number of studies on employee consequences of market orientation is quite small (Jaworski and Kohli 1996).

Although the volume of studies on the measurement or modification of the effectiveness of customer-oriented practices is quite large, there are not many studies that have examined the antecedents and consequences of the customer-orientedness of an individual in different business contexts including marketing, advertising, retailing, and so on. O'Hare, Boles, and Johnston (1991) noted that "A review of work in the area of selling orientation/customer orientation indicates only limited research has examined the antecedents of this selling style" (p.64). Kelley (1992) urged that "very little research has investigated customer orientation and its antecedents" (p.30). According to Hoffman and Ingram (1991), "Little is known about the factors that affect customer-oriented behavior" (p.31). This gap in the literature should be filled by future empirical studies.

Customer Orientation

One of the earliest research studies that conceptualized and operationalized individual-level customer orientation was done by Saxe and Weitz (1982). Saxe and Weitz (1982) developed a scale to investigate the relationship between selling behavior and selling effectiveness or customer orientation of salespeople. Their scale was labeled as the sales orientation-customer orientation (SOCO) scale. For their study, Saxe and Weitz (1982) interviewed 25 salespeople and sales managers in their preliminary research to define the attitudes and behaviors that differentiate more and less customer-oriented salespeople. On the basis of their review of the literature and their personal interviews with salespeople and sales managers, they described customer-oriented selling behavior with the following seven elements (p.344).

- (1) A desire to help customers make satisfactory purchase decisions.
- (2) Helping customers assess their needs.
- (3) Offering products that will satisfy those needs.
- (4) Describing products accurately.
- (5) Adapting sales presentations to match customer interests.
- (6) Avoiding deceptive or manipulative influence tactics.
- (7) Avoiding the use of high pressure.

Saxe and Weitz (1982) noted that highly customer-oriented salespeople try to create long-term relationships between the customer and their organization. Customer-oriented salespeople are also likely to avoid adverse behaviors which may harm customer satisfaction. Saxe and Weitz (1982) conducted two different mail surveys to develop the SOCO scale. For the first survey, they used a convenience sample of 208 salespeople to test 70 items. They achieved a response rate of 44%. For the second survey, a sample of 133 salespeople was sent questionnaires. They accomplished a response rate of 71%. After analyzing the data from these surveys, Saxe and Weitz (1982) developed a valid and reliable scale (SOCO) to measure 'customer orientation of salespeople' or 'customer-oriented selling'. This scale has been largely accepted and frequently used as a measure of customer orientation by academics (e.g., Thomas, Soutar, and Ryan 2001; Michaels and Day 1985; Tadepalli 1995; Brown, Widing, and Coulter 1991; Dunlap, Datson, and Chambers 1988; Thomas, Soutar, and Ryan 2001; O'Hara, Boles, and Johnston 1991; Siguaw and Honeycutt 1995; Williams and Attaway 1996; Siguaw, Brown, and Widing II 1994; Brown, Mowen, Donavan, and Licita 2002; Boles, Babin, Brashear, and Brooks 2001; Joshi and Randall 2001; Flaherty,

Dahlstrom, and Skinner 1999; Brady and Cronin 2001; Kelly 1992; Peggei, Riccardo and Patrice Rosental 2001; Howe, Hoffman, and Hardigee 1994; McIntyre, Claxton, Anselmi, and Wheatley 2000; Sumrall and Sebastianelli 1999; Keillor, Parker, and Pettijohn 1999; Pettijohn, Pettijohn, and Taylor 2002; Jones, Busch, and Dacin, 2003; Widmier 2002; Susskind, Kacmar, and Borchgrevink 2003; Wray, Palmer, and Bejou 1994, etc.).

Berthon, Hulper, and Pitt (1999) noted that “In recent years, there have been increasing efforts to formalize a definition of customer orientation” (p.38). Indeed, recently, there have been other attempts to define customer orientation at the individual salesperson level (e.g., Brown et al. 2002; Kennedy, Lassk, and Goolsby 2002; Thomas, Soutar and Ryan 2001; Tadepalli 1995; Brown, Widing, and Coulter 1991; Dunlap, Dotson, and Chambers 1988; Michaels and Day 1985, etc.). Brown et al. (2002) defined customer orientation as “an employee’s tendency or predisposition to meet customer needs in an on-the-job context” (p.111). They also indicated that “for most types of service organizations, individual service workers are direct participants in implementing the marketing concept” (Brown et al. 2002, p.110). Kennedy, Lassk, and Goolsby (2002) developed a construct that was named as ‘customer mindset’ (CMS). Customer mindset was defined as “an individual’s belief that understanding and satisfying customers, whether internal and external to the organization, is central to the proper execution of his or her job” (p.160). They said that “CMS is derived from the marketing concept as well as other marketing and management research streams building on the traditional definition of customers to include both internal and external customers” (Kennedy, Lassk, and Goolsby 2002, p.162). They indicated that the CMS of employees in an organization will be positively related to external customer satisfaction, and the CMS of work units in an organization will be positively related to internal customer satisfaction. This definition is broader than the earlier definition of customer orientation by Saxe and Weitz (1982) since it assumes that the term customers include not only external customers but also internal customers.

Individual-Level customer orientation motivates employees to become more customer-oriented, more committed to their company and their job, and more satisfied with their job (Kohli and Jaworski 1990; Siguaw, Brown, and Widing 1994). It has been empirically shown that, in a market-oriented organization, employees are likely to have more esprit de corps and organizational commitment (Jaworski and Kohli 1993; Jaworski and Kohli 1996) as addressed before. A small volume of studies has investigated whether a high level of organizational-level market orientation results in a high level of customer orientation exhibited by the firm’s employees at different organizational levels (e.g., Siguaw, Brown, and Widing 1994). Siguaw, Brown, and Widing (1994) found a positive and significant relationship between organizational-level market orientation and individual-level customer orientation. The possible relationship between the overall market orientation of the firm and the customer-orientedness of the firm’s employees may have important implications for businesses. Establishing and maintaining a strong customer orientation in each employee is critical for the success of almost any type of business.

Since the marketing concept requires that all a firm’s activities be directed toward providing customer satisfaction and establishing long-term relationships (Kotler 1980; Tadepalli 1991), there is a mandate for customer-oriented selling (Dursun and Kilic 2017). In the literature, different terms have been used to express the customer-orientedness of marketers. Some researchers have chosen to use the term ‘customer-oriented selling’, which was described as “the practice of the marketing concept at the level of the individual salesperson and customer” (Saxe and Weitz 1982, p.343). Better customer-oriented selling is achieved by customer-oriented marketers. Especially, customer-oriented salespeople or sales forces can create a high level of customer satisfaction and thus, develop a strong customer base for the company. According to Brown, Mowen, Donovan, and Licita (2002), in service organizations, market orientation is implemented by individual service workers. Also, it is true that the “personal interaction component of services is often a primary determinant of the customer’s overall satisfaction” (Rush, Zahorik, and Keiningham 1996, p.391).

However, attaining a desirable level of customer satisfaction is not an easy task for a market-oriented company in competitive national and international market environments due to a number of challenges there. The most significant challenge for a company may be the creation of a mutually beneficial, long-term relationship with its market(s) (Kotler 1980). To overcome this challenge, all of the firm’s activities should

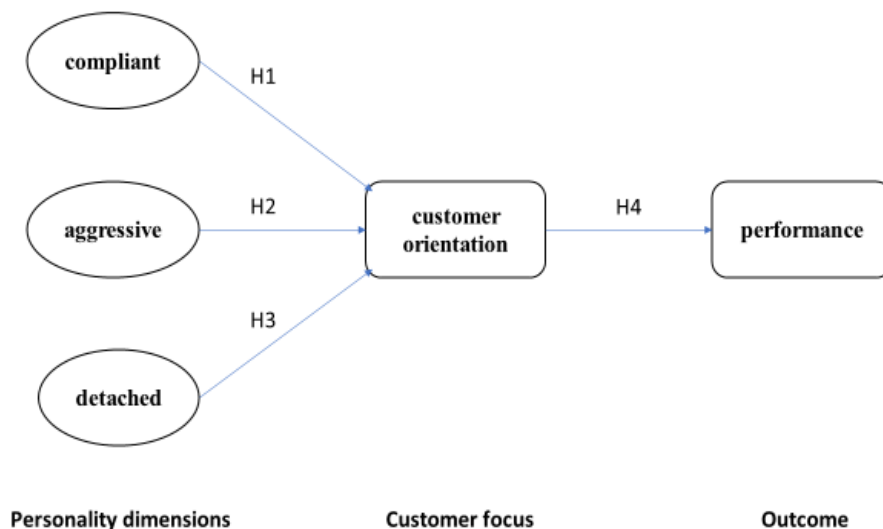
be directed toward creating personal communication of information to persuade customer(s) to buy something (Etzel et al. 2020). A highly customer-oriented sales force can make a difference here. In a competitive market environment, the selling function gains greater importance and becomes one of the most crucial marketing functions (Weld 1917). Therefore, the function of selling must be understood and examined very carefully in the marketing environment.

In this study, the authors focus on the individual-level customer orientation of the healthcare practitioners including physicians, dentists, pharmacists, pharmacy technicians, physician assistants, nurses, advanced practice registered nurses, surgeons, surgeon’s assistants, athletic trainers, surgical technologists, psychologists, chiropractors, clinical officers, social workers, phlebotomists, occupational therapists, optometrists, physical therapist, radiographers, radiotherapists, respiratory therapist, audiologist, speech pathologists, operating department practitioners, emergency medical, midwives, dietitians, therapists, technicians, paramedics, medical laboratory scientists, medical prosthetic technicians and a wide variety of other human resources trained to provide some type of health care service.

MODEL DEVELOPMENT AND RESEARCH HYPOTHESES

Overall, the objective of this study is to investigate the potential antecedents and consequences of customer orientation in the healthcare context by exclusively focusing on the individual-level customer orientation of healthcare practitioners. The proposed model aims to find answers to the following research questions: (1) what types of psychological factors affect the individual-level customer orientation for a healthcare practitioner?, (2) What is the level of individual-level customer orientation of a healthcare practitioner?, and (3) what are the possible individual performance outcomes of the individual-level customer orientation of a healthcare practitioner? Four hypotheses were proposed to address these research questions. The proposed model is displayed in Figure 1.

FIGURE 1
INDIVIDUAL-LEVEL CUSTOMER ORIENTATION OF HEALTH CARE PRACTITIONERS
IN THE COVID-19 ERA



Effects of Personality Factors on Individual-Level Customer Orientation of Healthcare Practitioners

Whether employers can identify prospective employees who are more likely to be customer-oriented by using their personality traits as a tool is a vital research issue that has been largely ignored by scholars.

Surprisingly, despite the unarguable importance of the issue, only a few studies have focused on the role of the individual's personality traits on his/her level of customer orientation (e.g., Brown et al. 2002). Brown et al. (2002) investigated the independent direct effects of six personality traits (i.e., instability, agreeability, activity, introversion, conscientiousness, and openness) on customer orientation empirically. Brown et al. (2002) claimed that they are the first researchers to investigate the relationships between basic personality traits and customer orientation. Jolson and Comer (1997) urged researchers about the fact that "Little empirical work has examined the usefulness of personality traits and individual characteristics in evaluating marketing employees, especially in selling jobs" (p.30).

In fact, the nature of an employee's character and behavior can be a crucial determinant of his/her contribution to the firm's success. Williams and Attaway (1996) argued that "an understanding of the nature of salesperson behaviors with respect to buyers is vital to the success of a firm" (p.34). Some researchers have suggested more openly that the level of the salesperson's customer orientation may be associated with his/her personality characteristics (e.g., O'Hare, Boles, and Johnston 1991). O'Hare, Boles, and Johnston (1991) said that "the development of a customer-oriented approach to selling is influenced by personal characteristics" (p.65). O'Hare, Boles, and Johnston (1991) suggested that the personal characteristics of a salesperson might determine his/her customer-oriented selling. They believed that understanding and defining the personal characteristics of the salesperson is very important because "identifying personal characteristics affecting customer-oriented selling can help sales managers in the selection and training of new salespeople" (O'Hare, Boles, and Johnston 1991, p.62). Confirming the existence of a significant relationship between customer orientation and personality characteristics empirically can provide sales managers with a better understanding of the roots of customer-oriented selling and a better managerial tool for recruiting the best salespeople possible for the job.

In this research study, the CAD dimensions (i.e., compliant, aggressive, and detached), which are an old typology of personality traits, will be used to measure the personality traits of survey participants. The CAD dimensions are used in this study for several reasons: First, the CAD dimensions have not been tested in the healthcare industry. In this study, these dimensions will be tested for the first time through a model in the healthcare marketing context. Second, the CAD dimensions include 16 personality factors which are the origins of the "Big Five" personality dimensions. The CAD dimensions may be as valid and reliable as the "Big Five" personality dimensions since they are interconnected. Thus, this study will test the reliability and validity of this original scale in the healthcare marketing context. Third, the number of items in this personality scale is much smaller than that in more comprehensive scales with more dimensions. Finally, the personality dimensions of CAD are more appropriate to marketing in healthcare than those of any other scales.

The CAD instrument was first constructed by Cohen (1967) for the purpose of examining consumer behavior in a personality-related context (Noerager 1979, p.53). The aim of this instrument was to assess an individual's interpersonal orientation based on Horney (1945)'s tripartite model (Noerager 1979, p.53). The CAD instrument is characterized by three dimensions which are (1) a person's compliance with other people, (2) aggression against other people, and (3) detachment from other people (Noerager 1979, p.53). This instrument was originally measured by a total of 35 items. Later, Noerager (1979) reduced the number of items from 35 to 16. In this study, Noerager (1979)'s version of the CAD instrument will be utilized.

Compliant-oriented people emphasize other people. They are socially oriented, like to interact with each other, and like to be needed (Noerager 1979). They are unselfish, considerate, and sensitive to the wants and needs of others (Noerager 1979). Employees with these characteristics or qualities are likely to value the opinions and interests of their customers and establish good long-term relations with them. These employees are likely to have a strong interpersonal orientation. It can be posited that "the higher the person's interpersonal orientation, the higher the level of the person's customer-oriented behavior." In their empirical work, Brown et al. (2002) observed a positive and significant relationship between customer orientation and agreeability. Compliant-oriented people are agreeable. Therefore, it could be argued that a positive relationship may exist between compliant orientation and customer orientation.

Aggressive-oriented people emphasize competition and achievement more (Noerager 1979). They are likely to be ambitious. They have high levels of self-control. They value other people as long as those

people serve their interests (Noerager 1979). Aggressive-oriented employees are more likely to be sales-oriented since they are highly task-oriented. These people emphasize short-term sales gains.

Finally, detached-oriented people do not like to interact with others. They like to be independent and self-sufficient (Noerager 1979). They do not trust others. Their interactions with other people are not effective, therefore, they feel uncomfortable in social situations (Noerager 1979). Obviously, a detached-oriented person is not a good candidate for a sales or marketing job which requires a great deal of interaction with customers and other employees. They are unlikely to establish and maintain long-term relationships with customers. Empirically, Brown et al. (2002) found no relationship between introversion and customer orientation. Detached-oriented people are likely to be introverted, and therefore, they are less likely to be customer-oriented.

In light of the discussions made above, the following hypotheses are suggested for testing:

H1: *A more compliant-oriented healthcare practitioner is more likely to be customer-oriented than a less compliant-oriented healthcare practitioner.*

H2: *A more aggressive-oriented healthcare practitioner is less likely to be customer-oriented than a less aggressive-oriented healthcare practitioner.*

H3: *A more detached-oriented healthcare practitioner is less likely to be customer-oriented than a less detached-oriented healthcare practitioner.*

Consequences of Individual-Level Customer Orientation of Healthcare Practitioners

A high degree of customer orientation of an employee may generate a number of favorable outcomes/consequences both for the employee and the firm that he/she works for. In this study, only one major potential outcome of customer orientation will be included. This outcome is the performance of the healthcare practitioner.

MacKenzie (1993) believes that performance is a representation of “a salesperson’s overall contribution to the success of an organization” (p.70). According to Churchill et al. (1985), “salespeople’s performance would be related to their ability to perform or to the skills they bring to the job, or to their motivational levels, and so on” (p.110). In other words, performance can be viewed as a product of the salesperson’s abilities or aptitudes, skills (Churchill et al. 1985; Plank and Reid 1994), personality (Plank and Reid 1994), motivational state (Churchill et al. 1985), and the other factors. All these factors affect the salesperson’s behaviors (Plank and Reid 1994). The “quantity” and “quality” of these behaviors impact overall sales performance (Plank and Reid 1994, Brady and Cronin 2001).

There have been many studies investigating the relationship between customer orientation and performance and found positive and significant relationships (Boles et al. 2001; Brown et al. 2002; McIntyre et al. 2000). According to Williams and Spiro (1985), “Successful selling depends on successful interpersonal communication” (p.434). Healthcare practitioners who can communicate and interact with their customers better are more likely to score high on performance (Westbrook et al., 2015). Customer-oriented healthcare practitioners better understand and satisfy the needs and wants of their customers. In sum, past research suggests that there is a positive connection between customer orientation and individual performance. Therefore, the following hypothesis appears to be appropriate to suggest in defining the customer orientation-performance link (Delcourt et al., 2016).

H4: *The higher the level of the healthcare practitioner’s customer-orientated behavior, the higher the level of his/her performance.*

MANAGERIAL IMPLICATIONS AND CONCLUSIONS

This study is expected to help researchers and practitioners have a better understanding of the customer orientation concept in the healthcare marketing context. This research study aims to make significant

contributions to the relevant literature in several ways: First, the impacts of the individual's personality traits on the degree of customer orientation are examined by a limited number of studies (e.g., Brown et al. 2002). This study will examine the effect of each CAD dimension (i.e., compliant, aggressive, and detached) on the level of customer orientation of healthcare practitioners. Thus, the findings of the study will unveil whether the personality of the healthcare practitioner is a critical factor in the development of the customer-oriented medical service force.

Second, in this study, the short-term and long-term performance outcomes of customer orientation will be examined simultaneously. To the author(s) best knowledge, these two individual-level performance measures have not been examined within the same context before. A simultaneous examination of these two performance variables will give us a chance to understand whether there is a significant difference between the short-term and long-term performances of a healthcare practitioner.

Third, the target respondents of this study are healthcare practitioners. There are no other studies that have focused exclusively on customer orientation of healthcare practitioners. Most of the past studies have focused on salespersons, and/or sales managers, and/or customers. Based on the review of the relevant literature, it can be said that this is the first study that measures the customer orientation of healthcare practitioners. This aspect of the study will be one of the most significant contributions of this study to the marketing literature.

Finally, fourth, from an overall perspective, the findings of this study are expected to have significant practical implications for healthcare administrators. Healthcare establishments that desire to develop a customer-oriented healthcare service force will benefit from the findings of this study.

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