

## The Effect of Negative Emotions of Service Recipients on Negative Word of Mouth Marketing in the Health Sector

Bahar Çelik<sup>1</sup> , Çapla Özçelik<sup>2</sup> 

<sup>1</sup>Health Management Department, Kutahya Health Sciences University, Turkey, <sup>2</sup>Health Management Department, Kutahya Health Sciences University, Turkey.

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### Abstract

*Emotional satisfaction can develop after the positive or negative emotions experienced about a purchased garment, shoe or cosmetic product are transferred to another consumer. This sharing, which can be considered as emotional satisfaction for the consumer, turns into a positive or negative purchasing experience and a positive or negative product recommendation in terms of marketing. Moreover, this situation is not only about a goods, but also about many sectors such as entertainment, health and education. For example, the positive or negative experience of a consumer who receives health care from a hospital turns into a recommendation about this hospital to their immediate surroundings. This study aims to evaluate to what extent the negative emotions of service recipients in the healthcare sector may affect negative word of mouth marketing. In this study, which is an empirical research, the survey scale developed by Wen-Hai et al. (2018) was used as the data collection method.*

*At the end of the study, it was observed that individuals' anger levels significantly affected their desire for revenge and negative WOM levels.*

**Keywords:** *Marketing, Negative Word of Mouth, Negative Emotions, Health Sector.*

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### 1. Introduction

Health services are a service that deeply affects individuals' lives and is also expensive (Martin, 2017). For this reason, competitive advantage for private hospitals and awareness studies regarding protective and preventive health services for public hospitals have gained importance. Private hospitals feel the need to create a marketing strategy on many issues such as the health services they provide, the competencies of their physicians, and the physical and technical facilities they have. Because both convincing the patient/customer group with high added value due to the cost element and managing customer relations with the understanding of lifelong

customer value can be achieved with the promotional activities of the marketing field. High healthcare costs direct patients, especially those in the low and middle income group, to public hospitals. However, providing health services in public hospitals with limited physical and human resources is becoming increasingly difficult with the increasing population. For this reason, public hospitals need social marketing activities to reduce the circulation of individuals coming to the hospital with the help of protective and preventive health services. At this stage, word of mouth marketing is a factor that strongly affects health behavior (Martin, 2017). This study aims to evaluate to what extent the negative emotions of service recipients in the healthcare sector may affect negative word of mouth marketing. Although there are some studies on word-of-mouth marketing in the health sector, gaps in this field continue (Pauli et al., 2023). Therefore, it is thought that the study will contribute to filling this gap.

## **2. Theoretical Review**

The fact that the health sector has gone beyond compulsory treatment services and started to take on a different structure such as protective, preventive and even beauty or cosmetic services has caused hospitals to turn into service centers and patients into service customer profiles. For this reason, although it is lagging behind other sectors, the field of marketing has been integrated into the health sector and the concept of health marketing has been created. In health marketing, which is defined as a concept that enables the creation, communication and delivery of health information and interventions using customer-centered and science-based strategies to protect and improve the health of various populations, patients/consumers are segmented by market segmentation and marketing strategies specific to the target groups identified within each segment are developed (Woodside et al., 1998; CDC (Cited in Swenson et al., 2018), 2011). With the impact of digital technology, the preferences and health expectations of consumers, who have easy access to information and are becoming more aware every day, are changing. Therefore, it is important to develop marketing strategies in many health fields such as pharmaceutical companies to improve consumer attitudes and behaviors (Greenspun and Coughlin, 2012; Swenson et al., 2018).

The health sector is an important sector that is directly related to the concerns of individuals and directly affects their well-being, happiness and quality of life. Although health seems to be a simple situation that consumers can directly benefit from and will not have any problems in making decisions, Many factors such as the hospital environment, the physician's knowledge and experience, the quality of the consumables used, and the accompanying conditions make it difficult for the patient to make a decision and make the healthcare service complex. Moreover, the fact that an element such as cost is one of the leading issues in the field of health makes this situation even more complicated. Consumers can make decisions for products such as food, clothing, cosmetics and hotel management by taking into account the ratings or comments made in the digital environment. Maybe, despite all these comments and scores, the consumer may

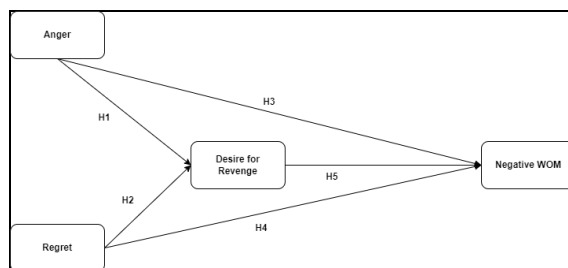
not be satisfied with the product he bought and may pay the price for this by experiencing a bad product. However, in the health sector, which directly affects human life, the health service that the consumer receives by taking even a small risk may cost his life. For this reason, comments made by other consumers, scores or advertising studies made by the health institution are not sufficient alone in making a decision (Reinhardt, 2005; Kay, 2007). Therefore, a stronger reference such as word of mouth marketing is needed in the health sector.

Especially in the health sector, which affects human life and has a high cost and complex structure, information obtained from reference sources such as family and friends is more reliable and more effective than information obtained from advertising tools such as television, radio, newspapers and brochures, and therefore the information obtained from these sources is useful in health care. It may lead to a decrease in risk perception (Khalid et al., 2013). Because the positive or negative emotions acquired by consumers who have had similar experiences before develop the ability to make familiar choices in other consumers and cause them to exhibit similar behavior with consumers who have had this experience (Whyte, 1954; Litvin et al., 2008; Trusov et al., 2009; Chaniotakis and Lymperopoulos 2009).

Emotions that emerge as positive or negative emotions during the consumer experience can be expressed in different types such as anger, discontent, envy, worry, tense, sadness, happiness/pleased, surprise, optimism, excitement (Richins (Cited in Curwen and Park, 2014), 1997 ). Each emotion may appear in different ways depending on the factors affecting the service recipient before, during and after consumption. For example, after purchasing the product, the consumer may realize that there is a better alternative and regret it, the product he purchased may not meet his expectations and he may be disappointed, and the attitude of the customer representative may make the consumer angry. The consumer may feel guilty and regretful about the choices he made, or he may blame the company for the inadequacy of the service he received and feel angry. In cases where consumers have a lot to lose, such as health, the situations and consequences that occur after shopping trigger consumer emotions. When these emotions are negative, this can directly affect negative word of mouth communication. For this reason, companies need to prevent negative word of mouth communication by working towards the negative emotions experienced by the consumer after the purchasing behavior (Yi and Baumgartner, 2004; Helena Vinagre and Neves, 2008; Curwen and Park, 2014).

### **3. Methodology**

This study aims to evaluate to what extent the negative emotions of service recipients in the healthcare sector may affect negative word of mouth marketing. Based on this purpose, the research model shown in Figure 1 was established.



*Figure 1. Research Model. Source: Wen-Hai et al. (2019)*

Based on the research model, the following hypotheses were determined; H1: Consumer anger has a significant effect on the desire for revenge; H2: Consumer regret has a significant effect on the desire for revenge; H3: Consumer anger has a significant effect on negative WOM; H4: Consumer regret has a significant effect on negative WOM; H5: Consumer desire for revenge has a significant effect on negative WOM. In this study, descriptive survey model, one of the quantitative research methods, was used. A survey was used as the data collection method. The scale developed by Wen-Hai et al. (2019) was used as the survey. The survey form consists of a total of 21 questions: seven questions examining demographic variables, three questions examining the emotion of anger, three questions addressing the feeling of regret, five questions addressing the desire for revenge, and 3 questions addressing negative word-of-mouth. The prepared data collection form first was evaluated by 2 experts in marketing and oral and dental health in terms of content validity, and necessary changes were made in the forms in line with the suggestions. Then, it was applied to a sample group of 60 people via digital form in order to check the understandability and usability of the form. After the preliminary application, the necessary arrangements were made and was given the form its final shape. The population of the research consists of an oral and dental health center operating in Kütahya. A total of 349.116 people have received healthcare services at the center so far. According to the formula used to find the sample number when the research population is known, the sample of this research consists of 381 people. Then, participants were selected through random sampling. The following formula was used for sample calculation;  $n = \frac{Nt^2 pq}{d^2 (N-1) + t^2 pq}$ , (N= Size of the total population, n= size of the population sample to obtain, t= Degrees of freedom, p= Frequency of occurrence, q= Frequency of non-occurrence, d= Standard deviation) (Akalpler and Eroğlu, 2015). After obtaining permission from the Kütahya Health Sciences University Non-Interventional Ethics Committee, the survey form was sent to the participants and data was collected. All participants were tried to be reached through both digital and physical survey forms, and a total of 387 people responded. However, five survey forms were excluded from the analysis due to missing information and the analysis continued with a total of 382 surveys.

#### 4. Findings

The data was analyzed with the help of SPSS 21 package program and the following findings were obtained;

**Table 1. Demographics of the Respondents**

<b>Demographics</b>	<b>Percentage</b>	<b>Demographics</b>	<b>Percentage</b>
<b>Gender</b>		<b>Famil Income</b>	
Female	52.60	Less than 17.000 TL	10.20
Male	47.40	17.001-25.000 TL	13.40
<b>Age</b>		25.001-35.000 TL	23.60
18-25 years old	9.20	35.001-45.000 TL	28.00
26-35 years old	19.90	More than 45.001 TL	24.90
36-45 years old	28.50	<b>Number of Services Received</b>	
46-55 years old	28.00	1	20.40
56-65 years old	10.70	2	36.60
Over 66 years old	3.70	3	18.30
<b>Education</b>		4 or more	24.60
Literate	2.40	<b>Kind of Received Procedures</b>	
Primary School	25.10	Filling Treatment	9.70
High School	32.70	Root Canal Treatment	7.60
Associate Degree	16.00	Implant Treatment	0.80
Bachelor	13.40	Tooth extraction	8.10
Master	8.90	Prosthesis Treatment	4.70
PhD	0.80	Orthodontic Treatment	0.80
Other	0.80	Periodontology	2.60
<b>Marital Status</b>		Teeth Cleaning/Whitening	3.10
Single	30,40	More than a procedure	62.60
Married	69.60		

Looking at the findings in Table 1, it can be seen that the individuals are predominantly married women between the ages of 36-55. When we look at the education levels, it is understood that education is mostly at primary and high school levels. It is seen that individuals with income between 35,001-45,000 TL generally receive more than one service from the hospital and have more than one procedure performed. When the analysis of more than one procedure type was detailed, it was observed that filling, root canal treatment and Gum Disease Treatments (Periodontology) procedures were mostly performed together.

When the reliability levels of the scale and its dimensions are examined, it is seen that the survey scale (0,852) and the sub-dimensions of anger (0,991), desire fr revenge (0,994) and Negative WOM (0,821) have a high alpha value. However, it was determined that the alpha value of the regret (0,146) sub-dimension was extremely low. Since a similar situation occurred in the following analyses, the regret sub-dimension was not included in the analysis.

**Table 2. Analysis of Measurement Model**

<b>Constructs</b>	<b>MLE estimates factor loading/measurement error</b>		<b>Squared multiple correlation (SMC)</b>	<b>Composite reliability (CR)</b>	<b>Average of variance extracted (AVE)</b>
Anger					
A1	0.875	0.234375	0.765625	0.916	0.783
A2	0.891	0.206119	0.793881		
A2	0.889	0.209679	0.790321		
Regret					
R1	0.631	0.601839	0.398161	0.675	0.314
R2	0.786	0.382204	0.617796		
R3	0.488	0.761856	0.238144		
Desire for Revenge					
DR1	0.948	0.101296	0.898704	0.980	0.908
DR2	0.956	0.086064	0.913936		
DR3	0.958	0.082236	0.917764		
DR4	0.956	0.086064	0.913936		
DR5	0.947	0.103191	0.896809		
Negative WOM					
NW1	0.901	0.188199	0.811801	0.861	0.680
NW2	0.926	0.142524	0.857476		
NW3	0.610	0.627900	0.372100		

When we look at the convergent validity analysis in Table 2, which shows the relationships between the expressions of the variables and the factors they form, it is seen that the AVE values of the anger, desire for revenge and negative WOM dimensions are greater than 0.50 and CR values are greater than 0.70. Additionally, AVE values are larger than CR values as expected (Yaşlıoğlu, 2017). However, it was observed that the AVE value of the regret dimension was less than 0.50. For this reason, the regret dimension was not included in the analyzes and the research model was redesigned.

**Table 3. Regression Analysis on Hypotheses**

Independent	Dependent	Sum. of Model		Anov a	Regression Coefficients			H	Result
		R	R2	F	Beta	t	p		
Anger	Desire for Revenge	.786	.618	615.7	.786	24.8	.000	H <sub>1</sub>	Accepted
Anger	Negative for WOM	.691	.477	347.2	.691	18.6	.000	H <sub>3</sub>	Accepted
Desire for Revenge		.816	.666	756.9	0.816	27.5	.000	H <sub>5</sub>	Accepted

When we look at the regression analysis in Table 3, desire for revenge dimension is affected by the anger dimension in a significant way (61.80%), the negative WOM dimension is affected by the anger dimension in a significant way (69.10%) and the negative WOM dimension is affected by the desire for revenge dimension in a significant way (81.60%). For this reason, the hypotheses H1, H3 and H5 created at the beginning of the study were accepted. Since both the alpha value and the AVE value of the Regret dimension were very low, they were not included in the analysis. Therefore, hypotheses regarding this dimension were not tested.

## 5. Conclusion and Suggestions

With this study, it was observed that how negative emotions of individuals affected their negative WOM levels. Accordingly, individuals' anger levels significantly and positively affect both their desire for revenge and their negative WOM levels. Similarly, individuals' desire for revenge significantly and positively affects their negative WOM levels. The results obtained support both the study conducted by Wen-Hai et al. (2019), from which the survey scale was taken, and the studies conducted by Gelbrich (2010), Grégoire et al. (2010), Inman and Zeelenberg (2002). In the light of these findings, it is possible to say that the negative experience of consumers may negatively affect the consumer's attitude towards that company and that he will show a negative WOM tendency by wanting to take revenge on the company during his anger. Therefore, it is important for decision makers both in the health sector and other sectors to take this situation into consideration. Identifying the consumers who has had a negative experience and establishing correct communication with their can prevent the formation of negative word-of-mouth marketing communication about the company.

This study was conducted in an oral and dental health center operating in Kütahya. It is recommended that the study be repeated in health institutions providing different services. Again, since the city where the study was conducted is small and conservative, it may be recommended to repeat a similar study in larger and metropolitan cities. Thus, it can be observed whether there is a change according to culture. Except those, in the study, only the concepts of anger and desire for revenge, among the negative emotions, were applied. The study can be

expanded by including different emotions such as discontent, dislike, embarrassment, sadness, and worry (Romani et al., 2012).

Considering the demographic characteristics of the participants in the study, it is seen that they generally consist of people with low income levels and who receive free healthcare services. It is recommended to repeat the same study from a private hospital and compare the differences.

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