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**Internal Market Orientation's Relationship with Intrinsic Motivation and
Perceived Service Quality**

Por

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Dedication

To my beloved wife and my dear children who inspire me every day of my life.



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Abstract

The aim of the study was to confirm the influence of Internal Market Orientation (IMO) on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, and trust in benevolence (Tortosa, Llorens, Moliner, & Sánchez, 2015) and extend their model by including intrinsic motivation to contribute to knowledge about the influence of IMO and the antecedents of intrinsic motivation and also contribute knowledge about the influence of intrinsic motivation. In this quantitative, correlational, cross-sectional study. Structural equation modelling was used to test the relationships of the model. The results showed that IMO has a direct, positive, and significant influence on medical doctors' attitudes but these attitudes do not have a direct, positive, and significant influence on patients' perceived service quality. The results showed that IMO does not have a direct, positive, and significant influence on medical doctors' intrinsic motivation. The results of the research showed that medical doctors' intrinsic motivation has a direct, positive, and significant influence on their job satisfaction, on their affective organizational commitment, and on patients' perceived service quality. The study showed that patients' perceived service quality has a direct, positive, and significant influence on their satisfaction with the service received. The empirical confirmation of the influence of IMO on the attitudes of the personnel, is an important contribution since according to the literature review, no studies of this relationship have been conducted in Peru. The empirical confirmation of the influence of intrinsic motivation of the personnel on their job satisfaction, on their affective organizational commitment, and on patients' perceived service quality is an important contribution since according to the literature review no studies of this relationship have been conducted in Peru. That is why the managers should strive to have a team of personnel with a high level of intrinsic motivation. Therefore, it would be advisable for

managers to take actions to satisfy the needs of competence, autonomy, and relatedness of their employees.



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Chapter 1: Introduction

Background of the Problem

Companies that want to differentiate themselves by the quality of their services and achieve satisfied customers require employees with customer-oriented behaviours that are committed to the organization. In a competitive economic environment, attention to service quality can help an organization gain a lasting competitive advantage through differentiate itself from others; companies with high quality have greater market share and higher return on investment (Yong-pil, Seok-hoon, & Deok-gyun, 2004). Karatepe and Tekinkus (2006) asserted, "Front line employees play a critical role in delivering high quality services and creating a pool of satisfied customers" (p. 174). Hoogervorst, van der Flier, and Koopman (2004) considered employees as the crucial core of organizational success. The principal service attributes to improve service quality and competitive advantage are (a) keeping customers informed as to when services will be performed, (b) sincerely solving problems, and (c) having employees give customers individual attention (Yong-pil et al., 2004).

Delivering high service quality requires loyal employees committed to the organization, loyal employees strive for customers and generate loyal customers. Hart and Thompson (2007) defined employee loyalty, using the elements of organizational commitment, as "an individual's perception that both parties to a relationship have fulfilled reciprocal expectations that (a) denote enduring attachment between two parties, (b) involve self-sacrifice in the face of alternatives, and (c) are laden with obligations of duty" (p. 300). Drizin and Schneider (2004) claimed, "Truly loyal employees are committed and stay because they want to; they tend to go above and beyond the call of duty to further the company's interests" (p. 44). For Drizin and Schneider (2004), the behaviour of a loyal employee is different from an employee trapped by the compensation package; trapped employees would not go the extra mile for customers.

Building employee loyalty is a long-term process. It is a process of persuasion in which employee perceptions are the reality, so high service quality should give importance to those issues likely to influence the perceptions of employees. Employees in this process become convinced that the organization cares about them and their developing, long-term careers (Drizin & Schneider, 2004). Drizin and Schneider (2004) claimed, “Fairness is a top driver of employee loyalty” (p. 46). However, managers and employees tend to have different opinions about what constitutes the fairness; for this reason, Drizin and Schneider (2004) asserted that perceptions of fairness are reality.

Communication is a factor that influences employee behaviour; it is necessary to achieve coherence between implicit communication and explicit communication to obtain a favourable effect on behaviour and employee engagement. For Hoogervorst et al. (2004), “communication aims ultimately to affect behaviour of those receiving the communication” (p. 288). Hoogervorst et al. (2004) analysed the effect of communication with respect to four dimensions of employee behaviour: (a) achievement, which characterizes behaviour directed at reaching goals; (b) creativity, which characterizes behaviour regarding solutions and ideas to improve processes or solve problems; (c) open-mindedness where employee behaviour reflects an openness to change; and (d) participation or behaviour that shows involvement with and integration into the organization. Hoogervorst et al. (2004) noted that employees do not receive communications in a neutral context: “Employees operate in an organisational (or behavioural) context determined by the organisational culture, structures and systems, and the management practices. Those context acts as a source of implicit communication towards employees” (p. 288). It is important that directors of an organization avoid giving inconsistent messages because inconsistency between explicit communication and implicit communication results in employee cynicism (Hoogervorst et al., 2004).

To achieve coherence between explicit and implicit communication, it is necessary to adopt a philosophy of internal marketing; after this conviction, the manager should engage in activities to implement this philosophy, striving to create value for employees to meet their wants and needs. These activities denominate internal market orientation demonstrating the commitment of managers to employees. Lings, Beatson, and Gudergan (2008) explored the influence of explicit service communications and implicit service communications, represented by internal market orientation (IMO), on service staff's attitudes and behaviours and the effect on service delivery. Lings and Greenley (2005) defined IMO as "a set of managerial behaviours that involves the generation and dissemination of intelligence pertaining to the wants and needs of employees, and the design and implementation of appropriate responses to meet these wants and needs" (p. 291). These behaviours are associated with implementing an internal marketing philosophy (Lings et al., 2008). The notion of internal marketing philosophy represent the effort to generate value for the employees (Gounaris, Vassilikopoulou, & Chatzipanagiotou, 2010). Gounaris (2008) emphasized that IMO would refer to the company's orientation about employees as a market and would demonstrate management's commitment towards employees.

IMO has a significant effect on affective organizational commitment, job satisfaction, employee market orientation, employee perceived value, employee motivation, customer orientation, trust in honesty, trust in benevolence, customer perceived service quality, customer satisfaction and firm performance. Lings and Greenley (2005) affirmed that IMO has positive consequences for staff attitudes (in terms of satisfaction and motivation) and customer satisfaction. Lings et al. (2008) asserted that IMO has a significant effect on affective organizational commitment and customer orientation. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008; Kaur, Sharma, & Seli, 2010; Boukis, Gounaris, & Lings, 2017). Lings and Greenley (2009) asserted that the results

indicated that IMO has a significant positive impact on employee motivation to provide good customer service. Lings and Greenley (2010) affirmed that IMO has positive consequences for employees' market-oriented and other in-role behaviours. Gounaris et al. (2010) also claimed that in adopting IMO, "the company improves the level of employee perceived value, which also results in higher levels of customer perceived service quality" (p. 1667). Sanchez-Hernandez and Miranda (2011) affirmed that "IMO is connected with increasing service quality" (p. 207). Kaur, Lonial, Gupta and Seli (2013) asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, and trust in benevolence (Tortosa, Llorens, Moliner, & Sánchez, 2015). Also, IMO has a precedential effect on firm performance through employees' organizational commitment and retention (Yu, Yen, Barnes, & Huang, 2019) and has a positive relationship with organizational performance (Ahadmotlaghi & Rezaei, 2017).

Likewise, intrinsic motivation has a significant effect on affective organizational commitment and job satisfaction both are also influenced by IMO. Broedling (1977) defined intrinsic motivation as "a function of employees' feelings about their job activities apart from job outcomes" (p. 272). This approach is supported by Ryan and Deci (2000) who defined intrinsic motivation as "the doing of an activity for its inherent satisfactions rather than for some separable consequence" (p. 56). This approach is also supported by Gagne and Deci (2005) who claimed that "intrinsic motivation involves people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself" (p. 331). This approach is also supported by Ramirez-Andreotta, Tapper, Clough, Carrera, and Sandhaus (2019) who defined intrinsic motivation as "as being motivated for inherent satisfaction, interest, and enjoyment" (p. 2). Karatepe and Tekinkus (2006) defined intrinsic motivation as "an individual's feeling of challenge or competence derived from performing a job" (p. 177).

Karatepe and Tekinkus (2006) concluded that intrinsic motivation has a significant positive effect on frontline employees' affective organizational commitment. Rani and Desiana (2019) confirmed that intrinsic motivation has a significant and positive impact on affective commitment. Intrinsic motivation contributes positively to affective organizational commitment and job satisfaction (Eby, Freeman, Rush, & Lance, 1999; Lu, 1999). Karatepe and Tekinkus (2006) concluded that intrinsic motivation is a significant predictor of job satisfaction.

Intrinsic motivation is a natural process that begins with a proactive organism; humans are active and have the natural tendencies toward development; people are inclined to engage activities that interest them (Deci & Ryan, 2000). To function effectively intrinsic motivation requires nutriment (Deci & Ryan, 2000). The satisfaction of the three psychological needs of competence, autonomy, and relatedness provide the nutriment for intrinsic motivation (Gagne & Deci, 2005). For this reason, in order to maintain intrinsic motivation is necessary that the feelings of competence, autonomy, and relatedness be supported by social environment (Ryan & Deci, 2000). When employees fulfil their psychological needs aforementioned, intrinsic motivation emerges for this reason organizations should ensure that the work context affords the satisfaction of these three needs (Dysvik, Kuvaas, & Gagné, 2013). Further; servant leadership, a leadership style characterized by serving others, can promote employees' intrinsic motivation (Su, Lyu, Chen, & Zhang, 2020). In addition, IMO has a significant positive impact on motivation (Lings & Greenley, 2009). Considering this, a question arises: Can IMO nourish intrinsic motivation? IMO and intrinsic motivation are related to commitment and job satisfaction; however, the literature review reveals that IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). In addition, motivation has a significant impact on

customer satisfaction (Lings & Greenley, 2009). Therefore, another question arises: Is intrinsic motivation related to perceived service quality? The aim of this study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation.

Statement of the Problem

The effect of intrinsic motivation on affective organizational commitment, job satisfaction, and employee performance (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019; Lu, 1999; Tyagi, 1985; Deci & Ryan, 2000; Gagne & Deci, 2005; Wong-On-Wing, Guo & Lui, 2010; Stringer, Didham, & Theivananthampillai, 2011; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor, Jhatial, & Khokhar, 2017; Lee & Hidayat, 2018; Asgari, Rad, & Chinaveh, 2017; Gheitani, Imani, Seyyedamiri, & Foroudi, 2019; Idiegbeyan-Ose, Aregbesola, Owolabi, & Eyiolorunshe, 2019; Shin, Hur, Moon, & Lee, 2019) and its need for nourishment to function effectively (Deci & Ryan, 2000; Gagne & Deci, 2005) makes it important to understand the factors that influence intrinsic motivation.

The influence of IMO on employee commitment, job satisfaction, employee market orientation, employee perceived value, employee motivation, customer perceived service quality, customer satisfaction and firm performance (Lings & Greenley, 2005; Gounaris, 2008; Lings et al., 2008; Lings & Greenley, 2009; Lings & Greenley, 2010; Kaur et al., 2010; Boukis et al., 2017; Tortosa et al., 2015; Yu et al., 2019; Ahadmotlaghi & Rezaei, 2017), modifying work conditions to better satisfy the wants and needs of employees (Lings et al., 2008), makes it important to know other factors that it can influence.

Lings and Greenley (2005) affirmed that IMO has positive consequences for customer satisfaction, relative competitive position, staff attitudes (in terms of satisfaction and motivation), staff retention, and staff compliance. Modi and Sahi (2018) concluded that IMO is positively related to staff retention. IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job

satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). The aim of the study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation to contribute to knowledge about the influence of IMO and the antecedents of intrinsic motivation and also contribute knowledge about the influence of intrinsic motivation.

It is necessary to confirm the findings of Tortosa et al. (2015) and to understand the influence of IMO on intrinsic motivation to help managers in their work to achieve business goals through frontline employees' commitment to the organization that provides service quality that promotes customer satisfaction and loyalty. Customer loyalty is critical in today's competitive marketplace; it is one of the fundamental drivers of company profitability (Markey, & Hopton, 2000; Osayawe, 2006; Reichheld,). Several studies exist that examine the relationship between service quality, customer satisfaction, and customer loyalty; service quality influence on customer satisfaction and customer loyalty, and customer satisfaction influence on customer loyalty (Chang & Tu, 2005; Chen & Chang, 2006; Oliver, 1999; Osayawe, 2006; Wong & Sohal, 2003; Yu, Chang, & Huang, 2006; Yu, Zhang, Kim, Chen, & Henderson, 2014; Mwangi, Kabare, & Wanja, 2018; Ali, Ayyub, Bilal, & Sajjad, 2019).

The results of this study in light of the findings of Tortosa et al. (2015) could lead to the generation of suggestions to help raise the attitudes of the personnel should encourage managers to commit to a philosophy of creating value for employees. The findings of the study that intrinsic motivation influences perceived service quality should encourage managers to take efforts to help raise the level of intrinsic motivation of the personnel.

Purpose of the Study

IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). The purpose of this quantitative, correlational,

cross-sectional study was (a) to confirm the findings of Tortosa et al. (2015) and (b) to extend their model by including intrinsic motivation. The aim of the research was: to help bridge the existing knowledge gap with respect to (a) the influence of IMO on intrinsic motivation for frontline employees, (b) the influence of intrinsic motivation on job satisfaction, (c) the influence of intrinsic motivation on affective organizational commitment, and (d) the influence of intrinsic motivation on perceived service quality.

Significance of the Problem

In the literature review, IMO was found to have a significant effect on several important organizational factors, such as customer satisfaction, competitive position, staff retention, staff attitudes, employee commitment, employee satisfaction, employee motivation, quality of services, customer satisfaction and firm performance (Gounaris et al., 2010; Lings et al., 2008; Lings & Greenley, 2005; Lings & Greenley, 2009; Tortosa, Moliner, & Sánchez, 2009; Kaur et al., 2010; Boukis et al., 2017; Tortosa et al., 2015; Modi & Sahi, 2018; Yu et al., 2019; Ahadmotlaghi & Rezaei, 2017). No previous studies have related IMO to the intrinsic motivation of frontline employees, so this study contributes to knowledge about the effects of IMO and the antecedents of intrinsic motivation.

In the literature review, intrinsic motivation is associated with employee performance, affective organizational commitment, mental health, job satisfaction, trust, creativity and organizational citizenship behaviours (Coelho, Augusto, & Lages, 2011; Deci & Ryan, 2000; Eby et al., 1999; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019; Lu, 1999; Stringer et al., 2011; Tyagi, 1985; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; An, 2019; El-Zohiry & Abd-Elbaqy, 2019; Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019; Shin et al., 2019). In addition, intrinsic motivation has a significant negative effect on emotional exhaustion (Karatepe & Tekinkus, 2006; Karatepe, 2015) and work-related fatigue

(Liu, Fan, Fu, & Liu, 2018). In addition, motivation has a significant effect on customer satisfaction (Lings & Greenley, 2009). No studies were found on the relationship between intrinsic motivation and perceived service quality, so the study makes a contribution to knowledge about the effects of intrinsic motivation as well as the antecedents of service quality. The latter is one of the main results sought by companies to achieve competitive advantage.

Nature of the Study

This research is quantitative because the intention was to (a) confirm the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, (b) correlate IMO with intrinsic motivation, and (c) correlate intrinsic motivation with service quality. The study followed a deductive logic based on a theoretical analysis; hypotheses were verified using data from questionnaires administered to (a) a sample of medical doctors that work in hospitals and (b) a sample of their patients. It is a cross-sectional study because it was conducted at a single point in time.

Research Questions

The purpose of this quantitative, correlational, cross-sectional study was (a) to confirm the findings of Tortosa et al. (2015) and (b) to extend their model by including intrinsic motivation. The following research questions guided the study:

1. Does IMO influence on medical doctor's job satisfaction?
- 2a. Does IMO influence on medical doctor's trust in honesty?
- 2b. Does IMO influence on medical doctor's trust in benevolence?
3. Does IMO influence on medical doctor's affective organizational commitment?
- 4a. Does medical doctor's job satisfaction influence on his or her trust in honesty
- 4b. Does medical doctor's job satisfaction influence on his or her trust in benevolence?

5. Does medical doctor's job satisfaction influence on his or her affective organizational commitment?
- 6a. Does medical doctor's trust in honesty influence on his or her affective organizational commitment?
- 6b. Does medical doctor's trust in benevolence influence on his or her affective organizational commitment?
7. Does medical doctor's job satisfaction influence on patient's perceived service quality?
- 8a. Does medical doctor's trust in honesty influence on patient's perceived service quality?
- 8b. Does medical doctor's trust in benevolence influence on patient's perceived service quality?
9. Does medical doctor's affective organizational commitment influence on patient's perceived service quality?
10. Does patients' perceived service quality influence on his or her satisfaction with the service received?
11. Does IMO influence on medical doctor's intrinsic motivation?
12. Does medical doctor's intrinsic motivation influence on his or her job satisfaction?
13. Does medical doctor's intrinsic motivation influence on his or her affective organizational commitment?
14. Does medical doctor's intrinsic motivation influence on patient's perceived service quality?

Hypotheses

IMO has a significant effect on job satisfaction. Lings and Greenley (2005) affirmed that IMO has positive consequences for staff attitudes (in terms of satisfaction and motivation) and customer satisfaction. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017). Kaur et al. (2013)

asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. Tortosa et al. (2015) concluded that IMO has a direct, positive and significant influence on employee's job satisfaction. The following hypothesis were proposed:

H1: IMO has a direct, positive and significant influence on medical doctor's job satisfaction.

IMO has a significant effect on trust in honesty, trust in benevolence. Lings and Greenley (2005) affirmed that IMO has positive consequences for staff attitudes (in terms of satisfaction and motivation) and customer satisfaction. Kaur et al. (2013) asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. Tortosa et al. (2015) concluded that IMO has a direct, positive and significant influence on employee's trust (trust in honesty, trust in benevolence). The following hypotheses were proposed:

H2a: IMO has a direct, positive and significant influence on medical doctor's trust in the honesty of the organisation and its managers.

H2b: IMO has a direct, positive and significant influence on medical doctor's trust in the benevolence of the organisation and its managers.

IMO has a significant effect on affective organizational commitment. Lings and Greenley (2005) affirmed that IMO has positive consequences for staff attitudes (in terms of satisfaction and motivation) and customer satisfaction. Lings et al. (2008) asserted that IMO has a significant effect on affective organizational commitment and customer orientation. Lings and Greenley (2010) affirmed that IMO has positive consequences for employees' market-oriented and other in-role behaviours. Kaur et al. (2013) asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. The following hypothesis were proposed:

H3: IMO has a direct, positive and significant influence on medical doctor's affective organizational commitment.

Several authors have corroborated that job satisfaction has a positive effect on trust. Chen, Hwang and Liu (2009), and Tortosa et al. (2015) affirmed that job satisfaction influence on trust. Gupta and Singla (2016) confirmed that exists a positive and significant relationship between job satisfaction and organizational trust. Reçica and Doğan (2019) concluded that exists a positive correlation between job satisfaction and organizational trust. The following hypotheses were proposed:

H4a: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her trust in the honesty of the organisation and its managers.

H4b: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her trust in the benevolence of the organisation and its managers.

Several authors have corroborated that job satisfaction has a positive effect on affective organizational commitment. Eby et al. (1999) claimed that job satisfaction has a positive effect on affective organizational commitment. Also Karatepe and Tekinkus (2006) affirmed that job satisfaction has a significant positive effect on frontline employees' affective organizational commitment. This effect on affective organizational commitment is coincident with Tortosa et al. (2015). Martinez-Sanchez, Perez-Perez, Vela-Jimenez and Abella-Garces (2018) concluded that Job satisfaction is positively related to affective organizational commitment. Hakami, Almutairi, Al Otaibi, Al Otaibi and Al Battal (2020) concluded that job satisfaction has a positive and significant correlation with affective organizational commitment. The following hypothesis were proposed:

H5: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her affective organizational commitment.

Trust influences on affective organizational commitment (Chen et al., 2009; Tortosa et al., 2015). Trust has a substantial impact on organizational commitment (Lashari, Moazzam, Yaamina, & Sidra, 2016). Trust has a significant correlation with

organizational commitment (Akgerman & Sönmez, 2020). The following hypotheses were proposed:

H6a: Medical doctor's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on his or her affective organizational commitment.

H6b: Medical doctor's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on his or her affective organizational commitment.

Gounaris et al. (2010) claimed that in adopting IMO, "the company improves the level of employee perceived value, which also results in higher levels of customer perceived service quality" (p. 1667). Sanchez-Hernandez and Miranda (2011) affirmed that "IMO is connected with increasing service quality" (p. 207).

Several authors have corroborated that job satisfaction has a positive effect on perceived service quality. Aykan and Aksoylu (2015) concluded that there is a positive significant relationship between job satisfaction and perceived service quality. Tortosa et al. (2015) concluded that job satisfaction has a direct, positive and significant influence on the quality of service perceived by the customer. Abdirahman, Najeemdeen, Abidemi and Ahmad (2020) concluded that job satisfaction is positively correlated with employee performance.

The following hypothesis were proposed:

H7: Medical doctor's job satisfaction has a direct, positive and significant influence on patient's perceived service quality.

Trust (trust in honesty, trust in benevolence) influences on perceived service quality (Tortosa et al., 2015). Trust has a positive relationship with service quality (Brown, Gray, McHardy, & Taylor, 2015). Trust has a significant relationship with employee's performance (Setyaningrum, Setiawan, Surachman, & Irawanto, 2017). The following hypotheses were proposed:

H8a: Medical doctor's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on patient's perceived service quality.

H8b: Medical doctor's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on patient's perceived service quality.

Affective organizational commitment has a positive effect on perceived service quality (Tortosa et al., 2015). Ali and Afshari (2019) concluded that organizational commitment has a significance relationship with employee performance. Abdirahman et al. (2020) concluded that organizational commitment is positively correlated with employee performance. The following hypothesis were proposed:

H9: Medical doctor's affective organizational commitment has a direct, positive and significant influence on patient's perceived service quality.

Perceived service quality influences on customer satisfaction. Several authors found significant correlations between perceived service quality and customer satisfaction (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019). Tortosa et al. (2015) considered the role of perceived service quality as an antecedent of customer satisfaction. Also, Mwangi et al. (2018) concluded that perceived service quality is an important predictor of customer satisfaction.

The following hypothesis were proposed:

H10: Patient's perceived service quality has a direct, positive and significant influence on his or her satisfaction with the service received.

To function effectively intrinsic motivation requires nutriment (Deci & Ryan, 2000). The satisfaction of the three psychological needs of competence, autonomy, and relatedness provide the nutriment for intrinsic motivation (Gagne & Deci, 2005). For this reason, in order to maintain intrinsic motivation is necessary that the feelings of competence, autonomy, and relatedness be supported by social environment (Ryan & Deci, 2000). When employees fulfil their psychological needs aforementioned, intrinsic motivation emerges for this reason

organizations should ensure that the work context affords the satisfaction of these three needs (Dysvik et al., 2013).

Job content, job context and work climate conform the social environment (Gagne & Deci, 2005). In reference to job content, aspects as complexity, challenge, allow choice enhance intrinsic motivation; in reference to job context, aspects as acknowledgment and positive feedback enhance intrinsic motivation (Gagne & Deci, 2005) while negative feedback and financial rewards decrease intrinsic motivation (De Muynck, Vansteenkiste, Delrue, Aelterman, Haerens, & Soenens, 2017; Fong, Patall, Vasquez, & Stautberg, 2019; Kuvaas, Buch, & Dysvik, 2020). In reference to work climate, autonomy supportive managerial style enhance intrinsic motivation; this style are ones in which the employee's perspectives about their needs and feelings are take account by the managers and providing them relevant information (Gagne & Deci, 2005). This is coincident with Dysvik et al. (2013) who claimed that in order to fulfil the psychological needs of the employee's is important an empathic management that showing respect and concern for employees. Further; servant leadership, a leadership style characterized by serving others, can promote employees' intrinsic motivation (Su et al., 2020). In addition, IMO has a significant positive impact on motivation (Lings & Greenley, 2009). The following hypothesis were proposed:

H11: IMO has a direct, positive, and significant influence on medical doctor's intrinsic motivation.

Several authors have corroborated that intrinsic motivation contributes positively to job satisfaction (Eby et al., 1999; Lu, 1999; Karatepe & Tekinkus, 2006; Stringer et al., 2011; Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019). The following hypothesis were proposed:

H12: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction.

Several authors have corroborated that intrinsic motivation has a significant positive effect on employees' affective organizational commitment (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019). The following hypothesis were proposed:

H13: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment.

Several authors asserted that intrinsic motivation has a positive effect on employee performance (Tyagi, 1985; Deci & Ryan, 2000; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; Shin et al., 2019). The following hypothesis were proposed:

H14: Medical doctors' intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality.

Theoretical Framework

Internal market orientation. Lings and Greenley (2005) defined internal market orientation (IMO) as "a set of managerial behaviours that involves the generation and dissemination of intelligence pertaining to the wants and needs of employees, and the design and implementation of appropriate responses to meet these wants and needs" (p. 291). These behaviours are associated with implementing an internal marketing philosophy (Lings et al., 2008). The notion of internal marketing philosophy represent the effort to generate value for the employees (Gounaris et al., 2010). In order to generate value, IMO involves the generation of employee's information about the benefits that they seek, their feelings towards their work, their needs in their roles; the freely communication of this information amongst managers and between managers and the workforce; and the design and implementation of appropriate responses (Lings & Greenley, 2010).

Gounaris (2008) confirmed his approach (Gounaris, 2006) that IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions. The major dimensions mentioned by Gounaris (2008) are: internal market intelligence generation, internal communication, and response to intelligence. The first major dimension described by Gounaris (2008) “refers the company’s effort to generate intelligence regarding the value expected and required by its employees” (p. 81). The second major dimension described by Gounaris (2008) “concerns the internal market communication, which is bidirectional” (p. 81). One direction of internal market communication is from supervisors to employees in order to clarify company objectives about the customer, and the other direction is between supervisors in order to understanding employees’ expectations (Gounaris, 2008). The third major dimension of IMO mentioned by Gounaris (2008) “is the company’s response to the value expectations of its employees” (p. 82). The sub-dimensions of internal market intelligence generation suggested by Gounaris (2008) are “identification of value exchange, aware of labour market conditions” (p. 79). The sub-dimensions of internal intelligence dissemination suggested by Gounaris (2008) are communication between supervisors and employees and communication among supervisors. The sub-dimensions of response to intelligence suggested by Gounaris (2008) are “internal market segmentation, internal segments targeting, job description, remuneration systems, management concerns, training” (p. 79).

IMO has a significant effect on affective organizational commitment, job satisfaction, employee market orientation, employee perceived value, employee motivation, customer orientation, trust in honesty, trust in benevolence, customer perceived service quality, customer satisfaction and firm performance. Lings and Greenley (2005) affirmed that IMO has positive consequences for staff attitudes (in terms of satisfaction and motivation) and customer satisfaction. Lings et al. (2008) asserted that IMO has a significant effect on

affective organizational commitment and customer orientation. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017). Lings and Greenley (2009) asserted that the results indicated that IMO has a significant positive impact on employee motivation to provide good customer service. Lings and Greenley (2010) affirmed that IMO has positive consequences for employees' market-oriented and other in-role behaviours. Gounaris et al. (2010) also claimed that in adopting IMO, "the company improves the level of employee perceived value, which also results in higher levels of customer perceived service quality" (p. 1667). Sanchez-Hernandez and Miranda (2011) affirmed that "IMO is connected with increasing service quality" (p. 207). Kaur et al. (2013) asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. Tortosa et al. (2015) concluded that IMO has a direct, positive and significant influence on employee's job satisfaction. Tortosa et al. (2015) concluded that IMO has a direct, positive and significant influence on employee's trust (trust in honesty, trust in benevolence). Also, IMO has a precedential effect on firm performance through employees' organizational commitment and retention (Yu et al., 2019) and has a positive relationship with organizational performance (Ahadmotlaghi & Rezaei, 2017).

Intrinsic motivation. Broedling (1977) defined intrinsic motivation as "a function of employees' feelings about their job activities apart from job outcomes" (p. 272). This approach is supported by Ryan and Deci (2000) who defined intrinsic motivation as "the doing of an activity for its inherent satisfactions rather than for some separable consequence" (p. 56). This approach is also supported by Gagne and Deci (2005) who claimed that "intrinsic motivation involves people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself" (p. 331). This approach is also supported by Ramirez-Andreotta et al. (2019) who defined intrinsic motivation as "as being motivated for inherent satisfaction, interest, and enjoyment" (p. 2). Karatepe and Tekinkus (2006) defined

intrinsic motivation as “an individual’s feeling of challenge or competence derived from performing a job” (p. 177).

Intrinsic motivation is a natural process that begins with a proactive organism; humans are active and have the natural tendencies toward development; people are inclined to engage activities that interest them (Deci & Ryan, 2000). To function effectively intrinsic motivation requires nutriment (Deci & Ryan, 2000). The satisfaction of the three psychological needs of competence, autonomy, and relatedness provide the nutriment for intrinsic motivation (Gagne & Deci, 2005). For this reason, in order to maintain intrinsic motivation is necessary that the feelings of competence, autonomy, and relatedness be supported by social environment (Ryan & Deci, 2000). When employees fulfil their psychological needs aforementioned, intrinsic motivation emerges for this reason organizations should ensure that the work context affords the satisfaction of these three needs (Dysvik et al., 2013).

Job content, job context and work climate conform the social environment (Gagne & Deci, 2005). In reference to job content, aspects as complexity, challenge, allow choice enhance intrinsic motivation; in reference to job context, aspects as acknowledgment and positive feedback enhance intrinsic motivation (Gagne & Deci, 2005) while negative feedback and financial rewards decrease intrinsic motivation (De Muynck et al., 2017; Fong et al., 2019; Kuvaas et al., 2020). In reference to work climate, autonomy supportive managerial style enhance intrinsic motivation; this style are ones in which the employee’s perspectives about their needs and feelings are take account by the managers and providing them relevant information (Gagne & Deci, 2005). This is coincident with Dysvik et al. (2013) who claimed that in order to fulfil the psychological needs of the employee’s is important an empathic management that showing respect and concern for employees. Further, servant leadership, a leadership style characterized by serving others, can promote employees’

intrinsic motivation (Su et al., 2020). In addition, IMO has a significant positive impact on motivation (Lings & Greenley, 2009).

Several authors have corroborated that intrinsic motivation has a positive effect on employee attitudes. Intrinsic motivation has a significant positive effect on employees' affective organizational commitment (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019) and contributes positively to job satisfaction (Eby et al., 1999; Lu, 1999; Karatepe & Tekinkus, 2006; Stringer et al., 2011; Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019). In addition, several authors asserted that intrinsic motivation has a positive effect on employee performance (Tyagi, 1985; Deci & Ryan, 2000; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; Shin et al., 2019).

Job satisfaction. Hackman and Oldham (1975) defined general satisfaction as “an overall measure of the degree to which an employee is satisfied and happy with the job” (p. 162). This approach is supported by Karatepe and Tekinkus (2006) defined job satisfaction as “the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” (p. 178). This approach is also supported by Tortosa et al. (2015) who defined job satisfaction as “the emotional state resulting from the evaluation of his or her job, particularly regarding actual results as compared to the results they wish to achieve in their work relationship” (p. 491).

Several studies have indicated that job satisfaction is affected by IMO and by intrinsic motivation. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017). This effect was confirmed by Tortosa et al. (2015). Intrinsic motivation contributes positively to job satisfaction (Eby et al., 1999; Karatepe & Tekinkus, 2006; Lu, 1999).

Several authors have corroborated that job satisfaction has a positive effect on employee attitudes and perceived service quality. Eby et al. (1999) claimed that job satisfaction has a positive effect on affective organizational commitment. Also Karatepe and Tekinkus (2006) affirmed that job satisfaction has a significant positive effect on frontline employees' affective organizational commitment. This effect on affective organizational commitment is coincident with Tortosa et al. (2015). Martinez-Sanchez et al. (2018) concluded that job satisfaction is positively related to affective organizational commitment. Hakami et al. (2020) concluded that job satisfaction has a positive and significant correlation with affective organizational commitment. Chen et al. (2009), and Tortosa et al. (2015) affirmed that job satisfaction influence on trust. Gupta and Singla (2016) confirmed that exists a positive and significant relationship between job satisfaction and organizational trust. Reçica and Doğan (2019) concluded that exist a positive correlation between job satisfaction and organizational trust. Aykan and Aksoylu (2015) concluded that there is a positive significant relationship between job satisfaction and perceived service quality. Tortosa et al. (2015) concluded that job satisfaction has a direct, positive and significant influence on the quality of service perceived by the customer.

Affective organizational commitment. Eby et al. (1999) defined affective organizational commitment as an “individual’s attitude towards the organization, consisting of a strong belief in, and acceptance of, an organization’s goals, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization” (p. 464). This approach is supported by Karatepe and Tekinkus (2006) who defined affective organizational commitment as “the strength of an employee’s emotional attachment to an organization” (p.179). Tortosa et al. (2015) also supported this approach, defining affective organizational commitment as “the employee’s state of affective

attachment to the organization and being especially sensitive to work experiences such as organizational support” (p.492).

Affective organizational commitment is affected by IMO (Lings et al., 2008), by intrinsic motivation (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019), by job satisfaction (Eby et al., 1999; Karatepe & Tekinkus, 2006; Tortosa et al., 2015; Martinez-Sanchez et al., 2018; Hakami et al., 2020), and by trust (Chen et al., 2009; Tortosa et al., 2015)

Affective organizational commitment has a negative effect on absenteeism (Eby et al., 1999), turnover (Eby et al., 1999; Yukongdi & Shrestha, 2020) and has a positive effect on perceived service quality (Tortosa et al., 2015).

Trust. Moliner (2009) defined trust as “an individual’s general expectation as to whether another’s word can be trusted” (p. 80). In relation to leadership behaviour, Tyagi (1985) defined trust and support as “the extent to which an individual has feelings of confidence in a supervisor and to which the supervisor is aware of and responsive to the needs of subordinates” (p. 78). Tortosa et al. (2015) affirmed that trust is a favourable affective reaction with two dimensions: “(a) trust in benevolence or the other party’s interest in the well-being of the person who trusts, and (b) trust in honesty (credibility) or the faith of those who trust in the actions of the other party in the relationship” (p. 491).

Trust is affected by IMO (Tortosa et al., 2015), supervisory support (Narang & Singh, 2012) and by job satisfaction (Chen et al., 2009; Tortosa et al., 2015). Moreover trust influences on affective organizational commitment (Chen et al., 2009; Tortosa et al., 2015) and perceived service quality (Tortosa et al., 2015).

Perceived service quality. Perceived service quality is “the discrepancy between consumers’ perceptions of services offered by a particular firm and their expectations about firms offering such services” (Parasuraman, Zeithaml, & Berry, 1988, p. 14). Brady and

Cronin (2001) asserted that customer evaluation is based on three dimensions of service encounter namely interaction, environment, outcome. Customer combines the performance evaluation of these dimensions to form their perceived service quality (Brady & Cronin, 2001). Perceived service quality is a multidimensional hierarchical construct with three primary dimensions and nine sub-dimensions (Brady & Cronin, 2001). The primary dimensions mentioned by Brady and Cronin (2001) are: “(a) interaction quality, (b) physical environment quality, and (c) outcome quality” (p. 42). The scale developed by Brady and Cronin (2001) was adopted by Tortosa et al. (2015) in the context of hospitals to confirm the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees’ attitudes, namely, job satisfaction, trust in honesty, trust in benevolence. The influence of IMO on perceived service quality has been mentioned by Gounaris et al. (2010) and by Sanchez et al. (2011).

Perceived service quality influences on customer satisfaction. Several authors found significant correlations between perceived service quality and customer satisfaction (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019). Tortosa et al. (2015) considered the role of perceived service quality as an antecedent of customer satisfaction. Also, Mwangi et al. (2018) concluded that perceived service quality is an important predictor of customer satisfaction.

Customer satisfaction. Satisfaction is defined as “pleasurable fulfilment; the consumer senses that consumption fulfils some need, desire, or goal and that this fulfilment is pleasurable” (Oliver, 1999, p. 34). This approach is reinforced by Ottar (2007) who defined customer satisfaction as “a consumer’s personal overall evaluation of satisfaction and pleasure with a given product category and as a cumulative rather than transaction-specific construct” (p.320). Tortosa et al. (2015) affirmed that customer satisfaction is “a one-dimensional reflective construct representative of the customer’s affective reaction to the service quality received” (p.497).

Customer satisfaction is affected by IMO (Lings & Greenley, 2005; Tortosa et al., 2015), employee motivation (Lings & Greenley, 2009), perceived service quality (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019; Tortosa et al., 2015; Mwangi et al., 2018). Moreover customer satisfaction influences on customer loyalty (Oliver, 1999; Gronholdt, Martensen, & Kristensen, 2000; Pont & McQuilken, 2005; Chang & Tu, 2005; Ottar, 2007).

Relationships between the variables. IMO has a significant effect on affective organizational commitment (Lings et al., 2008), and job satisfaction (Lings & Greenley, 2005; Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017). IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). Intrinsic motivation has a significant positive effect on employees' affective organizational commitment (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019) and contributes positively to job satisfaction (Eby et al., 1999; Karatepe & Tekinkus, 2006; Lu, 1999). Intrinsic motivation requires nourishment from the social environment to function effectively (Deci & Ryan, 2000; Gagne & Deci, 2005). Therefore, considering that IMO affects variables that are also affected for intrinsic motivation and intrinsic motivation requires nourishment from the social environment to function effectively, and that IMO has a significant positive impact on motivation (Lings & Greenley, 2009) it was proposed that IMO can nourish intrinsic motivation.

Several studies have established that intrinsic motivation affects employee performance (Deci & Ryan, 2000; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Tyagi, 1985; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; Shin et al., 2019). In addition, several studies have indicated that intrinsic motivation has a significant positive effect on employees' affective organizational commitment (Karatepe & Tekinkus, 2006; Rani & Desiana, 2019). Truly loyal

employees are committed and willing to go an extra mile for customers (Drizin & Schneider, 2004). It would seem thus that intrinsic motivation is related to employee commitment and that commitment influences doing more for customers; moreover, IMO and intrinsic motivation are related to commitment and job satisfaction. Several studies conducted in other countries have established a relationship between IMO and service quality (Lings & Greenley, 2005; Gounaris et al., 2010; Sanchez-Hernandez & Miranda, 2011; Tortosa et al., 2009). In addition, motivation has a significant effect on customer satisfaction (Lings & Greenley, 2009). In this study, the aim was to confirm the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015) and to extend the model used by Tortosa et al. (2015) by including intrinsic motivation.

Conceptual model. The conceptual model for this research extended the model used by Tortosa et al. (2015) by including intrinsic motivation. The influence of IMO on intrinsic motivation has not been previously studied. The relationship between IMO and service quality has been established in previous studies conducted in other countries (Lings & Greenley, 2005, Gounaris et al., 2010; Sanchez-Hernandez & Miranda, 2011; Tortosa et al., 2009). The influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence has been established (Tortosa et al., 2015).

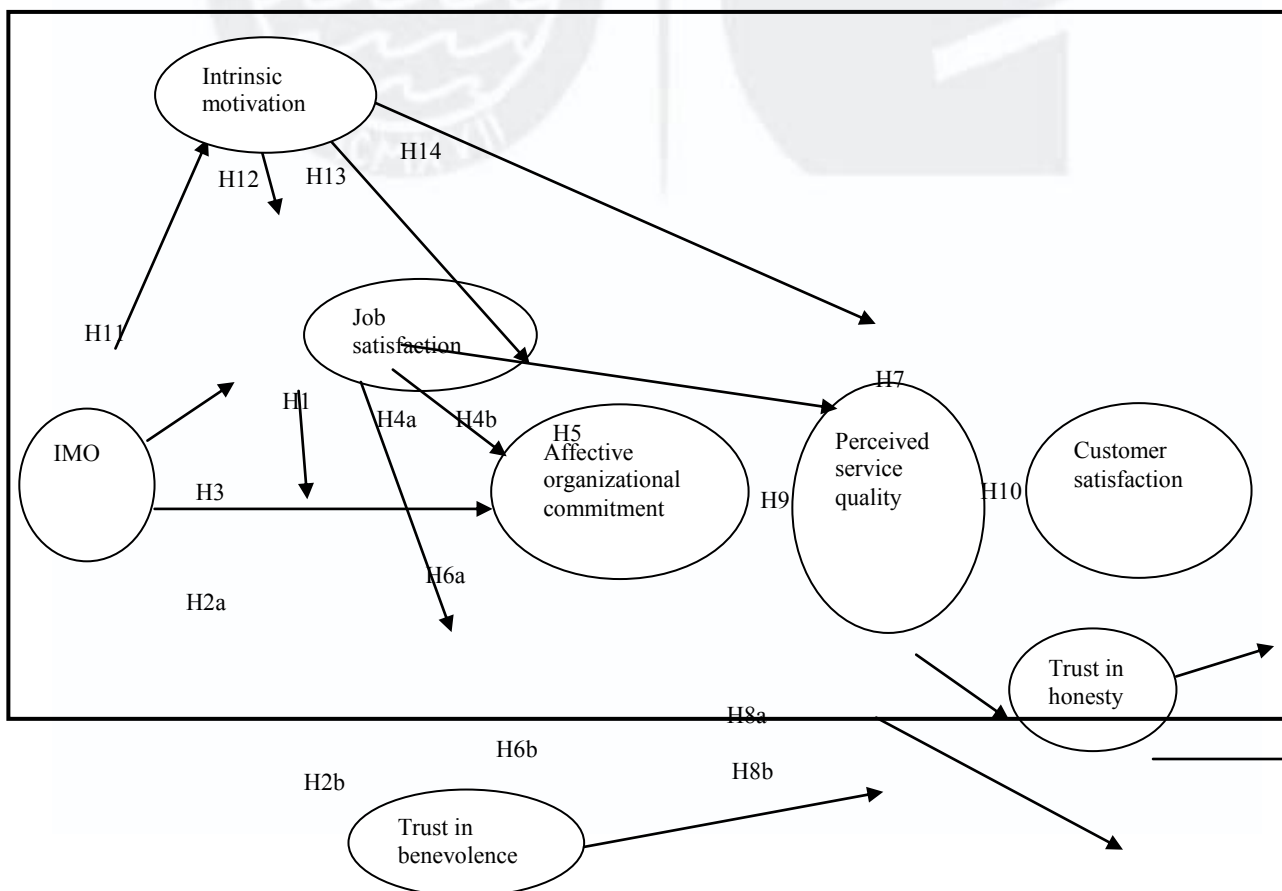
The aim of the research was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation. The conceptual model for this study is shown in Figure 1.

Independent variable. IMO is the independent variable. The independent variable IMO was measured using the scale validated by Tortosa et al. (2015). The scale was administered to medical doctors who work in hospitals.

Dependent variables. Intrinsic motivation, job satisfaction, affective organizational commitment, trust in honesty, trust in benevolence, perceived service quality, and customer satisfaction are the dependent variables. Job satisfaction, affective organizational commitment, trust in honesty, and trust in benevolence among medical doctors who work in hospitals were measured using the scale validated by Tortosa et al. (2015). Intrinsic motivation was measured using the scale validated by Low, Cravens, Grant, and Moncrief (2001) and adopted by Karatepe and Tekinkus (2006). Perceived service quality was measured using the scale validated by Brady and Cronin (2001) and used by Tortosa et al. (2015). Customer satisfaction was measured using the scale validated by Bloemer and Oderkerken-Schöder (2002) and adopted by Tortosa et al. (2015).

Figure 1

Conceptual model for this research.



Nota. Adapted from “The influence of internal market orientation on external outcomes” by V. Tortosa, J. Llorens, M. Moliner, & J. Sánchez, 2015, *Journal of Service Theory and Practice*, 25, p. 494.

Definition of Terms

Lings and Greenley (2005) defined *internal market orientation* (IMO) as “a set of managerial behaviours that involves the generation and dissemination of intelligence pertaining to the wants and needs of employees, and the design and implementation of appropriate responses to meet these wants and needs” (p. 291). These behaviours are associated with implementing an internal marketing philosophy (Lings et al., 2008). The notion of internal marketing philosophy represent the effort to generate value for the employees (Gounaris et al., 2010). Gounaris (2008) confirmed his approach (Gounaris, 2006) that IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions.

Broedling (1977) defined *intrinsic motivation* as “a function of employees’ feelings about their job activities apart from job outcomes” (p. 272). This approach is supported by Ryan and Deci (2000) who defined intrinsic motivation as “the doing of an activity for its inherent satisfactions rather than for some separable consequence” (p. 56). This approach is also supported by Gagne and Deci (2005) who claimed that “intrinsic motivation involves people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself” (p. 331). This approach is also supported by Ramirez-Andreotta et al. (2019) who defined intrinsic motivation as “as being motivated for inherent satisfaction, interest, and enjoyment” (p. 2). Karatepe and Tekinkus (2006) defined intrinsic motivation as “an individual’s feeling of challenge or competence derived from performing a job” (p. 177).

Karatepe and Tekinkus (2006) defined *job satisfaction* as “the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” (p. 178). This approach is also supported by Tortosa et al. (2015) who defined job satisfaction as a “the emotional state resulting from the evaluation of his or her

job, particularly regarding actual results as compared to the results they wish to achieve in their work relationship” (p. 491).

Eby et al. (1999) defined *affective organizational commitment* as “an individual’s attitude towards the organization, consisting of a strong belief in, and acceptance of, an organization’s goals, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization” (p. 464).

Moliner (2009) defined *trust* as “an individual’s general expectation as to whether another’s word can be trusted” (p. 80). This approach is also supported by Tortosa et al. (2015) affirmed that trust is a favourable affective reaction with two dimensions: “(a) trust in benevolence or the other party’s interest in the well-being of the person who trusts, and (b) trust in honesty (credibility) or the faith of those who trust in the actions of the other party in the relationship” (p. 491).

Perceived service quality is “the discrepancy between a consumer’s perceptions of services offered by a particular firm and a consumer’s expectations about a firm offering such services” (Parasuraman et al., 1988, p. 14).

Customer Satisfaction is defined as “pleasurable fulfilment; the consumer senses that consumption fulfils some need, desire, or goal and that this fulfilment is pleasurable” (Oliver, 1999, p. 34). Tortosa et al. (2015) affirmed that customer satisfaction is “a one-dimensional reflective construct representative of the customer’s affective reaction to the service quality received” (p. 497).

Assumptions

The perceptions of participants in the study of the relationships of IMO, intrinsic motivation, job satisfaction, affective organizational commitment, trust in honesty, trust in benevolence, perceived service quality, and customer satisfaction were a valid source of information. Data were collected from medical doctors in hospitals who answered the

questionnaire on IMO, intrinsic motivation, job satisfaction, trust in honesty, trust in benevolence, and affective organizational commitment and from patients who answered survey questions related to perceived service quality and customer satisfaction.

Limitations

The study was limited to public sector hospitals, specifically the study focused on medical doctors working in public hospitals in the city of Lima and their patients who agreed to participate voluntarily. The validity of this study is limited to the reliability of the instruments used.

Delimitations

The study had a cross-sectional design. Information was collected at a single moment in time, and no changes over time were analyzed. The sample was selected from medical doctors working for public hospitals operating in Lima and their patients. The study was conducted in the city of Lima. The data obtained were subjective and represent the opinions of the respondents. The focus of the analysis was on examining the correlations between variables, not causation.

Summary

Companies that want to differentiate themselves by the quality of their services and achieve satisfied customers require employees with customer-oriented behaviours who are committed to the organization. In order to deliver high quality service, it is necessary to have loyal employees committed to the organization. Building employee loyalty is a long-term process, a process of persuasion in which employee perceptions are considered to be the reality, so it is important that companies consider those issues likely to influence the perceptions of employees.

Communication is a factor that influences employee behaviour. It is necessary to achieve coherence between implicit communication and explicit communication to win

employee engagement. To achieve coherence between explicit and implicit communication, it is necessary to adopt a philosophy of internal marketing and engage in activities to implement the philosophy by striving to create value for employees in a way that meets their wants and needs. These activities are aspects of IMO that demonstrate the commitment of managers to employees.

IMO has a significant effect on employee commitment, job satisfaction, and market orientation. IMO also has an influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes. IMO has a significant positive impact on employee motivation to provide a good service. Intrinsic motivation requires nourishment to function effectively. The question therefore arises whether IMO can nourish intrinsic motivation. IMO and intrinsic motivation are related to commitment and job satisfaction; motivation has a significant impact on customer service, however, only IMO studies related to service quality were found, so another question is whether intrinsic motivation is related to quality of service.

IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). The aim of the study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation to contribute to knowledge about the influence of IMO and the antecedents of intrinsic motivation and also contribute knowledge about the influence of intrinsic motivation.

Chapter 2: Review of the Literature

Documentation

The review of the literature was made considering the existing research in the databases of the virtual library of Catholic CENTRUM to which were added some research found on the Internet. In the search all the variables of the conceptual model of the present investigation were included.

Literature Review

The objective of the review of the literature was to obtain a thorough knowledge of all the variables considered in the conceptual model proposed in this research. The following is a review of the literature on the variables of the conceptual model.

Evolution of the IMO Concept. The concept of internal market orientation (IMO) has evolved over time after first being defined as “a set of managerial behaviours that involves the generation and dissemination of intelligence pertaining to the wants and needs of employees, and the design and implementation of appropriate responses to meet these wants and needs” (Lings & Greenley, 2005, p. 291) to “a set of managerial behaviours associated with implementing an internal marketing philosophy” (Lings et al., 2008, p. 1433). This view is supported by Gounaris (2008) and Gounaris et al. (2010) who defined IMO as the underlying philosophy that guides a company’s internal marketing effort.

IMO “reflects a system of values that guide a company’s behaviour towards its employees where the end goal remains to improve customer value” (Gounaris et al., 2010, p. 1668). This notion of IMO was also used by Sanchez-Hernandez and Miranda (2011) who developed their research design based on the managerial philosophy underpinning internal marketing plans. Boukis and Gounaris (2014) affirmed the set of managerial behaviours defined by Lings and Greenley (2005) raising employees’ awareness of their central role in

organizational performance and encouraging their positive reciprocal response towards their employer.

The notion of an internal marketing philosophy represent the effort to generate value for the employees (Gounaris et al., 2010). In order to generate value, IMO involves the generation of employee's information about the benefits that they seek, their feelings towards their work, their needs in their roles; the freely communication of this information amongst managers and between managers and the workforce; and the design and implementation of appropriate responses (Lings & Greenley, 2010). This approach is supported by Gounaris (2008) who stressed that IMO would demonstrate the company's orientation toward the employees' market and the commitment to employees that the management have with them. IMO, conceptually, is similar to external market orientation (Lings & Greenley, 2005). This view is supported by Gounaris (2008) who mentioned that IMO is the internal analogy of market orientation (MO).

IMO is a multidimensional construct; Lings and Greenley (2005) asserted that IMO has a five-factor structure: "Formal written generation of information, formal face-to-face generation of information, informal generation of information, information dissemination, and responsiveness" (p. 301). Tortosa et al. (2009) considered IMO as "a multidimensional construct formed by four dimensions: informal generation of internal information, formal generation of internal information, dissemination of internal information, and response to the internal information generated" (p. 1438). Gounaris (2008) confirmed his approach (Gounaris, 2006) that IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions.

The major dimensions mentioned by Gounaris (2008) are internal market intelligence generation, internal communication, and response to intelligence. The first major dimension described by Gounaris (2008) "refers the company's effort to generate intelligence regarding

the value expected and required by its employees” (p. 81). The second major dimension described by Gounaris (2008) “concerns the internal market communication, which is bidirectional” (p. 81). One direction of internal market communication is from supervisors to employees in order to clarify company objectives about the customer, and the other direction is between supervisors in order to understanding employees’ expectations (Gounaris, 2008). The third major dimension of IMO mentioned by Gounaris (2008) “is the company’s response to the value expectations of its employees” (p. 82).

The sub-dimensions of internal market intelligence generation suggested by Gounaris (2008) are “identification of value exchange, aware of labour market conditions” (p. 79). The sub-dimensions of internal intelligence dissemination suggested by Gounaris (2008) are communication between supervisors and employees and communication among supervisors. The sub-dimensions of response to intelligence suggested by Gounaris (2008) are “internal market segmentation, internal segments targeting, job description, remuneration systems, management concerns, training” (p. 79).

Scales to Measure the IMO Construct. Scales have been developed to measure IMO and study the construct’s relationship to organizational factors in various contexts. Lings and Greenley (2005) developed a scale to measure IMO and identify relationships between IMO and important organizational factors in a retail services context. The scale developed by Lings and Greenley (2005) has 16 items; four items measure informal information generation, and three items each measure “formal face-to-face information generation, formal written information generation, information dissemination, and responsiveness” (p. 296). Lings and Greenley (2005) asserted that “the IMO Scale possesses sufficient internal stability and convergent validity to be confident that the scale actually measures IMO” (p. 299).

Lings and Greenley (2010) measured IMO using the scale developed in 2005 to examine the effect of internal marketing behaviours, operationalized as IMO, on employees’

marketing and other in-role behaviours in a retail context. Lings et al. (2008) used the 16-item IMO Scale (Lings & Greenley, 2005) to explore the influence of explicit service communications and implicit service communications, represented by IMO, on service staff's attitudes and behaviours in the context of frontline staff working on a cross-sea ferry. Tortosa et al. (2009) used the scale to analyse the influence of IMO on satisfaction of contact personnel, customer satisfaction and perceived service quality in the context of the finance sector. Tortosa et al. (2009) claimed their results verified the validity and reliability of the IMO Scale (Lings & Greenley, 2005) for measuring the internal marketing concept in a different business sector and with a different methodology.

Gounaris (2008) developed a scale to examine the effect of IMO on the application of internal marketing practices and employee job satisfaction in a five star hotel context. Gounaris (2008) treated IMO as a hierarchical second order construct with three major dimensions and ten sub-dimensions. Tortosa et al. (2015) used the scale to represent IMO as a hierarchical construct (Gounaris, 2008) to investigate the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes in the context of hospitals. The scale used by Tortosa et al. (2015) has 47 items measuring the ten sub-dimensions of IMO. Seven items measure identification of exchange of value; four items measure awareness of labour market conditions; five items measure communication between managers and employees; four items measure communication among managers; six items measure job description; four items measure internal market segmentation; four items measure internal segments targeting; five items measure remuneration systems; four items measure training; and four items measure management concerns.

Relationship between the IMO Dimensions. A causal relationship is claimed to exist between the IMO dimensions. Tortosa et al. (2009) held that among the dimensions of IMO their study corroborated the presence of relationships of a causal nature. The claim is echoed

by Lings and Greenley (2010) who found that information generation are antecedent to information dissemination and response to the internal market. Lings and Greenley (2010) also found that information dissemination is antecedent to internal market responses. Tortosa et al. (2009) suggested that the informal generation of internal information and the dissemination of internal information directly, positively and substantially influenced managers' responses to contact personnel. Lings and Greenley (2010) claimed "informal methods of collecting information from employees had the most influence on information dissemination and response" (p. 333).

Effect of IMO. IMO facilitates the implementation of internal marketing (IM) strategies and the implementation of market orientation (MO). Gounaris (2008) concluded that IMO helps to improve the effectiveness of a company's IM practice. Gounaris et al. (2010) mentioned that as well as for the application of marketing externally is critical the adoption of MO to the application of marketing internally is critical the adoption of IM. This view is supported by Lings and Greenley (2010) who inferred from their results that retailing organizations can enhance their market sensing and responding capabilities identifying and responding the needs of their employees. Lings and Greenley (2010) suggested that firms must adopt IMO to implement a MO successfully.

IMO influences the creation of new services. Sanchez-Hernandez and Miranda (2011) provided empirical evidence about the effect of IMO; the results showed that a positive relationship exists between IMO and new service performance, IMO and new service quality, and new service quality and new service performance; employee and consumer satisfaction are linked. Also, Gounaris, Chrysochoidis and Boukis (2020) concluded that IMO influences on new service development.

IMO requires management commitment. Gounaris (2008) argued that IMO would demonstrate the company's orientation toward the employees' market and the commitment to

employees that the management have with them. The commitment, for Gounaris (2008), means understanding employees' individual needs, understand what employees value, becoming responsive to their needs and, in order to put in practice marketing strategy, ensuring that they have all the means necessary to deliver the level of service established. Gounaris (2008) affirmed that IMO promotes the build effective relationships between a company's management and employees so that become more effective the company's strategic responses to the needs of the internal market. Lings and Greenley (2010) also argued that to enact an IMO requires an organization committed effort to identify the needs and wants of employees, the competitive conditions inside the labour market, and to use this information to add value for employees with the creation of roles with appropriate attributes.

Creating value for employees through IMO influences market-oriented behaviour. Lings and Greenley (2010) concluded that the creation of value for employees via IMO has a positive direct effect on marketing strategy's embracing and influences the workforce to perform in-role behaviours as well as adopt market-oriented behaviours; these behaviours, in turn, influence marketing success that aligns the company's internal environment with its objectives for the external market and encourages organizations to commit to provide superior value to employees which allow to build effective relationships with them. This view is supported by Gounaris (2008) who affirmed that IMO facilitates customer-oriented responses developing a motivating climate in the company.

IMO affects customers' perceived value, the creation of value for customers, job satisfaction, affective organizational commitment, organizational performance, and the achievement of competitive advantage. Gounaris et al. (2010) claimed that, based on their findings, IMO influences customers' perceived value. Lings and Greenley (2010) mentioned that IMO is shown to have a positive indirect effect on the creation of value for customers. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008;

Kaur et al., 2010; Boukis et al., 2017). Lings et al. (2008) asserted that IMO has a significant effect on affective organizational commitment. For Gounaris et al. (2010), IMO is very important for obtaining competitive advantage because the competition will find hard to copy the employees' encounter performance and their willingness to serve.

IMO has a significant effect in several important organizational factors such as customer satisfaction, competitive position, staff retention, staff attitudes, committed employees, employee motivation, perceived service quality and firm performance. The effect has been found in different sectors such as retail, hotels, hospitals, and financial institutions. Lings and Greenley (2005) claimed that the results of their study indicated that IMO has a significant effect on “customer satisfaction, relative competitive position, compliant behaviour, staff retention, and staff attitudes (in terms of satisfaction and motivation)” (p. 290). Modi and Sahi (2018) concluded that IMO is positively related to staff retention. Kaur et al. (2013) asserted that IMO has a significant impact on staff attitude and perceived customer satisfaction. Tortosa et al. (2015) confirmed that IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence. With respect to competitive position and staff retention, Lings and Greenley (2005) asserted that the results indicated the antecedent nature of IMO on competitive position and staff retention. This finding is supported by Lings et al. (2008); in their study, implicit communications, operationalized as IMO, had the effect of creating committed employees and influenced feelings towards the firm, which, in turn, led employees to engage in quality service delivery. With respect to employee motivation, Lings and Greenley (2009) asserted that the results indicated that IMO has a significant positive impact on employee motivation to provide good customer service. Gounaris et al. (2010) confirmed that through IMO adoption, the company improved the level of employee perceived value and the level of customer perceived service

quality. Also, IMO has a precedential effect on firm performance through employees' organizational commitment and retention (Yu et al., 2019) and has a positive relationship with organizational performance (Ahadmotlaghi & Rezaei, 2017).

In some studies, the dimension informal generation of information is the key aspect to influence employee satisfaction, service quality, and customer satisfaction. In their study, Tortosa et al. (2009) asserted that the results showed that the satisfaction of contact personnel and the quality of service perceived by the customer were influenced by IMO, through the dimension informal generation of information moreover IMO influenced customer satisfaction through service perceived by the customer. Tortosa et al. (2009) claimed that take into consideration the opinions of the employees in the daily management of the organization is what most influences the satisfaction of the contact personnel. Tortosa et al. (2009) corroborated that two of the three dimensions of perceived service quality, quality of interaction and quality of the outcome, were influenced by IMO in its dimension informal generation of internal information; therefore, this dimension emerges as a key aspect. The finding is supported by Lings and Greenley (2010) who asserted that "the main determinant of developing successful responses to the internal market is the information generated by informal interactions between managers and their subordinates" (p. 336). A practical application is suggested by Tortosa et al. (2009): managers must to permit employees to give their opinions in order to improve perceived service quality and customer satisfaction.

Intrinsic Motivation. Broedling (1977) defined intrinsic motivation as "a function of employees' feelings about their job activities apart from job outcomes" (p. 272). This approach is supported by Davis et al. (1992), who defined it as "the performance of an activity for no apparent reinforcement other than the process of performing the activity per se" (p. 1112) and Ryan and Deci (2000) who defined intrinsic motivation as "the doing of an activity for its inherent satisfaction rather than for some separable consequence" (p. 56).

Likewise, Gagne and Deci (2005) claimed that “intrinsic motivation involves people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself” (p. 331). This approach is also supported by Ramirez-Andreotta et al. (2019) who defined intrinsic motivation as “as being motivated for inherent satisfaction, interest, and enjoyment” (p. 2). Karatepe and Tekinkus (2006) defined intrinsic motivation as “an individual’s feeling of challenge or competence derived from performing a job” (p. 177).

Deci (1971, 1972) and Deci and Ryan (1985) claimed that a person is intrinsically motivated if he or she performs an activity when he or she receives no apparent reward except the activity itself and experiences interest and enjoyment. Guay et al. (2000) agreed with this definition when they described that “intrinsically motivated behaviours as those that are engaged in for the pleasure and satisfaction derived from performing them” (p. 176). Ryan and Deci (2000) concluded that “intrinsically motivated behaviours are performed out of interest and satisfy the innate psychological needs for competence and autonomy” (p. 65). This is reinforced by Deci and Ryan (2000) who affirmed that “intrinsically motivated behaviours are those that are freely engaged in out of interest without the necessity of separable consequences and, to be maintained, require satisfaction of the needs for autonomy and competence” (p. 233).

Intrinsic motivation is a natural process that begins with a proactive organism; humans are active and have the natural tendencies toward development; people are inclined to engage activities that interest them (Deci & Ryan, 2000). To function effectively intrinsic motivation requires nutriments (Deci & Ryan, 2000). The satisfaction of the three psychological needs of competence, autonomy, and relatedness provide the nutriments for intrinsic motivation (Gagne & Deci, 2005). For this reason, in order to maintain intrinsic motivation is necessary that the feelings of competence, autonomy, and relatedness be supported by social environment (Ryan & Deci, 2000). When employees fulfil their psychological needs

aforementioned, intrinsic motivation emerges for this reason organizations should ensure that the work context affords the satisfaction of these three needs (Dysvik et al., 2013).

Job content, job context and work climate conform the social environment (Gagne & Deci, 2005). In reference to job content, aspects as complexity, challenge, allow choice enhance intrinsic motivation; in reference to job context, aspects as acknowledgment and positive feedback enhance intrinsic motivation (Gagne & Deci, 2005) while negative feedback and financial rewards decrease intrinsic motivation (De Muynck et al., 2017; Fong et al., 2019; Kuvaas et al., 2020). Deci (1971) and Deci (1972) concluded that intrinsic motivation tended to increase when positive feedback was used. Positive feedback during action provides satisfaction of the basic psychological need for competence and for this reason can enhance intrinsic motivation for that action (Ryan & Deci, 2000). In reference to work climate autonomy supportive managerial style enhance intrinsic motivation; this style are ones in which the employee's perspectives about their needs and feelings are take account by the managers and providing them relevant information (Gagne & Deci, 2005). This is coincident with Dysvik et al. (2013) who claimed that in order to fulfil the psychological needs of the employee's is important an empathic management that showing respect and concern for employees. Further; servant leadership, a leadership style characterized by serving others, can promote employees' intrinsic motivation (Su et al., 2020). In addition, IMO has a significant positive impact on motivation (Lings & Greenley, 2009).

Intrinsic motivation has several effects. Karatepe and Tekinkus (2006) and Karatepe (2015) claimed that intrinsic motivation exerted a significant negative effect on emotional exhaustion. Liu et al. (2018) concluded that intrinsic motivation has a negative effect on work-related fatigue. Tyagi (1985) claimed that intrinsic motivation was shown to produce more impact on employee performance than extrinsic motivation. Deci and Ryan (2000) supported this view, asserting that intrinsic motivation is associated with high-quality

performance. Likewise, Gagne and Deci (2005) affirmed that intrinsic motivation is related to performance, satisfaction, trust, and well-being in the workplace. Karatepe and Tekinkus (2006) claimed that the employees' job performance enhance with high levels of intrinsic motivation. Wong-On-Wing et al. (2010) asserted that intrinsic motivation is positively related to performance. Daskin and Altunoz (2016) claimed that intrinsic motivation has positive impact on service recovery performance. Di Domenico and Ryan (2017) mentioned that intrinsic motivation enhance performance. Kalhor et al. (2017) concluded that intrinsic motivation is positively and significantly associated with employees' performance. Lee and Hidayat (2018) concluded that intrinsic motivation has a positive and significant effect on employee performance. Shin et al. (2019) concluded that intrinsic motivation is positively related to job performance.

For Lu (1999), intrinsic motivation contributed positively to overall job satisfaction. This view is supported by Eby et al. (1999), who affirmed that intrinsic motivation is related to job satisfaction, and Karatepe and Tekinkus (2006), who concluded that intrinsic motivation is a significant predictor of job satisfaction. Likewise, Stringer et al. (2011) found that intrinsic motivation had a positive association with job satisfaction. Also, several authors concluded that intrinsic motivation has a positive and significant effect on job satisfaction (Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019).

Eby et al. (1999) found that intrinsic motivation is related to affective organizational commitment, and Karatepe and Tekinkus (2006) concluded that intrinsic motivation has a significant positive effect on frontline employees' affective organizational commitment. Rani and Desiana (2019) confirmed that intrinsic motivation has a significant and positive impact on affective commitment. Intrinsic motivation is positively related to creativity (Coelho et al., 2011; An, 2019). Coelho et al. (2011) concluded that a work environment that enhances intrinsic motivation can promoted creativity. El-Zohiry and Abd-Elbaqy (2019) mentioned

that intrinsic motivation has a strong correlation with organizational citizen behaviours. Also, Shin et al. (2019) concluded that intrinsic motivation is positively related to organizational citizen behaviours.

Ryan and Deci (2000) mentioned that there are two common approaches to measuring intrinsic motivation, one is experimental, called the “free choice” measure, and the other is the use of self-reports of interest and enjoyment of the activity.

Various types of self-report are used to measure intrinsic motivation. One of them is the Task Reaction Questionnaire (TRQ) developed by Pretty and Seligman (1984). This self-report was used by Wicker, Brown, Wiehe, and Shim (1992). TRQ contains 23 statements that are rated on a 7-point scale ranging from *strongly disagree* to *strongly agree*; the statements refer to (a) felt competence, (b) knowing that one is doing well, (c) pride in doing well, (c) feeling competent, (d) using a strong natural ability, (e) growth, (f) new learning, (g) developing new skills, (h) really achieving something, (i) positive affect, (j) a pleasant experience, (k) something very appealing, (l) fun, (m) arousal absorption, (n) exciting, (o) challenging, (p) interest-arousing, (q) absorbing, (r) attention-holding. (s) autonomy, (t) freedom and responsibility, (u) independent thought and action, (v) opportunity to decide for oneself, and (w) opportunity to exercise ingenuity (Wicker et al., 1992).

Davis et al. (1992) asserted that enjoyment is an example of intrinsic motivation. This view is supported by Porter, Bigley, and Steers (2003) who noted that intrinsic motivation has been measured with individuals' perceived enjoyment. In their study, Davis et al. (1992) confirmed that enjoyment could be measured with the following three 7-point items: (a) I find using to be enjoyable (likely/unlikely); (b) The actual process of using is (pleasant/unpleasant); and (c) I have fun using (likely/unlikely). This scale was used by Porter et al. (2003) who validated the scale developed by Davis et al. (1992).

Another instrument is the Intrinsic Motivation Inventory (IMI), but Markland and Lew (1997) argued that before it becomes established as the instrument for assessing levels of intrinsic motivation should be addressed its conceptual and operational problems.

The Situational Motivation Scale (SIMS) was presented by Guay et al. (2000). The participants who took part in the study were all college students. Guay et al. (2000) asserted that the SIMS was designed to assess the constructs of intrinsic motivation, identified regulation, external regulation, and amotivation. The SIMS has 16 items, four items each related to intrinsic motivation, identified regulation, external regulation, and amotivation (Guay et al., 2000). The question in the SIMS is “Why are you currently engaged in this activity?” (Guay et al., 2000, p. 210). The reasons related to intrinsic motivation are “(a) because I think that this activity is interesting, (b) because I think that this activity is pleasant, (c) because this activity is fun, and (d) because I feel good when doing this activity” (Guay et al., 2000, p. 210). Guay et al. (2000) concluded that the results provided strong support for SIMS's psychometric properties but that it would be important to determine the validity of the scale with populations such as elderly and working populations.

In their study, Tremblay et al. (2009) evaluated the applicability of the Work Extrinsic and Intrinsic Motivation Scale (WEIMS) in different work environments. The WEIMS is an 18-item measure of work motivation theoretically grounded in self-determination theory (Tremblay et al., 2009). Tremblay et al. (2009) claimed the results of their research provided support for the applicability and validity of the WEIMS. The questions in WEIMS refer to the reasons why respondents do their work. The WEIMS has 18 items: three items each related to intrinsic motivation, integrated regulations, identified regulation, introjected regulation, external regulations, and amotivation. The three items related to intrinsic motivation are (a) because the respondent derives much pleasure from learning new things, (b) for the satisfaction that the respondent experiences from taking on interesting challenges, and (c) for

the satisfaction that the respondent experiences from being successful at doing difficult tasks (Tremblay et al., 2009).

In their study, Low et al. (2001) used a four-item scale to measure intrinsic motivation, and this scale was adopted by Karatepe and Tekinkus (2006). Karatepe and Tekinkus (2006) confirmed that the results of their research provided support for the applicability and validity of the scale. The four items of the scale used by Karatepe and Tekinkus (2006) were as follows: “(a) When I do work well, it gives me a feeling of accomplishment; (b) I feel a great sense of personal satisfaction when I do my job well; (c) When I perform my job well, it contributes to my personal growth and development; and (d) My job increases my feeling of self-esteem” (p. 183).

Job Satisfaction. Hackman and Oldham (1975) defined general satisfaction as “an overall measure of the degree to which an employee is satisfied and happy with the job” (p. 162). This approach is supported by Karatepe and Tekinkus (2006) who defined job satisfaction as “the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” (p. 178). This approach is also supported by Tortosa et al. (2015) who defined job satisfaction as “the emotional state resulting from the evaluation of his or her job, particularly regarding actual results as compared to the results they wish to achieve in their work relationship” (p. 491).

Several studies have indicated that job satisfaction is affected by IMO and by intrinsic motivation. Several authors asserted that IMO has positive effects on job satisfaction (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017). This effect was confirmed by Tortosa et al. (2015). Intrinsic motivation contributes positively to job satisfaction (Eby et al., 1999; Karatepe & Tekinkus, 2006; Lu, 1999).

Several authors have corroborated that job satisfaction has a positive effect on employee attitudes and perceived service quality. Eby et al. (1999) claimed that job

satisfaction has a positive effect on affective organizational commitment. Also Karatepe and Tekinkus (2006) affirmed that job satisfaction has a significant positive effect on frontline employees' affective organizational commitment. This effect on affective organizational commitment is coincident with Tortosa et al. (2015). Martinez-Sanchez et al. (2018) concluded that job satisfaction is positively related to affective organizational commitment. Hakami et al. (2020) concluded that job satisfaction has a positive and significant correlation with affective organizational commitment. Chen et al. (2009), and Tortosa et al. (2015) affirmed that job satisfaction influence on trust. Gupta and Singla (2016) confirmed that exists a positive and significant relationship between job satisfaction and organizational trust. Reçica and Doğan (2019) concluded that exist a positive correlation between job satisfaction and organizational trust. Aykan and Aksoylu (2015) concluded that there is a positive significant relationship between job satisfaction and perceived service quality. Abdirahman et al. (2020) concluded that job satisfaction is positively correlated with employee performance.

Affective Organizational Commitment. Eby et al. (1999) defined affective organizational commitment as the “individual’s attitude towards the organization, consisting of a strong belief in, and acceptance of, an organization’s goals, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization” (p. 464). This approach is supported by Karatepe and Tekinkus (2006) who defined affective organizational commitment as “the strength of an employee’s emotional attachment to an organization” (p. 179). This approach is also supported by Tortosa et al. (2015) who defined affective organizational commitment as “the employee’s state of affective attachment to the organization and especially the sensitivity the employee shows to work experiences such as organizational support” (p. 492).

Affective organizational commitment is affected by IMO (Lings et al., 2008), by intrinsic motivation (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019), by

job satisfaction (Eby et al., 1999; Karatepe & Tekinkus, 2006; Tortosa et al., 2015; Martinez-Sanchez et al., 2018; Hakami et al., 2020), and by trust (Chen et al., 2009; Tortosa et al., 2015)

Affective organizational commitment has a negative effect on absenteeism (Eby et al., 1999), turnover (Eby et al., 1999; Yukongdi & Shrestha, 2020) and has a positive effect on perceived service quality (Tortosa et al., 2015). Ali and Afshari (2019) concluded that organizational commitment has a significance relationship with employee performance. Abdirahman et al. (2020) concluded that organizational commitment is positively correlated with employee performance.

Trust. Moliner (2009) defined trust as “an individual’s general expectation as to whether another’s word can be trusted” (p. 80). In relation to leadership behaviour, Tyagi (1985) defined trust and support as “the extent to which an individual has feelings of confidence in a supervisor and to which the supervisor is aware of and responsive to the needs of subordinates” (p. 78). Tortosa et al. (2015) affirmed that trust is a favourable affective reaction with two dimensions: “(a) trust in benevolence or the other party’s interest in the well-being of the person who trusts, and (b) trust in honesty (credibility) or the faith of those who trust in the actions of the other party in the relationship” (p. 491).

Trust is affected by IMO (Tortosa et al., 2015), supervisory support (Narang & Singh, 2012) and by job satisfaction (Chen et al., 2009; Tortosa et al., 2015). Moreover trust influences on affective organizational commitment (Chen et al., 2009; Tortosa et al., 2015). Trust has a substantial impact on organizational commitment (Lashari et al., 2016). Also, trust has a significant correlation with organizational commitment (Akgerman & Sönmez, 2020). Trust (trust in honesty, trust in benevolence) influences on perceived service quality (Tortosa et al., 2015). Trust has a positive relationship with service quality (Brown et al., 2015). Trust has a significant relationship with employee’s performance (Setyaningrum et al, 2017).

Perceived Service Quality. Frontline employees play a critical role in delivering high quality service and creating a pool of satisfied customers (Karatepe & Tekinkus, 2006). Perceived service quality is “the discrepancy between consumers’ perceptions of services offered by a particular firm and their expectations about firms offering such services” (Parasuraman et al., 1988, p. 14). The SERVQUAL model is used widely to measure service quality (Tan & Pawitra, 2001). SERVQUAL is a multiple-item scale for measuring consumer perceptions of service quality in service and retailing organizations (Parasuraman et al., 1988). This scale was used for Wong and Sohal (2003) to examine the effect of service quality dimensions on customer loyalty. Also, this scale was used by Yu et al. (2006) who examined relationships among service quality, customer satisfaction, and loyalty in the leisure industry.

Brady and Cronin (2001) asserted that customer evaluation is based on three dimensions of service encounter namely interaction, environment, outcome. Customer combines the performance evaluation of these dimensions to form their perceived service quality (Brady & Cronin, 2001). Perceived service quality is a multidimensional hierarchical construct with three primary dimensions and nine sub-dimensions (Brady & Cronin, 2001). The primary dimensions mentioned by Brady and Cronin (2001) are: “(a) interaction quality, (b) physical environment quality, and (c) outcome quality” (p. 42). The scale developed by Brady and Cronin (2001) was adopted by Tortosa et al. (2015) in the context of hospitals to confirm the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees’ attitudes, namely, job satisfaction, trust in honesty, trust in benevolence.

Perceived service quality is influenced by employees’ attitudes and by IMO with the mediating role of employees’ attitudes, namely, job satisfaction, trust in honesty, trust in

benevolence (Tortosa et al., 2015). The influence of IMO on perceived service quality has been mentioned by Gounaris et al. (2010) and by Sanchez et al. (2011).

Perceived service quality influences on customer satisfaction. Several authors found significant correlations between perceived service quality and customer satisfaction (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019). Tortosa et al. (2015) considered the role of perceived service quality as an antecedent of customer satisfaction. Also, Mwangi et al. (2018) concluded that perceived service quality is an important predictor of customer satisfaction.

Customer Satisfaction. Satisfaction is defined as “pleasurable fulfilment; the consumer senses that consumption fulfils some need, desire, or goal and that this fulfilment is pleasurable” (Oliver, 1999, p. 34). This approach is reinforced by Ottar (2007) who defined individual satisfaction as “a consumer’s personal overall evaluation of satisfaction and pleasure with a given product category and a cumulative rather than transaction-specific construct” (p. 320). Tortosa et al. (2015) affirmed that customer satisfaction is “a one-dimensional reflective construct representative of the customer’s affective reaction to the service quality received” (p. 497). Tortosa et al. (2015) adopted the scale validated by Bloemer and Oderkerken-Schöder (2002) to measure customer satisfaction.

Service quality influences customer satisfaction. Yu et al. (2006) found significant correlations between all dimensions of service quality in the leisure industry and overall customer satisfaction. Tortosa et al. (2015) considered the role of perceived service quality as an antecedent of customer satisfaction. Also, Mwangi et al. (2018) concluded that perceived service quality is an important predictor of customer satisfaction.

Oliver (1999) concluded that satisfaction is a necessary step in loyalty formation; Gronholdt, Martensen, and Kristensen (2000) supported this view, asserting that customer satisfaction has a positive effect on customer loyalty. Likewise, Pont and McQuilken (2005)

affirmed that satisfaction was found to have a significant effect on loyalty. Ottar (2007) concluded that a positive relationship exists between satisfaction and loyalty.

Oliver (1999) asserted that for satisfaction to affect loyalty, frequent or cumulative satisfaction is required because satisfaction is a temporal post-use state that reflects how the product or service has fulfilled its purpose. This view is supported by Chang and Tu (2005) who confirmed that customer satisfaction can effectively enhance and maintain the customer loyalty. Pont and McQuilken (2005) claimed that the managements' beliefs about the influence of customer satisfaction on retention rates and consumption levels are the financial justification for customer satisfaction.

Dick and Basu (1994) asserted that the behavioural definitions of loyalty are insufficient to explain how and why brand loyalty is developed and/or modified; to explain loyalty, it is necessary to consider relative attitude and patronage behaviour. Dick and Basu (1994) proposed a conceptual framework which understood loyalty as "the relationship between the relative attitude toward an entity (brand/service/store/vendor) and patronage behaviour" (p. 100). In this framework, there are four situations: (a) a high relative attitude toward an entity and high repeat patronage behaviour signifies loyalty, (b) a low relative attitude combined with low repeat patronage signifies an absence of loyalty, (c) a low relative attitude accompanied with high repeat patronage is spurious loyalty, and (d) high relative attitude with low repeat patronage reflects latent loyalty. For Dick and Basu (1994), the antecedents of relative attitude are (a) cognitive antecedents, (b) affective antecedents, one of them being satisfaction, and (c) conative antecedents. Dick and Basu (1994) noted that satisfaction is a consumer's post purchase response to a brand to act as an antecedent to loyalty.

Loyalty is described by Oliver (1999) as "a deeply commitment to repurchase a product or service consistently in the future, despite marketing efforts and situational

influences having the potential to cause switching behaviour, thereby causing repetitive same-brand purchasing” (p. 36). Oliver (1999) described that the loyal consumer desires to repurchase a product or service and will have no other. Chang and Tu (2005) supported this view, confirming that customer loyalty is “the customer’s repeat-purchase intention to some specific product or service in the future” (p. 198).

Oliver (1999) proposed four loyalty phases: (a) cognitive loyalty, (b) affective loyalty, (c) conative loyalty, and (d) action loyalty; in the first phase, the information about the brand attributes indicates to consumer that one brand is preferable to others; in the second phase; on the basis of cumulatively satisfying usage a liking or attitude toward the brand has developed; in the third phase, the consumer desires to repurchase influenced by repeated episodes of positive affect toward the brand; in the fourth phase, the previous loyalty state is converted to action. Gremler and Brown (1998) suggested four antecedent factors for loyalty: overall evaluation of the service, the competitive environment, impersonal bonds, and interpersonal bonds; to service companies, interpersonal bonds are particularly important in order to development customer's loyalty. Loyalty was shown to be one of the fundamental drivers of company profitability (Reichheld et al., 2000).

Critique of Literature

IMO concept has evolved over time from a set of managerial behaviours associated with internal marketing to “a set of managerial behaviours associated with implementing an internal marketing philosophy” (Lings et al., 2008, p. 1433). Internal marketing philosophy represents the effort to generate value for the employees (Gounaris et al., 2010).

IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions. IMO affects the behaviour of employees. Employees perceive that they receive more value by gathering information about the needs of customers and therefore strive to provide better service. IMO has a significant effect on affective organizational commitment,

job satisfaction, market-oriented behaviour, and the creation of new services. IMO has a significant positive impact on employee motivation to provide good service. IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence. Also, IMO has a precedential effect on firm performance through employees' organizational commitment and retention and IMO has a positive relationship with organizational performance.

Intrinsic motivation is defined as an individual's feeling of challenge or competence derived from performing a job. Several researchers have investigated the effect of intrinsic motivation on emotional exhaustion, work-related fatigue, employee performance, job satisfaction, affective organizational commitment, creativity and organizational citizen behaviours.

No previous studies were found that related the IMO construct to the intrinsic motivation of frontline employees or related intrinsic motivation to service quality. The aim of the study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation. The aim was to determine whether IMO influences intrinsic motivation and whether intrinsic motivation influences perceived service quality.

Summary

In this chapter, it has been shown that the IMO concept has evolved over time from a set of managerial behaviours associated with internal marketing to "a set of managerial behaviours associated with implementing an internal marketing philosophy" (Lings et al., 2008, p. 1433). Internal marketing philosophy represents the effort to generate value for the employees (Gounaris et al., 2010). IMO, conceptually, is similar to an external market orientation MO. IMO is a hierarchical construct, its dimensions describing the managerial behaviours associated with implementing managerial philosophy.

IMO facilitates the implementation of IM strategies and the implementation of MO. It has been shown, based on previous research, that IMO influences the creation of new services, affects customers' perceived value, creates value for customers, increases job satisfaction, increases organizational performance, and achieves competitive advantage, customer satisfaction, a competitive position, staff retention, improved staff attitudes, committed employees, and better quality services.

Intrinsic motivation is defined by Ryan and Deci (2000) as “the doing of an activity for its inherent satisfaction rather than for some separable consequence” (p. 56); when verbal reinforcement and positive feedback have been used, intrinsic motivation has tended to increase. Intrinsic motivation requires nutrients; the satisfaction of the three innate or fundamental psychological needs, namely, competence, autonomy, and relatedness provide the nutrients for intrinsic motivation for this reason organization should ensure that social environment affords the satisfaction of these three needs. Intrinsic motivation decreases employees' emotional exhaustion and work-related fatigue. Intrinsic motivation increases employee performance, and contributes positively to overall job satisfaction, affective organizational commitment, and creativity.

Perceived service quality is “the discrepancy between consumers' perceptions of services offered by a particular firm and their expectations about firms offering such services” (Parasuraman et al., 1988, p. 14). Perceived service quality affects customer satisfaction and customer loyalty. Customer satisfaction is defined as pleasurable fulfilment. Satisfaction is a necessary step in loyalty formation. Loyalty is described as a deeply held commitment to repurchase a preferred product or service consistently in the future.

Conclusion

Internal market orientation (IMO) is “a set of managerial behaviours that involves the generation and dissemination of intelligence pertaining to the wants and needs of employees,

and the design and implementation of appropriate responses to meet these wants and needs” (Lings & Greenley, 2005, p. 291). These behaviours are associated with implementing an internal marketing philosophy (Lings et al., 2008). IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions. IMO affects the behaviour of employees. Employees perceive that they receive more value by gathering information about the needs of customers and therefore strive to provide better service. IMO has a significant effect on affective organizational commitment, job satisfaction, market-oriented behaviour, and the creation of new services. IMO has a significant positive impact on employee motivation to provide good service. IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees’ attitudes, namely, job satisfaction, trust in honesty, trust in benevolence. Also, IMO has a precedential effect on firm performance through employees’ organizational commitment and retention and IMO has a positive relationship with organizational performance.

Intrinsic motivation is defined as an individual’s feeling of challenge or competence derived from performing a job. Several researchers have investigated the effect of intrinsic motivation on emotional exhaustion, work-related fatigue, employee performance, job satisfaction, affective organizational commitment, creativity and organizational citizen behaviours.

No previous studies were found that related the IMO construct to the intrinsic motivation of frontline employees or related intrinsic motivation to service quality. The aim of the study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation. The aim was to determine whether IMO influences intrinsic motivation and whether intrinsic motivation influences perceived service quality.



Chapter 3: Method

Chapters 1 and 2 contained a description of the conceptual framework of the study and discussion of the contention of Tortosa et al. (2015) that IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence. In accordance with the aim of this study to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation of employees, in Chapter 3, the research design is described, its appropriateness evaluated, the research questions motivating the research listed, the study population and characteristics of the sample selected are defined, the sample consisted of 300 medical doctors and 900 patients at a rate of three patients per medical doctor and the validity of the instrument of measurement is discussed.

Research Design

According to Hernández, Fernández, and Baptista (2006), a feature of the quantitative approach is the use of deductive logic that starts with a theory from which hypotheses are derived. These logical expressions are then tested. In the present quantitative study, deductive logic and statistical tools were applied to confirm that IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence and to extend the model defined by Tortosa et al. (2015) by including intrinsic motivation. The aim was to determine whether IMO influences intrinsic motivation and whether intrinsic motivation influences perceived service quality.

Several researchers have investigated the effect of the IMO construct on job satisfaction, market-oriented behaviour, the creation of new services, organizational performance, competitive advantage, customer satisfaction, competitive position, staff retention, staff attitudes, and quality of services. Studies that relate the IMO construct to the

intrinsic motivation of frontline employees were not found; nor were studies found that relate intrinsic motivation to service quality. No known research has been conducted in Peru on the effect of an IMO or intrinsic motivation. Fourteen hypotheses have been developed based on the review of the literature.

The present study is quantitative, given that data were collected with the application of surveys. The research was confirmatory and measured (a) the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes; (b) the influence of IMO on intrinsic motivation; and (c) the influence of intrinsic motivation on perceived service quality. The scale developed by Tortosa et al. (2015), supplemented by four questions from the scale used by Low et al. (2001) and by Karatepe and Tekinkus (2006) about intrinsic motivation, was used to collect data. The data collected were used to confirm the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees' attitudes and to analyse the influence of IMO on intrinsic motivation. The scale developed Brady and Cronin (2001) and adopted by Tortosa et al. (2015) was used to collect data about the perceived service quality. In both cases, the perceptions of the interviewees were collected. The design was a cross-sectional study conducted at a single point in time.

In this research, the dyadic methodology (employee – the median of his/her three patients) used by Tortosa et al. (2015) was used at the outpatient services of five Peruvian hospitals. Structural equation modelling was used to test the relationships of the model.

Appropriateness of the Design

According to Hernandez et al. (2006), the findings of quantitative studies contribute to the generation of knowledge if the design follows the process of quantitative research. The measurement of the IMO construct using surveys has been conducted by various researchers (Gounaris, 2008; Gounaris et al., 2010; Lings et al., 2008; Lings & Greenley, 2005). The

measurement of the intrinsic motivation using surveys has been conducted by various researchers (Low et al., 2001; Karatepe & Tekinkus, 2006; Markland & Lew, 1997; Pretty & Seligman, 1984; Ryan & Deci, 2000; Tremblay et al., 2009; Wicker et al., 1992). The measurement of perceived service quality using surveys has been conducted by Tortosa et al. (2015) using the scale developed Brady and Cronin (2001). Structural equations have been used to measure the effect of the IMO construct (Lings et al., 2008). The correlation coefficient describes the strength of the relationship between two sets of variables (Lind, 2012). The Pearson correlation coefficient has been used to measure the effects of intrinsic motivation (Tremblay et al., 2009).

Research Questions

The research questions were as follows:

1. Does IMO influence on medical doctor's job satisfaction?
- 2a. Does IMO influence on medical doctor's trust in honesty?
- 2b. Does IMO influence on medical doctor's trust in benevolence?
3. Does IMO influence on medical doctor's affective organizational commitment?
- 4a. Does medical doctor's job satisfaction influence on his or her trust in honesty
- 4b. Does medical doctor's job satisfaction influence on his or her trust in benevolence?
5. Does medical doctor's job satisfaction influence on his or her affective organizational commitment?
- 6a. Does medical doctor's trust in honesty influence on his or her affective organizational commitment?
- 6b. Does medical doctor's trust in benevolence influence on his or her affective organizational commitment?
7. Does medical doctor's job satisfaction influence on patient's perceived service quality?
- 8a. Does medical doctor's trust in honesty influence on patient's perceived service quality?

- 8b. Does medical doctor's trust in benevolence influence on patient's perceived service quality?
9. Does medical doctor's affective organizational commitment influence on patient's perceived service quality?
10. Does patients' perceived service quality influence on his or her satisfaction with the service received?
11. Does IMO influence on medical doctor's intrinsic motivation?
12. Does medical doctor's intrinsic motivation influence on his or her job satisfaction?
13. Does medical doctor's intrinsic motivation influence on his or her affective organizational commitment?
14. Does medical doctor's intrinsic motivation influence on patient's perceived service quality?

Hypotheses

The following hypotheses were proposed:

- H1*: IMO has a direct, positive and significant influence on medical doctor's job satisfaction.
- H2a*: IMO has a direct, positive and significant influence on medical doctor's trust in the honesty of the organisation and its managers.
- H2b*: IMO has a direct, positive and significant influence on medical doctor's trust in the benevolence of the organisation and its managers.
- H3*: IMO has a direct, positive and significant influence on medical doctor's affective organizational commitment.
- H4a*: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her trust in the honesty of the organisation and its managers.
- H4b*: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her trust in the benevolence of the organisation and its managers.

H5: Medical doctor's job satisfaction has a direct, positive and significant influence on his or her affective organizational commitment.

H6a: Medical doctor's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on his or her affective organizational commitment.

H6b: Medical doctor's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on his or her affective organizational commitment.

H7: Medical doctor's job satisfaction has a direct, positive and significant influence on patient's perceived service quality.

H8a: Medical doctor's trust in the honesty of the organisation and its managers has a direct, positive and significant influence on patient's perceived service quality.

H8b: Medical doctor's trust in the benevolence of the organisation and its managers has a direct, positive and significant influence on patient's perceived service quality.

H9: Medical doctor's affective organizational commitment has a direct, positive and significant influence on patient's perceived service quality.

H10: Patient's perceived service quality has a direct, positive and significant influence on his or her satisfaction with the service received.

H11: IMO has a direct, positive, and significant influence on medical doctor's intrinsic motivation.

H12: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction.

H13: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment.

H14: Medical doctors' intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality.

Population

The population for the study was a set of medical doctors and patients from the outpatient services of five public hospitals in Lima. IMO has a significant influence on perceived service quality and customer satisfaction with the mediating role of employees' attitudes, namely, job satisfaction, trust in honesty, trust in benevolence (Tortosa et al., 2015). The aim of the study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation. The aim was to determine whether IMO influences intrinsic motivation and to determine whether intrinsic motivation influences perceived service quality. According to Hernandez et al. (2006), the unit of analysis depends on the purpose of the investigation. The unit of analysis was the medical doctor – patient relationship; the research hypotheses were tested on 300 dyads conforming by one medical doctor and the median of three patients treated for the same doctor.

Informed Consent

Participants who responded to the survey were informed of the objectives of the study and participated on a voluntary basis. The only incentive was that the results of the study would be made available to them when the study was published. Participants were informed of these conditions before responding to the survey.

Sampling Frame

Medical doctors were chosen from five public hospitals of outpatient services of ESSALUD. In Lima, approximately 5,000 medical doctors are employed in ESSALUD, of which approximately 1,900 medical doctors are employed in the five public hospitals considered in the present study. The sample size was 300 participants. This sample size was defined because Hair, Anderson, Tatham, and Black (2005) mentioned that the sample size can be greater than 200 if the model is very large or complex. The medical doctors working in a hospital were asked to observe the behaviour of a superior and to comment about their

feelings about their work. Patients were those that had been attended to by the selected medical doctors in order to be able to pair the information gathered.

Confidentiality

The medical doctors answered the survey at their places of work under the supervision of a pollster who provided the instructions for completing the survey. Medical doctors were selected prior to the delivery of the survey using the data list of the workers in each area and a figure of random numbers. The interviewer called the selected participants but did not keep a record of information that could identify the individual filling in the survey. After handing over the survey to the selected medical doctor, the interviewer explained the objectives of the research and that participation was voluntary. The interviewer explained that filling in the survey would be considered informed consent. The interviewer asked the medical doctors not to put their name or any code on the form that would allow others to identify the survey they completed.

To gather data from patients, the interviewer worked from the patient care office, and surveys were given to a customer who had been attended by the selected medical doctors; this was done in order to be able to pair the information gathered. The interviewer explained the objectives of the survey and that participation was voluntary. The interviewer explained that completing the survey was considered the patient's informed consent. The interviewer asked the patient not to record his or her name or any other code that would allow the patient to be identified. The surveys would not be registered if patients did include personal details or did not consent to complete the survey; this ensured the confidentiality of the information provided by patients.

Geographical Location

The study was carried out with medical doctors and patients of the public hospitals of ESSALUD, located in Lima, Peru.

Instrumentation

The review of the literature identified that IMO is a hierarchical construct composed of three major dimensions and ten sub-dimensions (Gounaris, 2008). The major dimensions mentioned by Gounaris (2008) are internal market intelligence generation, internal communication, and response to intelligence. The first major dimension described by Gounaris (2008) “refers the company’s effort to generate intelligence regarding the value expected and required by its employees” (p. 81). The second major dimension described by Gounaris (2008) “concerns the internal market communication, which is bidirectional” (p. 81). One direction of internal market communication is from supervisors to employees in order to clarify company objectives about the customer, and the other direction is between supervisors in order to understanding employees’ expectations (Gounaris, 2008). The third major dimension of IMO mentioned by Gounaris (2008) “is the company’s response to the value expectations of its employees” (p. 82). The sub-dimensions of internal market intelligence generation suggested by Gounaris (2008) are identification of exchanges of value and awareness of labour market conditions. The sub-dimensions of internal intelligence dissemination suggested by Gounaris (2008) are communication between supervisors and employees and communication among supervisors. The sub-dimensions of response to intelligence suggested by Gounaris (2008) are internal market segmentation, job description, remuneration systems, management concern, training, and internal segments targeting.

Tortosa et al. (2015) used the scale to represent IMO as a hierarchical construct (Gounaris, 2008) to investigate the influence of IMO on perceived service quality and customer satisfaction with the mediating role of employees’ attitudes in the context of hospitals. The scale used by Tortosa et al. (2015) has 47 items measuring the ten sub-dimensions of IMO. Seven items measure identification of exchange of value; four items measure awareness of labour market conditions; five items measure communication between

managers and employees; four items measure communication among managers; six items measure job description; four items measure internal market segmentation; four items measure internal segments targeting; five items measure remuneration systems; four items measure training; and four items measure management concerns.

In their study, Low et al. (2001) used a four-item scale to measure intrinsic motivation; this scale was adopted by Karatepe and Tekinkus (2006). Karatepe and Tekinkus (2006) confirmed that the results of their research provided support for the applicability, convergent validity, and discriminant and validity of the scale. The four items used by Karatepe and Tekinkus (2006) are as follows:

(a) When I do work well, it gives me a feeling of accomplishment; (b) I feel a great sense of personal satisfaction when I do my job well; (c) When I perform my job well it contributes to my personal growth and development; and (d) My job increases my feeling of self-esteem. (p. 183).

In the review of the literature, perceived service quality was identified as a multidimensional hierarchical construct with three primary dimensions and nine sub-dimensions (Brady & Cronin, 2001). The primary dimensions mentioned by Brady and Cronin (2001) are: “(a) interaction quality, (b) physical environment quality, and (c) outcome quality” (p. 42). “Attitude, behaviour, and expertise are the sub-dimensions of interaction quality; ambient conditions, design, and social factors are the sub-dimensions of physical environment quality; waiting time, tangibles, and valence are the sub-dimensions of outcome quality” (Brady & Cronin, 2001, p. 46).

The scale developed by Brady and Cronin (2001) was adopted by Tortosa et al. (2015). The scale used by Tortosa et al. (2015) has 29 items, 27 items measuring the nine sub-dimensions of perceived service quality and two questions measuring general quality.

To develop the questionnaire for the medical doctors, 69 items related to the IMO and attitudes were adapted from Tortosa et al. (2015), and four items related to the intrinsic motivation were adapted from Karatepe and Tekinkus (2006). Likert-type scales, ranging from *totally disagree* to *totally agree*, were used to measure the variables in the study. To ensure correct interpretation of the items, pretesting was performed with a group of medical doctors who were asked to corroborate the terms and wording of each question. The instrument was then applied in a pilot survey to two different groups of medical doctors. Analysis of variance (ANOVA) was applied to detect differences between the mean values of each of the variables for the two groups to detect if there were significant differences. The revised version was translated by certified translators and sent to researchers who have published scholarly articles for comment in order to validate the translation. The questionnaire for the medical doctors is in Appendix A.

Measurement of the reliability was carried out by calculating Cronbach's alpha coefficient. Other questions were added to assess if variables not considered in the study would influence the results. Participants were asked to provide information about their ages, years in the same job, and years in the same hospital.

To develop the questionnaire for the patients, 32 items related to perceived service quality and customer (patient) satisfaction were adapted from Tortosa et al. (2015). The questionnaire for the patients is in Appendix B.

Data Collection

The data collection was carried out before the covid-19 pandemic. In order to apply the questionnaires in ESSALUD, it was necessary to obtain approval for the investigation from the general management and the research committee of that institution. During the research approval process, the research protocol established at ESSALUD was completed, which included questionnaires for medical doctors and patients. The research protocol was

approved by the research committee. After obtaining approval for the investigation, it was possible for the headquarters of external consultancies to facilitate the application of the questionnaires.

The medical doctors' questionnaires were administered to 300 medical doctors from the external consultations of ESSALUD. The 300 questionnaires were completed. The patient questionnaires were administered to 962 patients, 900 questionnaires was completed on the basis of three patients per medical doctor. The medical doctors and patients were chosen at random. Confidentiality was maintained by assigning a code to each medical doctor, which was noted on his or her questionnaire.

Participants who responded to the survey were informed of the objectives of the study and participated on a voluntary basis. The only incentive was that the results of the study would be made available to them when the study was published. Participants were informed of these conditions before responding to the survey.

The data collected were recorded in Excel software and then analyzed using IBM SPSS (SPSS) and IBM SPSS Amos (AMOS).

Data Analysis

The analysis of the collected data was done using SPSS and AMOS. Using SPSS, seven outliers were detected and found to have a probability of occurrence less than 0.001 by applying the Mahalanobis D^2 measure. In order to confirm the normality of the variables, the Kolmogorov-Smirnov test was used.

Validity and Reliability

The reliability of the scales was confirmed using Cronbach's alpha coefficient.

The unidimensionality of variables (job satisfaction, affective organizational commitment, trust in honesty, trust in benevolence, intrinsic motivation) was evaluated using the confirmatory factor.

The factorial validity of the IMO construct and the Perceived Service Quality (PSQ) construct was evaluated using CFA in AMOS. In order to assess the factorial validity of PSQ, the model suggested by Diamantopoulos and Winklhofer (2001) was used with three formative indicators (PSQIQ, PSQEQ, and PSQOQ) and two reflective indicators (GQ1 and GQ2). To confirm the goodness of fit of the proposed model, CFA in AMOS was used. Once the fit of the proposed model was confirmed, the Pearson correlation coefficients between the variables were calculated.

Summary

The purpose of this quantitative, correlational, cross-sectional study was to confirm the findings of Tortosa et al. (2015) and extend their model by including intrinsic motivation to contribute to knowledge about the influence of IMO and the antecedents of intrinsic motivation and also contribute knowledge about the influence of intrinsic motivation. The aim of the research was to help bridge the existing knowledge gap with respect to (a) the influence of IMO on intrinsic motivation for frontline employees and (b) the influence of intrinsic motivation on perceived service quality. In this chapter; the research design was described; its appropriateness evaluated; the research questions motivating the research listed; the hypotheses listed; the study population defined; the informed consent described; the characteristics of the sample selected defined; the process to guarantee confidentiality was described; instrumentation, data collection and data analysis was described; and the validity of the instrument of measurement discussed.

Chapter 4: Results

The purpose of this chapter is to report the results of the statistical procedures used to test the hypotheses defined in Chapter 1. The purpose of this quantitative, correlational, cross-sectional study was (a) to confirm the findings of Tortosa et al. (2015) and (b) to extend their model by including intrinsic motivation. The aim of the research was to help bridge the existing knowledge gap with respect to (a) the influence of IMO on intrinsic motivation for frontline employees and (b) the influence of intrinsic motivation on perceived service quality. This chapter is organized as follows: (a) results and (b) summary.

In order to apply the questionnaires in ESSALUD, it was necessary to obtain approval for the investigation from the general management and the research committee of that institution. During the research approval process, the research protocol established at ESSALUD was completed, which included questionnaires for medical doctors and patients. The research protocol was approved by the research committee. After obtaining approval for the investigation, it was possible for the headquarters of external consultancies to facilitate the application of the questionnaires.

The medical doctors' questionnaires were administered to 300 medical doctors from the external consultations of ESSALUD. The patient questionnaires were administered to 900 patients on the basis of three patients per medical doctor. Confidentiality was maintained by assigning a code to each medical doctor, which was noted on his or her questionnaire.

Findings

Descriptive data. The questionnaires to the doctors were administered to 300 medical doctors from the external consultations of ESSALUD. Table 1 illustrates that 68.33 % of the participants were men and 31.67% were women.

Table 1*Field Research Populations Survey of Medical Doctors.*

Population details	Men	Women
Medical doctors	205	95
Research rate	68.33%	31.67%

The questionnaires to the patients were administered to 900 patients. Table 2 illustrates that the participants were 35.56 % men and 64.44% women.

Table 2*Field Research Populations Survey of Patients.*

Population details	Men	Women
Patients	320	580
Research rate	35.56%	64.44%

Table 3 and Table 4 show the distribution of medical doctors and patients by age respectively.

Table 3*Distribution by Age of Medical Doctors.*

Age	Medical doctors	Rate
20-27 years	2	0.67%
28-35 years	44	14.67%
36-43 years	65	21.67%
44-51 years	75	25.00%
53-59 years	59	19.67%
60- >60	55	18.33%

Table 4*Distribution by Age of Patients.*

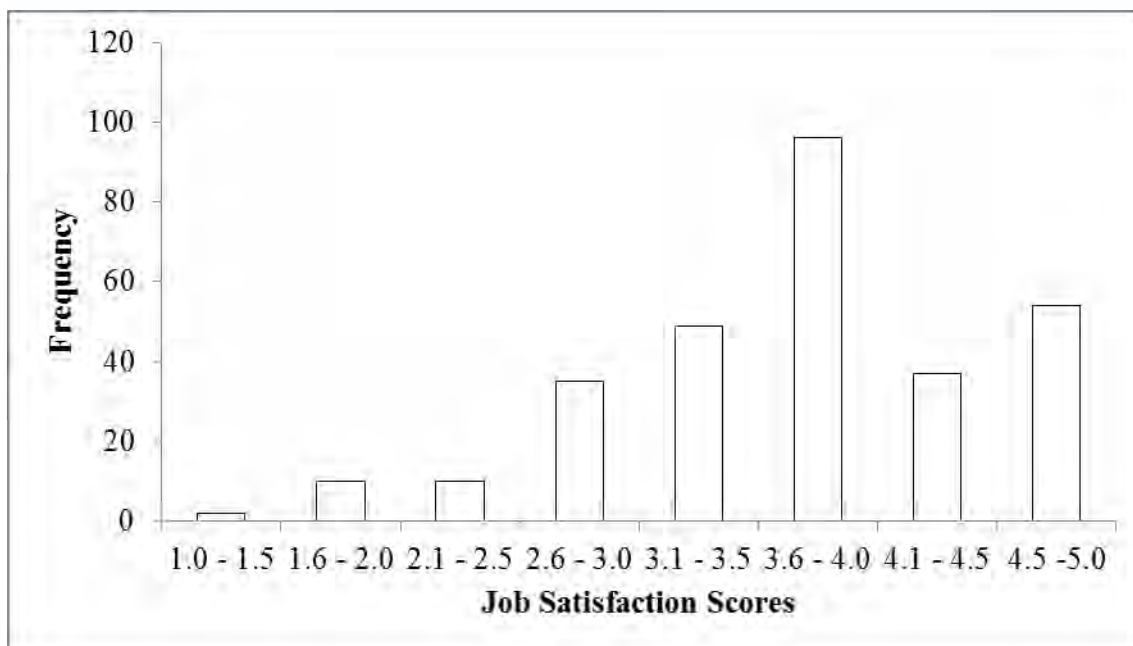
Age	Patients	Rate
18-24 years	43	4.78%
25-34 years	95	10.56%
35-44 years	202	22.44%
45-54 years	256	28.44%
55-64 years	199	22.11%
65- >65	105	11.67%

Outliers are defined by Hair et al. (2005) as observations with a unique combination of characteristics identifiable as distinctly different from the other observations. In order to detect outliers, Hair et al. (2005) suggested the use of the Mahalanobis D^2 measure. Using SPSS, seven outliers were detected with a probability of occurrence less than 0.001 applying the Mahalanobis distance measure. Table 5 shows the Mahalanobis distance measure and probability of occurrence for these outliers.

Table 5*Mahalanobis and Probability of Occurrence.*

Survey	Mahalanobis	Probability of occurrence
147	154.92	0.00003
71	150.91	0.00008
103	145.78	0.00024
61	143.92	0.00034
86	142.58	0.00045
16	142.31	0.00047
112	139.81	0.00077

In order to describe the value obtained for each variable, histograms showing the following statistics were used: (a) mean, (b) median, and (c) standard deviation. Figure 2 shows the histogram of job satisfaction.

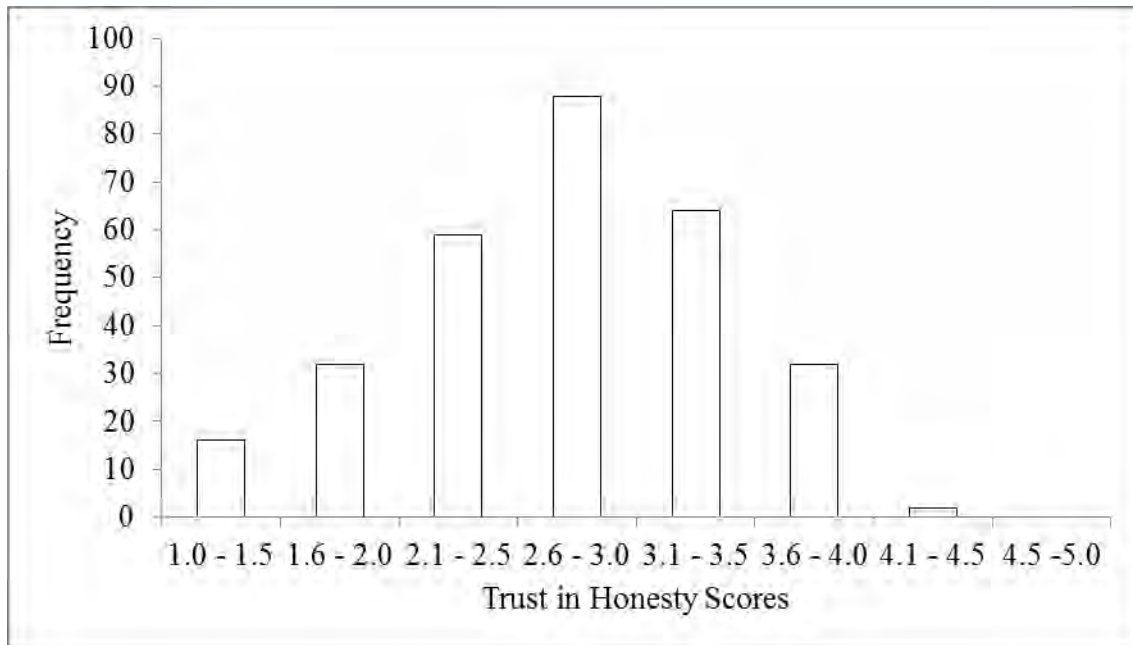
Figure 2*Histogram of Job Satisfaction.*

To elaborate the histogram of job satisfaction, the average of the scores of the five questions included in the questionnaire was used (Hernández et al., 2006; Tortosa et al., 2015). It can be seen that most doctors had a high degree of satisfaction. The statistics of job satisfaction are shown in Table 6.

Table 6*Statistics of Job Satisfaction.*

Statistic	Value
Mean	3.6983
Median	3.8000
Standard deviation	0.81318

Figure 3 shows the histogram of trust in honesty.

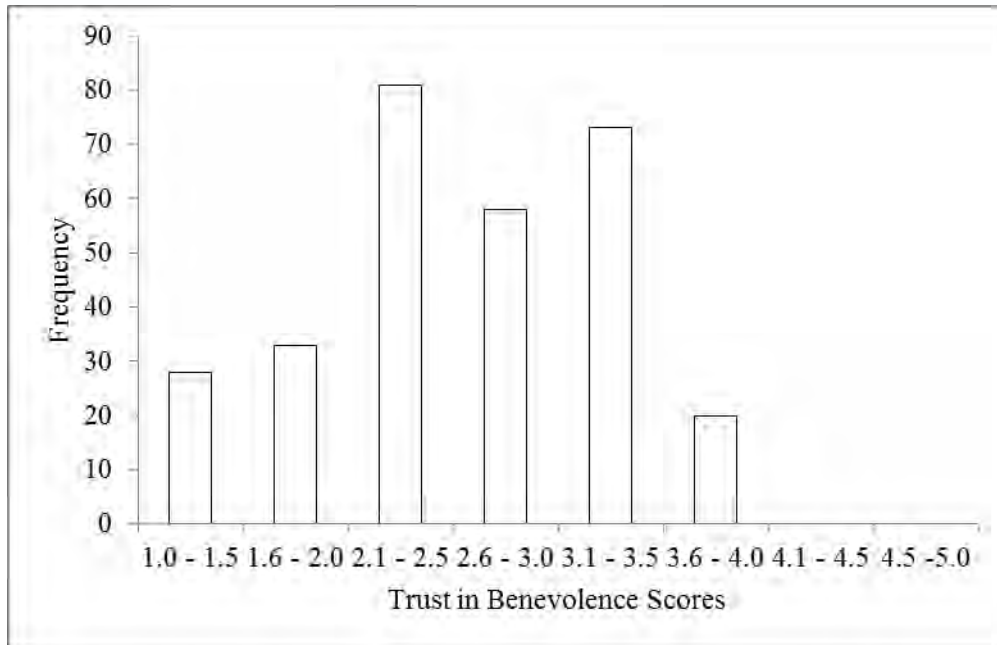
Figure 3*Histogram of Trust in**Honesty.*

To elaborate the histogram for trust in honesty, the average of the scores of the five questions included in the questionnaire was used (Hernández et al., 2006; Tortosa et al., 2015). It can be seen that most doctors had a low degree of trust in honesty. The statistics for trust in honesty are shown in Table 7.

Table 7*Statistics of Trust in Honesty.*

Statistic	Value
Mean	2.7126
Median	2.6000
Standard deviation	0.65857

Figure 4 shows the histogram for trust in benevolence.

Figure 4*Histogram of Trust in Benevolence.*

To elaborate the histogram of trust in benevolence, the average of the scores of the six questions included in the questionnaire was used (Hernández et al., 2006; Tortosa et al., 2015). It can be seen that most doctors had a low degree of trust in benevolence. The statistics of trust in benevolence are shown in Table 8.

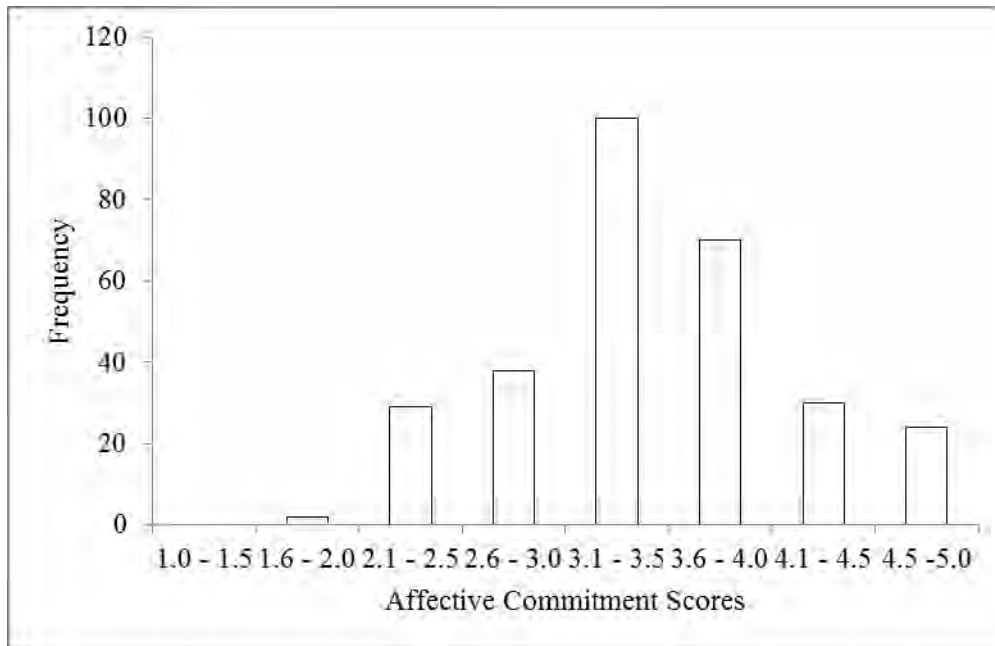
Table 8*Statistics of Trust in Benevolence.*

Statistic	Value
Mean	2.6263
Median	2.6667
Standard deviation	0.68634

Figure 5 shows the histogram of affective organizational commitment.

Figure 5

Histogram of Affective Organizational Commitment.



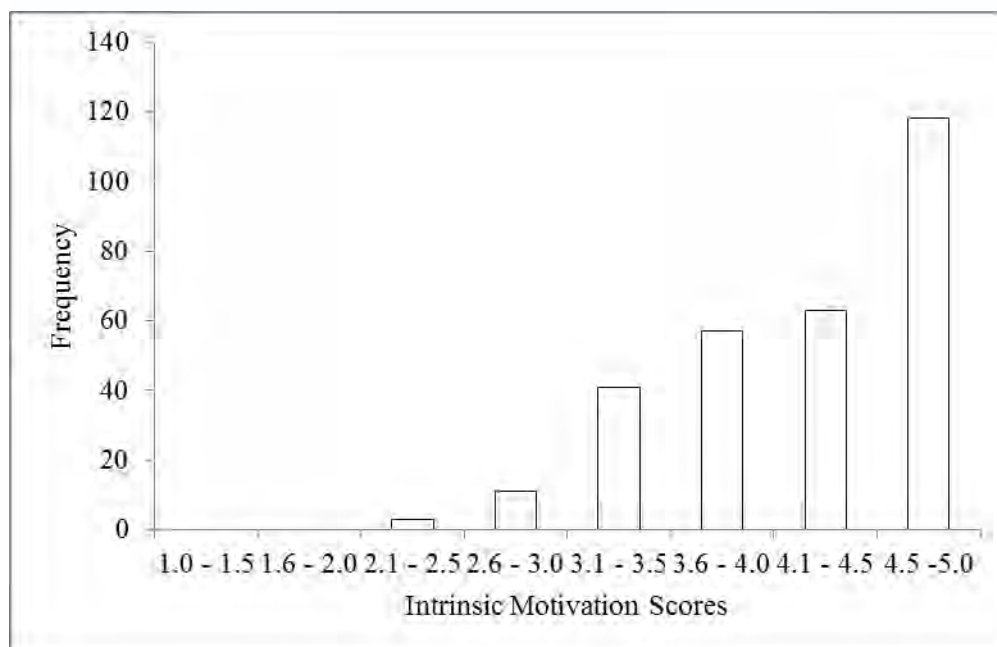
To elaborate the histogram of affective organizational commitment, the average of the scores of the six questions included in the questionnaire was used (Hernández et al., 2006; Tortosa et al., 2015). It can be seen that most doctors had a high degree of affective organizational commitment. The statistics of affective organizational commitment are shown in Table 9.

Table 9

Statistics of Affective Organizational Commitment.

Statistic	Value
Mean	3.5034
Median	3.5000
Standard deviation	0.66780

Figure 6 shows the histogram of intrinsic motivation.

Figure 6*Histogram of Intrinsic Motivation.*

To elaborate the histogram of intrinsic motivation, the average of the scores of the four questions included in the questionnaire was used (Hernández et al., 2006; Tortosa et al., 2015). It can be seen that most doctors had a high degree of intrinsic motivation. The statistics of intrinsic motivation are shown in Table 10.

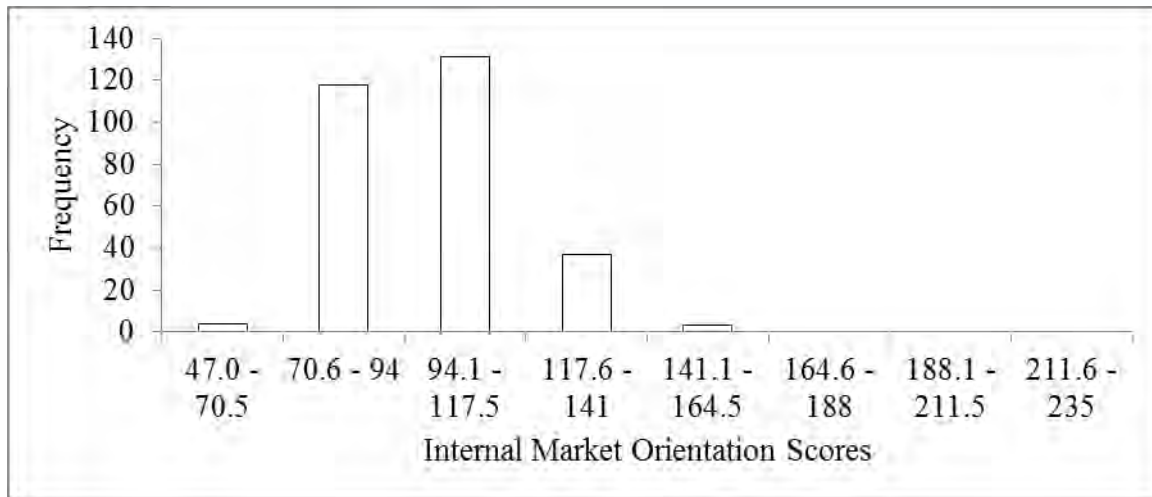
Table 10*Statistics of Intrinsic Motivation.*

Statistic	Value
Mean	4.3208
Median	4.5000
Standard deviation	0.64828

Figure 7 shows the histogram of internal market orientation (IMO).

Figure 7

Histogram of Internal Market Orientation.



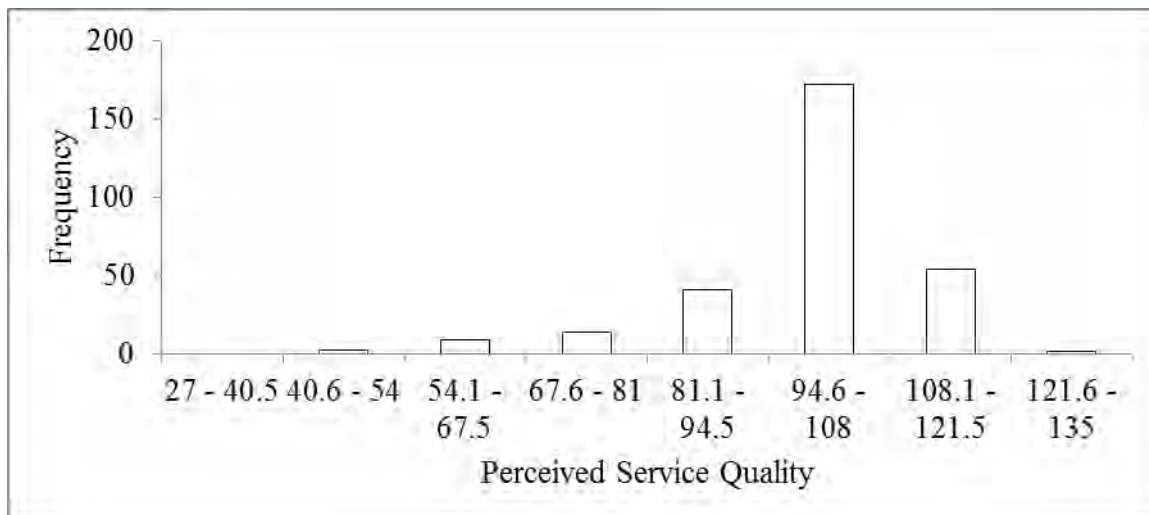
To elaborate the histogram of internal market orientation, the average of the scores of the questions included in the questionnaire for each sub-dimension was used (Hernández et al., 2006; Tortosa et al., 2015). The averages were added to calculate each dimension, and IMO was calculated adding the dimensions (Tortosa et al., 2015). It can be seen that most doctors evaluated their superiors with a low grade of IMO. The statistics of internal market orientation are shown in Table 11.

Table 11

Statistics of Internal Market Orientation.

Statistic	Value
Mean	100.0068
Median	99.0000
Standard deviation	16.10794

Figure 8 shows the histogram of perceived service quality.

Figure 8*Histogram of Perceived Service Quality.*

To elaborate the histogram of perceived service quality (PSQ), the average of the scores of the questions included in the questionnaire for each sub-dimension was used (Hernández et al., 2006; Tortosa et al., 2015); the averages were added to calculate each dimension, and PSQ was calculated adding the dimensions (Tortosa et al., 2015). It can be seen that most patients had a high PSQ. The statistics of perceived service quality are shown in Table 12.

Table 12*Statistics of Perceived Service Quality.*

Statistic	Value
Mean	99.0751
Median	101.0000
Standard deviation	12.21081

In order to confirm the normality of the variables, the Kolmogorov-Smirnov test was used (Hair et al., 2005). Table 13 shows the results of (a) job satisfaction, (b) trust in honesty, (c) trust in benevolence, (d) affective organizational commitment, (e) intrinsic motivation, (f) internal market orientation, and (g) perceived service quality.

Table 13*Kolmogorov-Smirnov Test.*

Variable	Statistic	Significance
Job satisfaction	0.111	0.000
Trust in honesty	0.083	0.000
Trust in benevolence	0.105	0.000
Affective organizational commitment	0.102	0.000
Intrinsic motivation	0.180	0.000
Internal market orientation	0.062	0.008
Perceived service quality	0.161	0.000

The reliability of the scales was evaluated using Cronbach's alpha coefficient.

Hernández et al. (2006) affirmed that Cronbach's alpha coefficient greater than 0.75 indicates that the reliability is acceptable. The Cronbach's alpha coefficient corresponding to the scales of (a) internal market orientation, (b) intrinsic motivation, (c) job satisfaction, (d) trust in honesty, (e) trust in benevolence, (f) affective organizational commitment, and (g) perceived service quality are shown in Table 14.

Table 14*Cronbach's Alpha per Scale.*

Scale	Cronbach's alpha
Internal market orientation (IMO)	0.928
Intrinsic motivation (IM)	0.908
Job satisfaction (JS)	0.920
Trust in honesty (TH)	0.863
Trust in benevolence (TB)	0.895
Affective organizational commitment (AFCOM)	0.898
Perceived service quality (PSQ)	0.936

Goodness of Fit of the Model. The unidimensionality of variables was evaluated using the confirmatory factor analysis applying the index of goodness of fit (GFI). GFI greater than 0.9 indicates that there is no evidence to reject the unidimensionality (Ahire, Golhar, & Waller, 1996). The number of items per variable and the goodness of fit indicator

(GFI) corresponding to the variables (a) intrinsic motivation, (b) job satisfaction, (c) trust in honesty, (d) trust in benevolence, and (e) affective organizational commitment are shown in Table 15.

Table 15

Number of Elements per Variable and Goodness of Fit Indicator (GFI).

Variable	Number of elements	GFI
Intrinsic motivation (IM)	4	0.971
Job satisfaction (JS)	5	0.979
Trust in honesty (TH)	5	0.939
Trust in benevolence (TB)	6	0.944
Affective organizational commitment (AFCOM)	6	0.931

Suitability of the Correlation Matrix. The Kaiser-Mayer-Olkin (KMO) measurement was applied to analyze the adequacy of the sample to support the unidimensionality of each of the variables: (a) intrinsic motivation, (b) job satisfaction, (c) trust in honesty, (d) trust in benevolence, and (e) affective organizational commitment. The KMO of these variables was .869 and considered meritorious (Behara & Gundersen, 2001). The KMO of each variable and the percentage of variance explained are shown in Table 16.

Table 16

Kaiser-Meyer-Olkin Indicator (KMO) and Variance Explained for Variable.

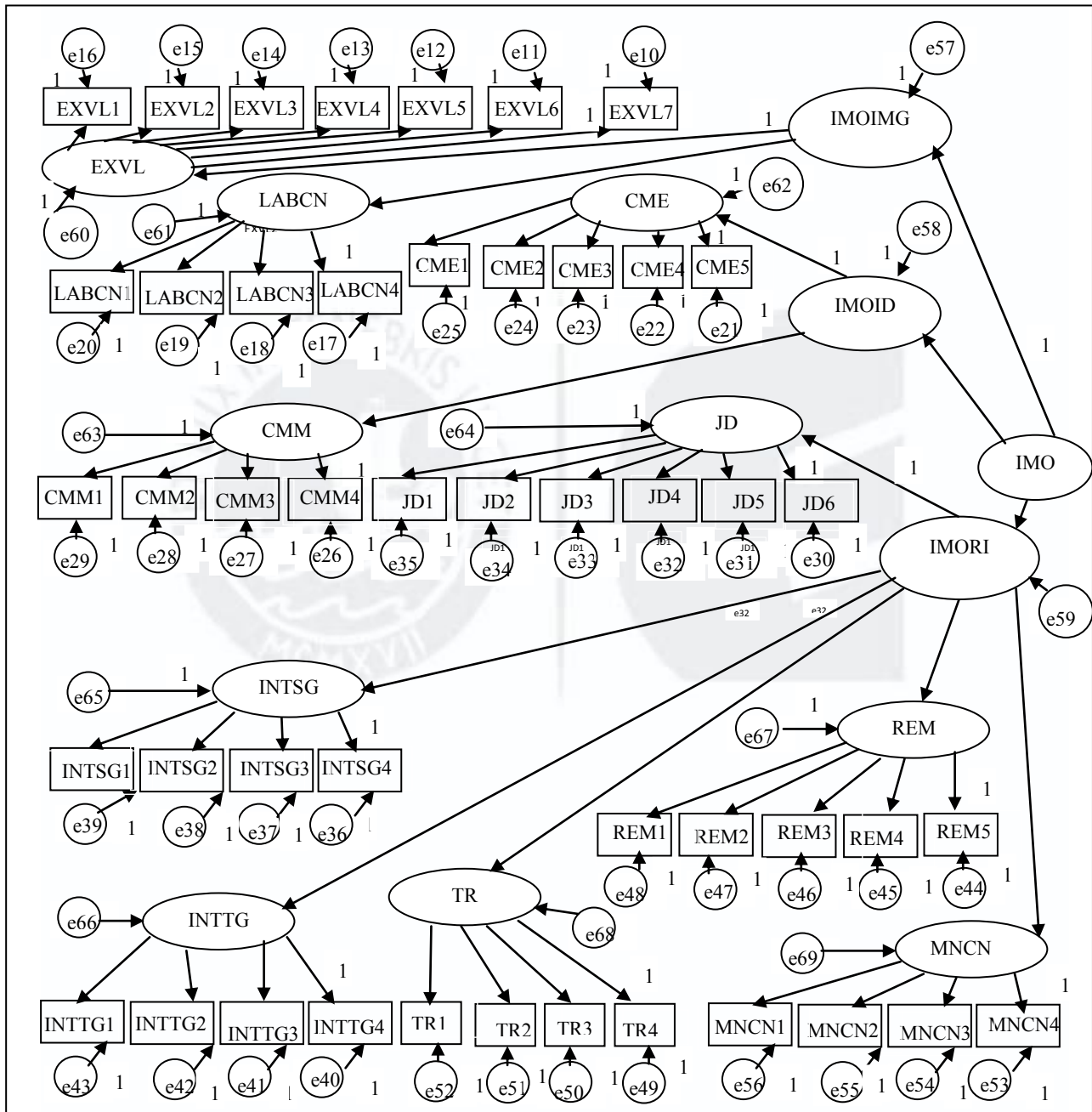
Variable	KMO	Variance
Intrinsic motivation (IM)	0.718	78.7%
Job satisfaction (JS)	0.834	75.7%
Trust in honesty (TH)	0.758	65.0%
Trust in benevolence (TB)	0.839	65.7%
Affective organizational commitment (AFCOM)	0.842	66.4%

Confirmatory Factor Analysis. The factorial validity of the internal market orientation (IMO) construct was evaluated using AMOS. Byrne (2010) affirmed that one application of AMOS is to test the multidimensionality of a theoretical construct using a second-order confirmatory factor analysis (CFA) model. IMO is a construct with three

dimensions and ten sub-dimensions (Gounaris, 2006). Figure 9 shows the CFA model of IMO.

Figure 9

CFA Model of IMO.



In Figure 9, the dimensions of IMO are named as follows: (a) internal market intelligence generation is named as IMOIMG, (b) internal intelligence dissemination is named as IMOID, and (c) response to intelligence is named as IMORI. The sub-dimensions of IMO

in Figure 9 are named as follows: (a) identification of exchange of value is named as EXVL, (b) awareness of labour market condition is named as LABCN, (c) communication between managers and employees is named as CME, (d) communication among managers is named as CMM, (e) job description is named as JD, (f) internal market segmentation is named as INTSG, (g) internal segments targeting is named as INTTG, (h) remuneration systems is named as REM, (i) training is named as TR, and (j) management concerns is named as MNCN.

Byrne (2010) affirmed that comparative fit index (CFI) and root mean square error of approximation (RMSEA) are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 17 and Table 18 show the AMOS output for CFA model of IMO of these principal statistics taken from Appendix E.

Table 17

AMOS Output for CFA Model of IMO: Goodness-of-Fit CFI.

Model	CFI
IMO model	.918
Saturated model	1.000
Independence model	.000

Table 18

AMOS Output for CFA Model of IMO: Goodness-of-Fit RMSEA.

Model	RMSEA
IMO model	.045
Independence model	.150

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case the IMO model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 17 shows that CFI is .918, exceeding the minimum indicated by Sun (2005) who asserted that value of CFI greater than .90 indicates an acceptable fit.

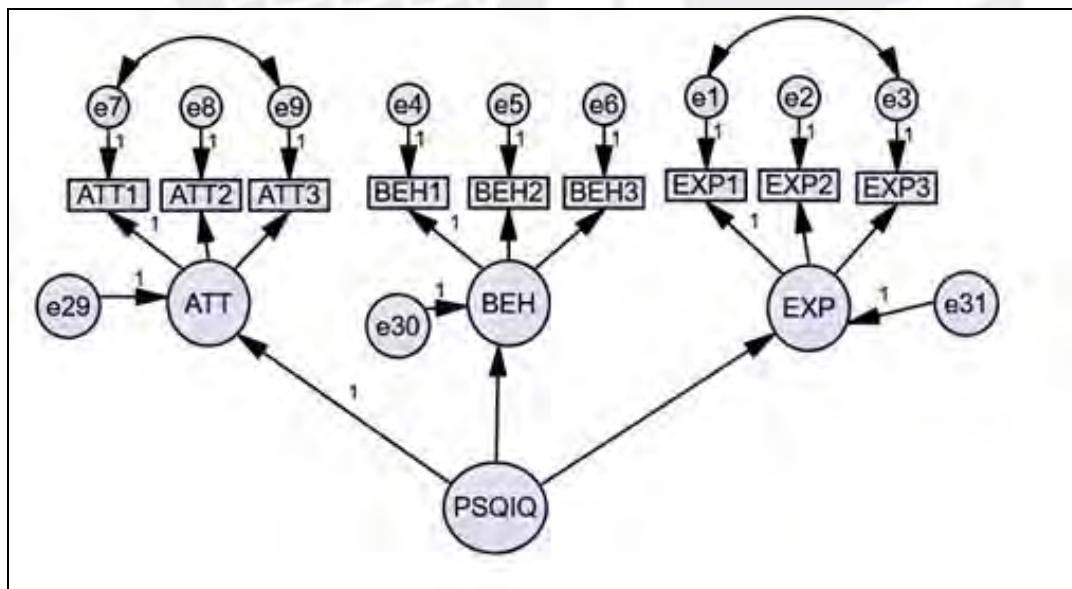
Byrne (2010) affirmed that root mean square error of approximation (RMSEA) has been recognized as one of the most informative criteria in covariance structure modelling. Table 18 shows that the RMSEA value is less than .08; therefore, it indicates an acceptable model fit (Sun, 2005).

The factorial validity of the perceived service quality (PSQ) construct was evaluated using AMOS. Byrne (2010) noted that one application of AMOS is to test multidimensionality of a theoretical constructs using a first-order CFA model. In the first stage, CFA was applied to each dimension of PSQ: (a) interaction quality, named as PSQIQ, (b) outcome quality, named as PSQOQ, and (c) physical environment quality, named as PSQEQ.

Figure 10 shows the CFA model of PSQIQ (interaction quality).

Figure 10

CFA Model of PSQIQ.



In Figure 10, the sub-dimensions of PSQIQ are named as follows: (a) attitude is named as ATT, (b) behaviour is named as BEH, and (c) expertise is named as EXP.

Byrne (2010) affirmed that the comparative fit index (CFI) and RMSEA are the principal model fit statistics to confirm the goodness of fit in the factorial validity of a

construct. Table 19 and Table 20 show the AMOS output for the CFA model of PSQIQ of these principal statistics.

Table 19

AMOS Output for CFA Model of PSQIQ: Goodness-of-Fit CFI.

Model	CFI
PSQIQ model	.985
Saturated model	1.000
Independence model	.000

Table 20

AMOS Output for CFA Model of PSQIQ: Goodness-of-Fit RMSEA.

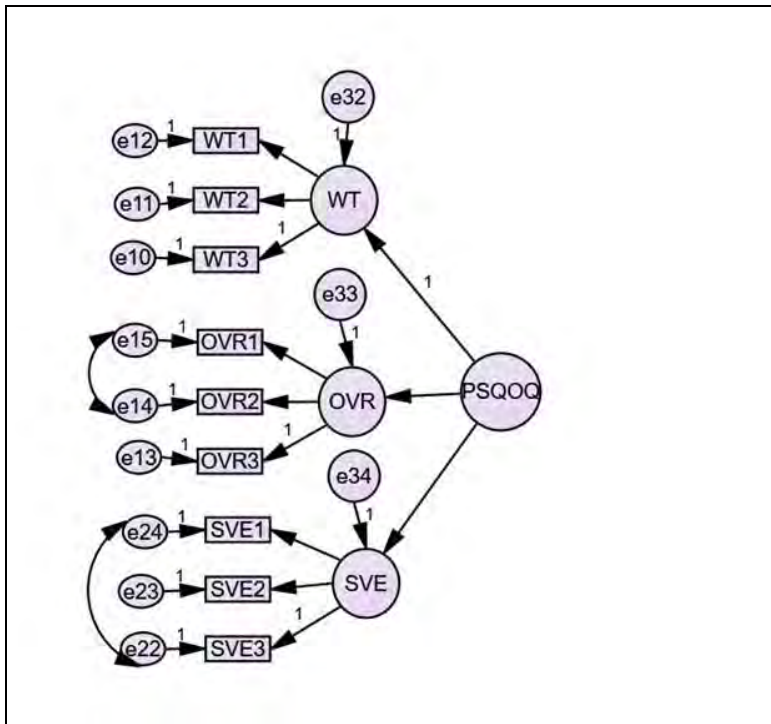
Model	RMSEA
PSQIQ model	.064
Independence model	.414

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, PSQIQ model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 19 shows that CFI is .985, exceeding the minimum indicated by Sun (2005) who asserted that value of CFI greater than .90 indicates an acceptable fit. Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 20 shows that the RMSEA value is less than .08, therefore indicating an acceptable model (Sun, 2005). The CFA model of PSQIQ meets both criteria; therefore, the CFA model of PSQIQ is accepted.

Figure 11 shows the CFA model of PSQIQ (outcome quality).

Figure 11

CFA Model of PSQOQ.



In Figure 11, the sub-dimensions of PSQOQ are named as follows: (a) waiting time is named as WT, (b) tangibles is named as OVR, and (c) valence is named as (SVE).

Byrne (2010) affirmed that CFI and RMSEA are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 21 and Table 22 show the AMOS output for the CFA model of PSQOQ of these principal statistics taken from Appendix F.

Table 21

AMOS Output for CFA Model of PSQOQ: Goodness-of-Fit CFI.

Model	CFI
PSQOQ model	.975
Saturated model	1.000
Independence model	.000

Table 22

AMOS Output for CFA Model of PSQOQ: Goodness-of-Fit RMSEA.

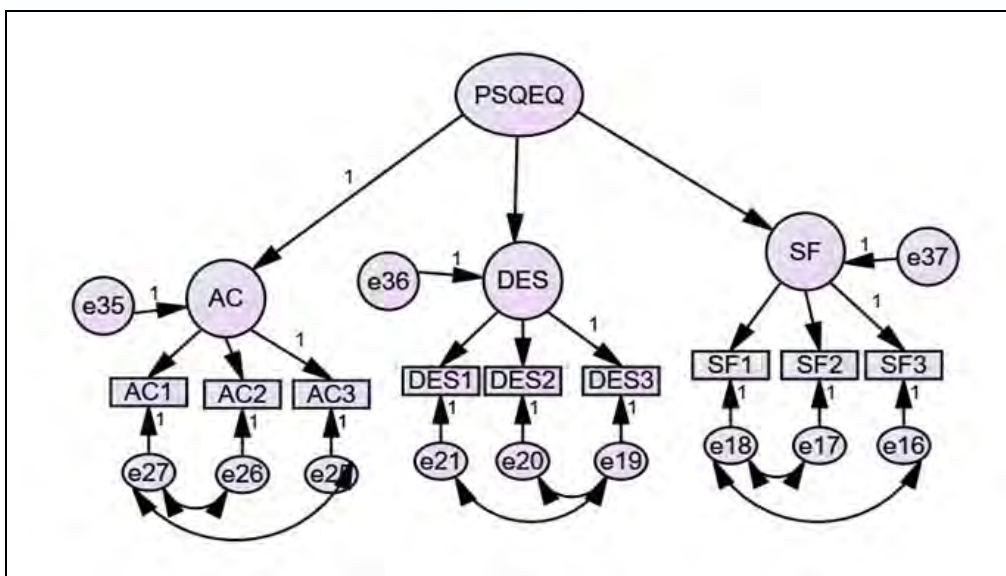
Model	RMSEA
PSQOQ model	.082
Independence model	.409

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, PSQOQ model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 21 shows that CFI is .975, exceeding the minimum indicated by Sun (2005) who asserted that a CFI value greater than .90 indicates an acceptable fit. Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 22 shows that the RMSEA value is .082; that exceeds .08 the maximum indicated by Sun (2005), but since the CFI is .975, the CFA model of PSQOQ is considered acceptable.

Figure 12 shows the CFA model of PSQEQ (physical environment quality).

Figure 12

CFA Model of PSQEQ.



In Figure 12, the sub-dimensions of PSQEQ are named as follows: (a) ambient conditions as AC, (b) design as DES, and (c) social factors as SF.

Byrne (2010) affirmed that CFI and RMSEA are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 23 and Table 24 show the AMOS output for the CFA model of PSQEQ of these principal statistics taken from Appendix G.

Table 23

AMOS Output for CFA Model of PSQEQ: Goodness-of-Fit CFI.

Model	CFI
PSQEQ model	.914
Saturated model	1.000
Independence model	.000

Table 24

AMOS Output for CFA Model of PSQEQ: Goodness-of-Fit RMSEA.

Model	RMSEA
PSQEQ Model	.168
Independence model	.403

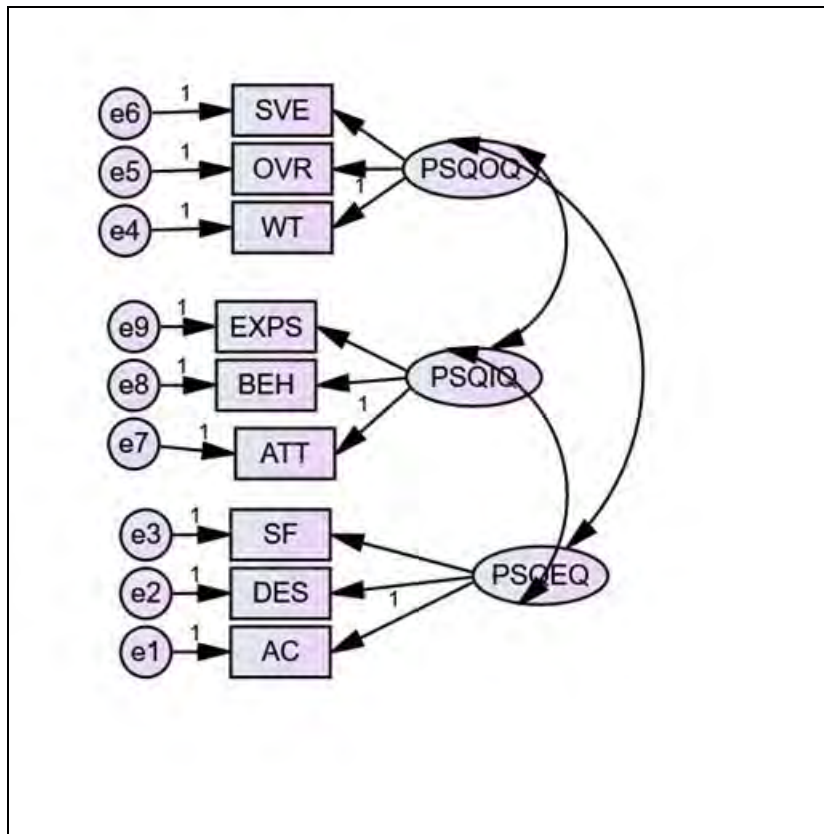
Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, PSQEQ model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 23 shows that CFI is .914, exceeding the minimum indicated by Sun (2005) who asserted that a value of CFI greater than .90 indicates an acceptable fit. Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 24 shows that the RMSEA value is .162; that exceeds the maximum (.8) indicated by Sun (2005), but since the CFI is .914, the CFA model of PSQEQ is considered acceptable.

In the second stage, CFA was applied to PSQ using the sum of each sub-dimension.

Figure 13 shows CFA model of PSQ.

Figure 13

CFA Model of PSQ.



In Figure 13, the dimensions of PSQ are named as follows: (a) interaction quality is named as PSQIQ, (b) outcome quality is named as PSQOQ, and (c) physical environment quality is named as PSQEQ. The sub-dimensions of PSQ in Figure 13 are named as follows: (a) attitude as ATT, (b) behaviour as BEH, (c) expertise as EXP, (d) ambient conditions as AC, (e) design as DES, (f) social factors as SF, (g) waiting time as WT, (h) tangibles as OVR, and (i) valence as (SVE).

Byrne (2010) affirmed that CFI and RMSEA are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 25 and Table 26 show the AMOS output for CFA model of PSQ of these principal statistics taken from Appendix H.

Table 25

AMOS Output for CFA Model of PSQ: Goodness-of-Fit CFI.

Model	CFI
PSQ model	.955
Saturated model	1.000
Independence model	.000

Table 26

AMOS Output for CFA Model of PSQ: Goodness-of-Fit RMSEA.

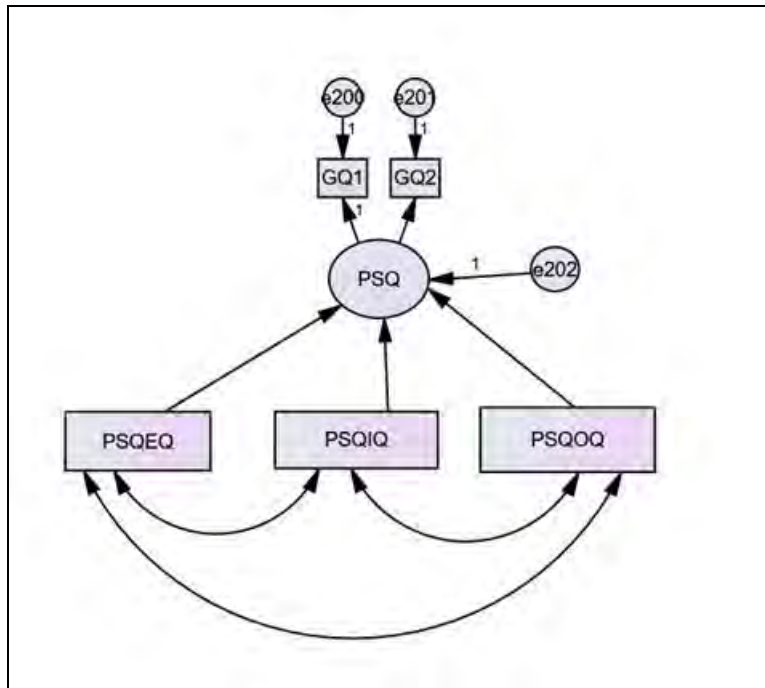
Model	RMSEA
PSQ model	.103
Independence model	.244

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, the PSQ model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 25 shows that CFI is .955, exceeding the minimum indicated by Sun (2005) who asserted that value of CFI greater than .90 indicates an acceptable fit. Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 26 shows that RMSEA value is .103; that exceeds .08 the maximum indicated by Sun (2005), but since the CFI is .920, the CFA model of PSQ is considered acceptable.

In order to assess the factorial validity of PSQ, the model suggested by Diamantopoulos and Winklhofer (2001) was used with three formative indicators (PSQIQ, PSQEQ, and PSQOQ) and two reflective indicators (GQ1 and GQ2). Figure 14 shows that model.

Figure 14

CFA Model of PSQ with Formative and Reflective Indicators.



In Figure 14, the formative indicators are the dimensions of PSQ named as follows: (a) interaction quality is named as PSQIQ, (b) outcome quality is named as PSQOQ, and (c) physical environment quality is named as PSQEQ. The reflective indicators in Figure 14 refer to general quality and are named as GQ1 and GQ2.

Byrne (2010) affirmed that CFI and RMSEA are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 27 and Table 28 show the AMOS output for the CFA model of PSQ of these principal statistics taken from Appendix I.

Table 27

AMOS Output for CFA Model of PSQ with Formative and Reflective Indicators: Goodness-of-Fit CFI.

Model	CFI
PSQ model	.984
Saturated model	1.000
Independence model	.000

Table 28

AMOS Output for CFA Model of PSQ: Goodness-of-Fit RMSEA.

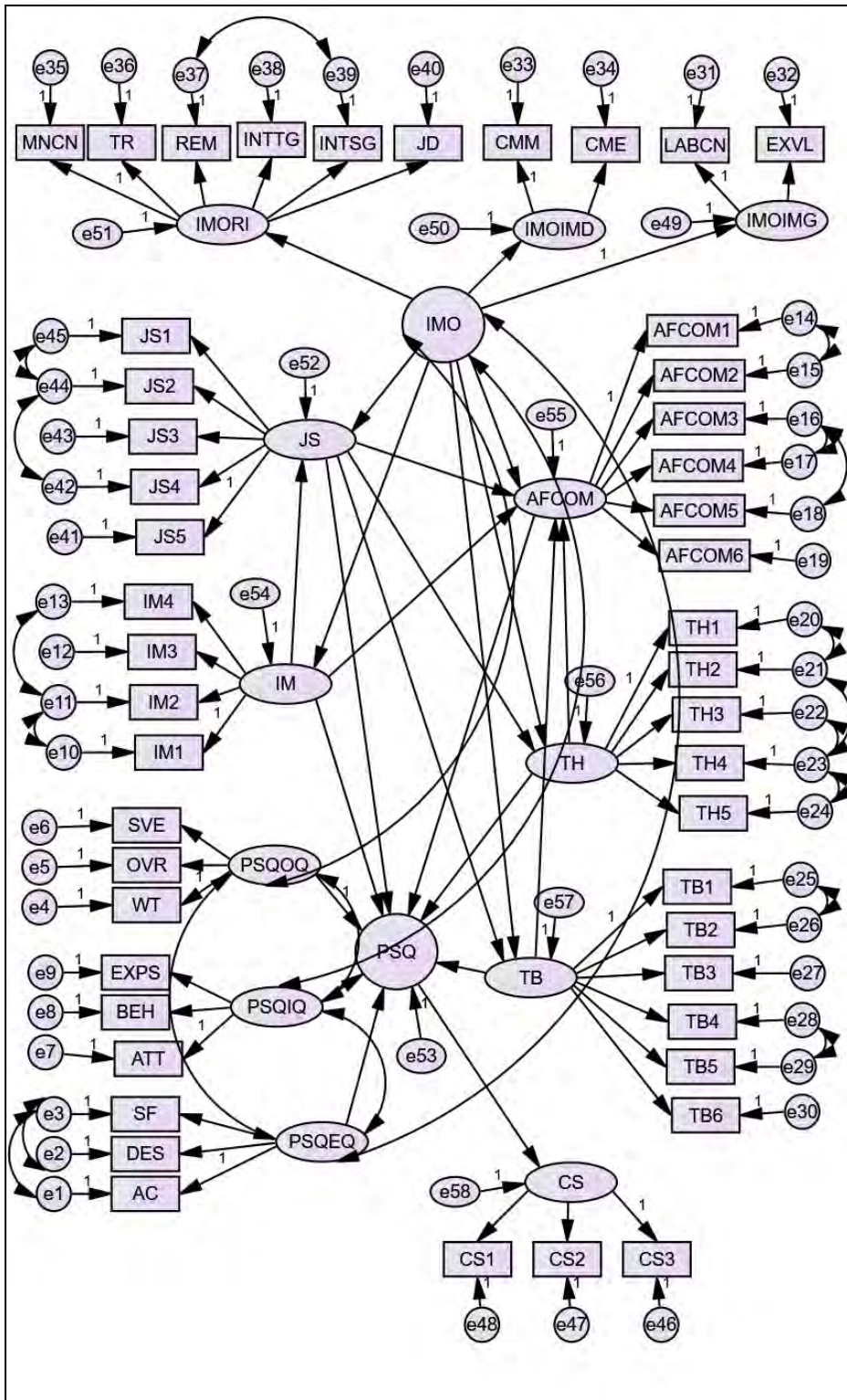
Model	RMSEA
PSQ model	.132
Independence model	.475

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, the PSQ model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 27 shows that CFI is .984, exceeding the minimum indicated by Sun (2005) who asserted that value of CFI greater than .90 indicates an acceptable fit. Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 28 shows that RMSEA value is .132; that exceeds .08 the maximum indicated by Sun (2005), but since the CFI is .984, the CFA model of PSQ with formative and reflective indicators is considered acceptable.

Figure 15 shows the CFA model of the general model.

Figure 15

CFA Model of General Model.



Byrne (2010) affirmed that CFI and RMSEA are the principal fit statistics to confirm the goodness of fit in the factorial validity of a construct. Table 29 and Table 30 show the

AMOS output for CFA model of the general model of these principal statistics taken from Appendix J.

Table 29

AMOS Output for CFA Model of General Model: Goodness-of-Fit CFI.

Model	CFI
PSQ model	.902
Saturated model	1.000
Independence model	.000

Table 30

AMOS Output for CFA Model of General Model: Goodness-of-Fit RMSEA.

Model	RMSEA
PSQ model	.054
Independence model	.164

Byrne (2010) explained that the value of CFI ranges from zero to 1.00 and is derived from the comparison of a hypothesized model (in this case, general model) with the independence (or null) model. CFI provides a measure of complete covariation in the data. Table 29 shows that CFI is .902, exceeding the minimum indicated by Sun (2005) who asserted that value of CFI greater than .90 indicates an acceptable fit.

Byrne (2010) affirmed that RMSEA has been recognized as one of the most informative criteria in covariance structure modelling. Table 30 shows that RMSEA value is less than .08, therefore indicating an acceptable model (Sun, 2005).

Once the fit of the proposed model was confirmed, the Pearson correlation coefficients between the variables were calculated. Table 31 shows the Pearson correlation coefficients taken from Appendix K.

Table 31*Pearson Correlation Coefficients between Variables.*

		IMO	IM	JS	AFCOM	TH	TB	PSQ	CS
IMO	Pearson correlation	1	0.043	,115*	,195**	,278**	,372**	-,146*	0.008
	Sig. (bilateral)		0.464	0.049	0.001	0.000	0.000	0.012	0.890
IM	Pearson correlation	0.043	1	,452**	,490**	0.069	-0.043	,146*	-0.053
	Sig. (bilateral)	0.464		0.000	0.000	0.238	0.464	0.012	0.363
JS	Pearson correlation	,115*	,452**	1	,523**	-0.046	-0.104	-0.089	-0.023
	Sig. (bilateral)	0.049	0.000		0.000	0.430	0.075	0.128	0.694
AFCOM	Pearson correlation	,195**	,490**	,523**	1	,238**	0.114	0.023	0.015
	Sig. (bilateral)	0.001	0.000	0.000		0.000	0.052	0.699	0.794
TH	Pearson correlation	,278**	0.069	-0.046	,238**	1	,690**	-0.102	-,118*
	Sig. (bilateral)	0.000	0.238	0.430	0.000		0.000	0.083	0.044
TB	Pearson correlation	,372**	-0.043	-0.104	0.114	,690**	1	-,153**	-,131*
	Sig. (bilateral)	0.000	0.464	0.075	0.052	0.000		0.009	0.025
PSQ	Pearson correlation	-,146*	,146*	-0.089	0.023	-0.102	-,153**	1	,651**
	Sig. (bilateral)	0.012	0.012	0.128	0.699	0.083	0.009		0.000
CS	Pearson correlation	0.008	-0.053	-0.023	0.015	-,118*	-,131*	,651**	1
	Sig. (bilateral)	0.890	0.363	0.694	0.794	0.044	0.025	0.000	

* *The correlation is significant at the 0.05 level (bilateral).*

** *The correlation is significant at the 0.01 level (bilateral).*

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H1*: IMO has a direct, positive, and significant influence on medical doctor's job satisfaction. The correlation between IMO and job satisfaction is positive and significant at the 0.05 level

which means that the probability of error is less than 5% (Hernandez et al., 2006). Therefore, the results seem to provide information that would lead to the acceptance of hypothesis *H1*.

The analysis of Table 31 allows the following conclusions in respect to hypotheses *H2a* and *H2b*: IMO has a direct, positive, and significant influence on medical doctor's trust (trust in honesty, trust in benevolence). (a) The correlation between IMO and trust in honesty is positive and significant at the 0.01 level which means that the probability of error is less than 1% (Hernandez et al., 2006). (b) The correlation between IMO and trust in benevolence is positive and significant at the 0.01 level which means that the probability of error is less than 1% (Hernandez et al., 2006). Therefore, the results seem to provide information that would lead to the acceptance of hypothesis *H2a* and *H2b*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H3*: IMO has a direct, positive, and significant influence on medical doctor's affective organizational commitment to the organization. The correlation between IMO and affective organizational commitment is positive and significant at the 0.01 level which means that the probability of error is less than 1% (Hernandez et al., 2006). Therefore, the results seem to provide information that would lead to the acceptance of hypothesis *H3*.

The analysis of Table 31 allows the following conclusions in respect to hypotheses *H4a* and *H4b*: doctor's job satisfaction has a direct, positive, and significant influence on his her trust (trust in honesty, trust in benevolence). (a) The correlation between job satisfaction and trust in honesty isn't positive neither significant. (b) The correlation between job satisfaction and trust in benevolence isn't positive neither. Therefore, the results seem to provide information that would lead to the rejection of hypothesis *H4a* and *H4b*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H5*: doctor's job satisfaction has a direct, positive, and significant influence on his her affective organizational commitment. The correlation between job satisfaction and affective

organizational commitment is positive and significant at the 0.01 level which means that the probability of error is less than 1% (Hernandez et al., 2006). Therefore, the results seem to provide information that would lead to the acceptance of hypothesis *H5*.

The analysis of Table 31 allows the following conclusions in respect to hypotheses *H6a* and *H6b*: doctor's trust (trust in honesty, trust in benevolence) has a direct, positive, and significant influence on his/her affective organizational commitment. (a) The correlation between trust in honesty and affective organizational commitment is positive and significant at the 0.01 level which means that the probability of error is less than 1% (Hernandez et al., 2006). Therefore, the results seem to provide information that would lead to the acceptance of hypothesis *H6a*. (b) The correlation between trust in benevolence and affective organizational commitment is positive but isn't significant. Therefore, the results seem to provide information that would lead to the rejection of hypothesis *H6b*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H7*: Medical doctor's job satisfaction has a direct, positive, and significant influence on patient's perceived service quality. The correlation between job satisfaction and perceived service quality is not significant. Therefore, this result seems to provide information that would lead to the rejection of hypothesis *H7*.

The analysis of Table 31 allows the following conclusions in respect to hypotheses *H8a* and *H8b*: Medical doctor's trust (trust in honesty, trust in benevolence) has a direct, positive, and significant influence on patient's perceived service quality. (a) The correlation between trust in honesty and perceived service quality is not significant. (d) The correlation between trust in benevolence and perceived service quality is negative and significant at the 0.01 level. Therefore, this result seems to provide information that would lead to the rejection of hypotheses *H8a* and *H8b*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H9*: Medical doctor's affective organizational commitment has a direct, positive, and significant influence on patient's perceived service quality. The correlation between affective organizational commitment and perceived service quality is not significant. Therefore, this result seems to provide information that would lead to the rejection of hypothesis *H9*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H10*: Patients' perceived service quality has a direct, positive, and significant influence on his or her satisfaction with the service received. (a) The correlation between perceived service quality and customer satisfaction is positive and significant at the 0.01 level. Therefore, these results seem to provide information that would lead to the acceptance of hypothesis *H10*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H11*: IMO has a direct, positive, and significant influence on medical doctors' intrinsic motivation. The correlation between IMO and intrinsic motivation is not significant. Therefore, this result seems to provide information that would lead to the rejection of hypothesis *H11*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H12*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction. (a) The correlation between intrinsic motivation and job satisfaction is significant at the 0.01 level. (b) Intrinsic motivation showed a moderate and positive correlation with job satisfaction. Therefore, these results seem to provide information that would lead to the acceptance of hypothesis *H12*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H13*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment. (a) The correlation between intrinsic motivation and affective organizational commitment is positive and significant at the 0.01

level. Therefore, these results seem to provide information that would lead to the acceptance of hypothesis *H13*.

The analysis of Table 31 allows the following conclusion in respect to hypothesis *H14*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality. (a) The correlation between intrinsic motivation and perceived service quality is positive and significant at the 0.05 level. Therefore, these results seem to provide information that would lead to the acceptance of hypothesis *H14*.

Discussion

The results seem to provide information that would lead to the acceptance of hypothesis *H1*: IMO has a direct, positive, and significant influence on medical doctor's job satisfaction. This empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of IMO on the job satisfaction of the personnel in their charge. This confirmation is important considering the findings of several researchers (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017) that IMO has positive effects on job satisfaction.

The results seem to provide information that would lead to the acceptance of hypotheses (a) *H2a*: IMO has a direct, positive, and significant influence on medical doctor's trust in honesty, (b) *H2b*: IMO has a direct, positive, and significant influence on medical doctor's trust in benevolence. This empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of IMO on the trust (trust in honesty, trust in benevolence) of the personnel in their charge.

The results seem to provide information that would lead to the acceptance of hypothesis *H3*: IMO has a direct, positive, and significant influence on medical doctor's affective organizational commitment. This is an important contribution to the study of the influence of IMO on affective organizational commitment of the personnel in their charge.

This conclusion is important considering the findings of Lings et al., 2008 that IMO has a significant effect on affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H5*: medical doctor's job satisfaction has a direct, positive, and significant influence on his or her affective organizational commitment. This empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of job satisfaction on affective organizational commitment. This confirmation is important considering the findings of several researches (Eby et al, 1999; Karatepe & Tekinkus, 2006; Martinez-Sanchez et al., 2018; Hakami et al., 2020) that job satisfaction has a positive effect on affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H6a*: medical doctor's trust in honesty has a direct, positive, and significant influence on his or her affective organizational commitment. , This empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of trust in honesty on affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H10*: Patients' perceived service quality has a direct, positive, and significant influence in their satisfaction with the service received. This empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of perceived service quality on the satisfaction of the customers. This confirmation is important in view of the findings of several authors (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019; Mwangi et al., 2018) that perceived service quality influences customer satisfaction.

The results seem to provide information that would lead to the acceptance of hypothesis *H12*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction. This represents an important contribution to the study

of the influence of the intrinsic motivation of the personnel on his or her job satisfaction. This confirmation is important considering the claims of several researchers (Eby et al., 1999; Lu, 1999; Karatepe & Tekinkus, 2006; Stringer et al., 2011; Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019) that the intrinsic motivation of the workers influences their job satisfaction.

The results seem to provide information that would lead to the acceptance of hypothesis *H13*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment. This is an important contribution to the study of the influence of the intrinsic motivation of the personnel on his or her their affective organizational commitment. This confirmation is important considering that several researchers (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019) have found that intrinsic motivation of the workers influences their affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H14*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality. This is an important contribution to the study of the influence of the intrinsic motivation of the personnel on the customer's perceived service quality. This confirmation is important considering that several researchers (Tyagi, 1985; Deci & Ryan, 2000; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; Shin et al., 2019) have expressed that intrinsic motivation of the workers influences their performance. The contribution of the thesis is the establishment of the influence of intrinsic motivation in performance in terms of customer service. This could be indicating that intrinsic motivation prevails over attitudes when the personnel provide a customer service.

Summary

To apply the questionnaires to ESSALUD people, it was necessary to obtain approval for the investigation from the general management and the research committee of that institution. During the research approval process, the research protocol established at ESSALUD was completed, which included questionnaires for medical doctors and patients. The research protocol was approved by the research committee. After obtaining approval for the investigation, it was possible for the headquarters of external consultancies to facilitate the application of the questionnaires.

The questionnaires to the doctors were administered to 300 medical doctors from the external consultations of ESSALUD of whom 68.33 % were men and 31.67% women. The patient questionnaires were administered to 900 patients (35.56 % men and 64.44% women) on the basis of three patients per medical doctor. Confidentiality was maintained by assigning a code to each medical doctor, which was noted on each of the questionnaires.

Using SPSS, seven outliers were detected and found to have a probability of occurrence less than 0.001 by applying the Mahalanobis D^2 measure. In order to confirm the normality of the variables, the Kolmogorov-Smirnov test was used. The reliability of the scales was confirmed using Cronbach's alpha coefficient.

The unidimensionality of variables (job satisfaction, affective organizational commitment, trust in honesty, trust in benevolence, intrinsic motivation) was evaluated using the confirmatory factor.

The factorial validity of the IMO construct and the PSQ construct was evaluated using CFA in AMOS. In order to assess the factorial validity of PSQ, the model suggested by Diamantopoulos and Winklhofer (2001) was used with three formative indicators (PSQIQ, PSQEQ, and PSQOQ) and two reflective indicators (GQ1 and GQ2). To confirm the goodness of fit of the proposed model, CFA in AMOS was used. Once the fit of the proposed

model was confirmed, the Pearson correlation coefficients between the variables were calculated.

The conclusions on the basis of the analysis of the Table 31 were as follows:

The results seem to provide information that would lead to the acceptance of hypothesis *H1*: IMO has a direct, positive, and significant influence on medical doctor's job satisfaction.

The results seem to provide information that would lead to the acceptance of hypotheses (a) *H2a*: IMO has a direct, positive, and significant influence on medical doctor's trust in honesty, (b) *H2b*: IMO has a direct, positive, and significant influence on medical doctor's trust in benevolence.

The results seem to provide information that would lead to the acceptance of hypothesis *H3*: IMO has a direct, positive, and significant influence on medical doctor's affective organizational commitment.

The results seem to provide information that would lead to the rejection of hypotheses (a) *H4a*: medical doctor's job satisfaction has a direct, positive, and significant influence on his or her trust in honesty, (b) *H4b*: medical doctor's job satisfaction has a direct, positive, and significant influence on his or her trust in benevolence.

The results seem to provide information that would lead to the acceptance of hypothesis *H5*: medical doctor's job satisfaction has a direct, positive, and significant influence on his or her affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H6a*: medical doctor's trust in honesty has a direct, positive, and significant influence on his or her affective organizational commitment. The results seem to provide information that would lead to the rejection of hypothesis *H6b*: medical doctor's trust in

benevolence has a direct, positive, and significant influence on his or her affective organizational commitment.

The results seem to provide information that would lead to the rejection of hypothesis *H7*: Medical doctor's job satisfaction has a direct, positive, and significant influence on patient's perceived service quality.

The results seem to provide information that would lead to the rejection of hypotheses (a) *H8a*: Medical doctor's trust in honesty has a direct, positive, and significant influence on patient's perceived service quality. (b) *H8b*: Medical doctor's trust in benevolence has a direct, positive, and significant influence on patient's perceived service quality.

The results seem to provide information that would lead to the rejection of hypothesis *H9*: Medical doctor's affective organizational commitment has a direct, positive, and significant influence on patient's perceived service quality.

The results seem to provide information that would lead to the acceptance of hypothesis *H10*: Patients' perceived service quality has a direct, positive, and significant influence in their satisfaction with the service received.

The results seem to provide information that would lead to the rejection of hypothesis *H11*: IMO has a direct, positive, and significant influence on medical doctor's intrinsic motivation.

The results seem to provide information that would lead to the acceptance of hypothesis *H12*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction.

The results seem to provide information that would lead to the acceptance of hypothesis *H13*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment.

The results seem to provide information that would lead to the acceptance of hypothesis *H14*: Medical doctor's intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality.





Chapter 5: Conclusions and Recommendations

The purpose of this chapter is to report the conclusions, implications, and recommendations of the research. The chapter is organized as follows: (a) conclusions, (b) implications, and (c) recommendations.

The purpose of this quantitative, correlational, cross-sectional study was (a) to confirm the findings of Tortosa et al. (2015) and (b) to extend their model by including intrinsic motivation. The study included (a) the medical doctors' evaluation regarding the IMO of their bosses, (b) the medical doctors' evaluation regarding their attitudes, (c) the medical doctors' evaluation regarding their intrinsic motivation, (d) the patients' evaluation regarding the perceived service quality, and (e) the patients' evaluation regarding their satisfaction with the service received. It used dyadic methodology with three patients for each medical doctor.

In order to apply the questionnaires in ESSALUD, it was necessary to obtain approval for the investigation from the general management and the research committee of that institution. During the research approval process, the research protocol established at ESSALUD was completed, which included questionnaires for medical doctors and patients. The research protocol was approved by the research committee. After obtaining the approval for the investigation, it was possible for the headquarters of external consultancies to facilitate the application of the questionnaires. The questionnaires to the doctors were administered to 300 medical doctors from the external consultations of ESSALUD. The patient questionnaires were administered to 900 patients on the basis of three patients per medical doctor.

Conclusions

The conclusions are as follows:

1. The results of the research showed that IMO has a direct, positive, and significant influence on medical doctor's job satisfaction.

2. The study showed that IMO has a direct, positive, and significant influence on medical doctor's trust (trust in honesty, trust in benevolence).
3. The results of the research showed that IMO has a direct, positive, and significant influence on medical doctor's affective organizational commitment.
4. The study showed that medical doctor's job satisfaction do not have a direct, positive, and significant influence on his or her trust (trust in honesty, trust in benevolence).
5. The results of the research showed that doctor's job satisfaction has a direct, positive, and significant influence on his or her affective organizational commitment.
6. The study showed that medical doctor's trust in honesty has a direct, positive, and significant influence on his or her affective organizational commitment. But the results of the research showed that doctor's trust in benevolence do not have a direct, positive, and significant influence on his or her affective organizational commitment.
7. The results of the research showed that medical doctor's job satisfaction do not have a direct, positive, and significant influence on patient's perceived service quality.
8. The study showed that medical doctor's trust (trust in honesty, trust in benevolence) do not have a direct, positive, and significant influence on patients' perceived service quality.
9. The results of the research showed that medical doctor's affective organizational commitment do not have a direct, positive, and significant influence on patients' perceived service quality.
10. The study showed that patient's perceived service quality has a direct, positive, and significant influence on his or her satisfaction with the service received.
11. The results showed that IMO does not have a direct, positive, and significant influence on medical doctor's intrinsic motivation.

12. The results of the research showed that medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her job satisfaction.
13. The study showed that medical doctor's intrinsic motivation has a direct, positive, and significant influence on his or her affective organizational commitment.
14. The results showed that medical doctor's intrinsic motivation has a direct, positive, and significant influence on patient's perceived service quality.

Implications

According to the results of the study, the following implications to researches are presented:

With respect the first conclusion, this empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of IMO on the job satisfaction of the personnel in their charge. According to the literature review, no studies of this relationship have been conducted in Peru. This confirmation is important considering the findings of several researchers (Gounaris, 2008; Kaur et al., 2010; Boukis et al., 2017) that IMO has positive effects on job satisfaction. Another important contribution is the confirmation of the reliability and validity of the scale used to measure IMO.

With respect the second conclusion, this empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of IMO on the trust (trust in honesty, trust in benevolence) of the personnel in their charge. According to the literature review, no studies of this relationship have been conducted in Peru. Another important contribution is the confirmation of the reliability and validity of the scale used to measure trust (trust in honesty, trust in benevolence).

The third conclusion is an important contribution to the study of the influence of IMO on affective organizational commitment of the personnel in their charge. According to the literature review, no studies of this relationship have been conducted in Peru. This conclusion

is important considering the findings of Lings et al., 2008 that IMO has a significant effect on affective organizational commitment.

The fourth conclusion is an important contribution to the study of the influence of job satisfaction on trust. According to the literature review, no studies of this relationship have been conducted in Peru. The results of the study differ from the results achieved by several authors (Chen et al., 2009; Tortosa et al., 2015; Gupta & Singla, 2016; Reçica & Doğan, 2019) which could be indicating that when the level of job satisfaction is not high there are other variables that influence on his or her trust.

With respect the fifth conclusion, this empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of job satisfaction on affective organizational commitment. According to the literature review, no studies of this relationship have been conducted in Peru. This confirmation is important considering the findings of several researches (Eby et al, 1999; Karatepe & Tekinkus, 2006; Martinez-Sanchez et al., 2018; Hakami et al., 2020) that job satisfaction has a positive effect on affective organizational commitment.

With respect the sixth conclusion, this empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of trust in honesty on affective organizational commitment. However, the results of the study differ from the results achieved by Tortosa et al. (2015) about the influence of trust in benevolence on affective organizational commitment which could be indicating that when the level of trust in benevolence is not high there are other variables that influence on his or her affective organizational commitment. According to the literature review, no studies of this relationship have been conducted in Peru.

The seventh conclusion is an important contribution to the study of the influence of the job satisfaction of the personnel on the perceived service quality of the customers.

According to the literature review, no studies of this relationship have been conducted in Peru. The results of the study differ from the results achieved by several authors (Tortosa et al., 2015; Aykan & Aksoylu, 2015) which could be indicating that when the level of job satisfaction is not high there are other variables that influence in his or her performance.

The eighth conclusion is an important contribution to the study of the influence of the trust (trust in honesty, trust in benevolence) of the personnel on the perceived service quality of the customers. According to the literature review, no studies of this relationship have been conducted in Peru. The results of the study differ from the results achieved by Tortosa et al. (2015) which could be indicating that when the level of the trust (trust in honesty, trust in benevolence) is not high there are other variables that influence in their performance.

The ninth conclusion is an important contribution to the study of the influence of the affective organizational commitment of the personnel on the perceived service quality of the customers. According to the literature review, no studies of this relationship have been conducted in Peru. The results of the study differ from the results achieved by Tortosa et al. (2015) which could be indicating that when the level of affective organizational commitment is not high there are other variables that influence in their performance.

With respect the tenth conclusion, this empirical confirmation of the finding of Tortosa et al. (2015) is an important contribution to the study of the influence of perceived service quality on the satisfaction of the customers. This confirmation is important in view of the findings of several authors (Yu et al., 2006; Yu et al., 2014; Ali et al., 2019; Mwangi et al., 2018) that perceived service quality influences customer satisfaction. Another important contribution is the confirmation of the reliability and validity of the scale used to measure perceived service quality and the confirmation of the reliability and validity of the scale used to measure customer satisfaction.

The eleventh conclusion has relevant implications for researchers who affirmed that intrinsic motivation requires nourishment and support from the social environment to function effectively (Deci & Ryan, 2000). However, it is necessary to emphasize that in this thesis, the level of IMO was low which could be indicating that when the level of IMO is low there are other variables that prevail over IMO and that allow staff to maintain the level of intrinsic motivation. Another important contribution is the confirmation of the reliability and validity of the scale used to measure intrinsic motivation.

The twelfth conclusion represents an important contribution to the study of the influence of the intrinsic motivation of the personnel on his or her job satisfaction. According to the literature review, no studies of this relationship have been conducted in Peru. This confirmation is important considering the claims of several researchers (Eby et al., 1999; Lu, 1999; Karatepe & Tekinkus, 2006; Stringer et al., 2011; Asgari et al., 2017; Gheitani et al., 2019; Idiegbeyan-Ose et al., 2019) that the intrinsic motivation of the workers influences their job satisfaction. Another important contribution is the confirmation of the reliability and validity of the scale used to measure job satisfaction.

The thirteenth conclusion is an important contribution to the study of the influence of the intrinsic motivation of the personnel on his or her their affective organizational commitment. According to the literature review, no studies of this relationship have been conducted in Peru. This confirmation is important considering that several researchers (Eby et al., 1999; Karatepe & Tekinkus, 2006; Rani & Desiana, 2019) have found that intrinsic motivation of the workers influences their affective organizational commitment. Another important contribution is the confirmation of the reliability and validity of the scale used to measure affective organizational commitment.

The fourteenth conclusion is an important contribution to the study of the influence of the intrinsic motivation of the personnel on the customer's perceived service quality.

According to the literature review, no studies of this relationship have been conducted in Peru. This confirmation is important considering that several researchers (Tyagi, 1985; Deci & Ryan, 2000; Gagne & Deci, 2005; Karatepe & Tekinkus, 2006; Wong-On-Wing et al., 2010; Daskin & Altunoz, 2016; Di Domenico & Ryan, 2017; Kalhor et al., 2017; Lee & Hidayat, 2018; Shin et al., 2019) have expressed that intrinsic motivation of the workers influences their performance. The contribution of the thesis is the establishment of the influence of intrinsic motivation in performance in terms of customer service. This could be indicating that intrinsic motivation prevails over attitudes when the personnel provide a customer service.

According to the results of the study, the following implications to practitioners are presented:

The first, second and third conclusions have relevant implications for managers who must take into account that IMO influences on job satisfaction, trust (trust in honesty, trust in benevolence), and affective organizational commitment of the personnel in their charge.

The fifth conclusion has relevant implications for the managers who must take into account that employee's job satisfaction influences on his or her affective organizational commitment in their charge.

The tenth conclusion has relevant implications for the managers who must take into account that the perceived quality of service influences the satisfaction of the clients so they must know the expectations of the clients in order to overcome them.

The twelfth and thirteenth conclusions have relevant implications for managers who must take into account that the intrinsic motivation of the personnel in their charge influences on their job satisfaction and their affective organizational commitment.

The fourteenth conclusion has relevant implications for managers who must take into account that the intrinsic motivation of the personnel in their charge influences on the customer's perceived service quality.

Recommendations and future research

According to the results of the study, the following recommendations are presented:

With regard to the first, second and third conclusions it is recommended that the managers should take into account that IMO influences the job satisfaction, trust (trust in honesty, trust in benevolence), and affective organizational commitment, of the personnel in their charge. Therefore, they should adopt a philosophy of internal marketing. With this conviction, the manager should engage in activities to implement this philosophy, striving to create value for employees to meet their wants and needs: (a) internal market intelligence generation, (b) internal communication, and (c) response to intelligence. This set of behaviours would contribute to making a positive influence on the attitudes of their personnel. Therefore, managers must develop actions to meet the needs and suggestions of employees, provide information to employees, take the necessary corrective actions and implement improvement suggestions. In this sense, managers must improve their communication skills.

With regard the fifth conclusion it is recommended that managers take into account that job satisfaction of the personnel influences on his or her affective organizational commitment. Therefore, managers must develop actions to improve the job satisfaction of the personnel in their charge.

With regard to the tenth conclusion it is recommended that the managers take into account that customers' perceived quality influences their satisfaction. Therefore, they must incorporate practices that allow the elevation of perceived quality of service. In that sense, managers should: (a) implement mechanisms to listen to the client's voice in order to know their needs, the perceived quality and their level of satisfaction, (b) implement mechanisms

that allow the necessary changes to be made quickly, (c) implement mechanisms to detect if the changes made have had a positive impact on the quality perceived by the client as well as on their level of satisfaction, (d) implement mechanisms that facilitate contact employees to provide information on the needs and expectations of customers, and (e) monitor the perceived quality of service over time to confirm the company's ability to meet the needs of its customers.

With regard to the twelfth conclusion it is recommended that the managers consider that the intrinsic motivation of the personnel is a factor that influences their job satisfaction. That is why they should strive to have a team of personnel with a high level of intrinsic motivation. In this sense, the selection process should include the measurement of the intrinsic motivation of those applicants who have already passed the first stages of said process.

With regard to the thirteenth conclusion it is recommended that the managers consider that the intrinsic motivation of the personnel is a factor that influences their commitment. That is why they should strive to have a team of personnel with a high level of intrinsic motivation. Therefore, it would be advisable for managers to take actions to satisfy the needs of competence, autonomy, and relatedness of their employees. In this sense, managers should enrich the work of their staff, with clear duties and goals, by giving them the opportunity to use their knowledge and skills. In addition, managers could schedule regular meetings with their staff so that this enrichment comes from the expectations of the manager with respect to their staff as well as the staff's expectations regarding their work, ask for their opinion and include them in the decision-making process.

With regard to the fourteenth conclusion it is recommended that the managers consider that the intrinsic motivation of the personnel is a factor that influences the perceived service quality of the customers. That is why they should strive to have a team of personnel

with a high level of intrinsic motivation. In addition, the periodic measurement of employees' intrinsic motivation should be implemented to detect if any change has occurred and from there carry out an investigation to identify the causes of the change.

The study was limited to medical doctors working in public hospitals in the city of Lima and their patients who agreed to participate voluntarily. The data obtained were subjective and represent the opinions of the respondents. Considering the limitations of the study and according to the results, the following recommendations for future research are presented:

With regard to the first, second and third conclusions it would be interesting to develop research to determine if IMO influences on job satisfaction, trust (trust in honesty, trust in benevolence), and affective organizational commitment of the personnel in other sectors, in order to corroborate the findings of the present study. In addition, it would be interesting to develop a longitudinal study in a company that commit themselves to raise the level of IMO in order to provide more evidence of the influence of IMO on the attitudes of the personnel.

With regard the fifth conclusion it would be interesting to develop research to determine if job satisfaction influences on affective organizational commitment of the personnel in other sectors, in order to corroborate the findings of the present study.

With regard to the seventh, eighth and ninth conclusions it would be interesting to develop research to determine if job satisfaction, trust (trust in honesty, trust in benevolence), and affective organizational commitment can influence the perceived service quality of the customers when the level of these attitudes of the personnel are high. In that sense, some companies or organizations could be selected in which it could be assumed that the level of job satisfaction, trust (trust in honesty, trust in benevolence) and affective organizational commitment are high. For example, a selection could be made of companies recognized for

offer a warm service to their clients in which at the same time there is an identifiable relationship between client and employee that exceeds the year.

With regard to the tenth conclusion it is recommended that future studies could be carried out in other sectors, in order to corroborate the influence of perceived service quality on customer satisfaction, in order to corroborate the findings of the present study.

With regard to the eleventh conclusion it would be interesting to develop research to determine if IMO can influence the intrinsic motivation of the personnel in charge when IMO levels are high. In the present study, the medical doctors surveyed had a high level of intrinsic motivation even though they perceived a low level of IMO. In that sense, some companies or organizations could be selected in which it could be assumed that managers see their employees as internal clients. For example, a selection could be made of companies recognized for having a good working environment in which at the same time there is an identifiable relationship between client and employee that exceeds the year. In addition, it would be interesting to develop a longitudinal study in a company that commit themselves to raise the level of IMO to provide information on the level from which IMO could influence intrinsic motivation.

With regard to the twelfth conclusion it would be interesting to develop research to determine if intrinsic motivation influences on job satisfaction in other sectors, in order to corroborate the findings of the present study.

With regard to the thirteenth conclusion it would be interesting to develop research to determine if intrinsic motivation influences on affective organizational commitment in other sectors, in order to corroborate the findings of the present study. In addition, it would be interesting to develop a longitudinal study of employees' intrinsic motivation in a group of companies that commit themselves raise the intrinsic motivation of their employees with

actions that seek to carry out actions that seek to satisfy their needs of competence, autonomy, and relatedness.

With regard to the fourteenth conclusion it is recommended that future studies could be carried out in other sectors in which there is a relationship between the client and the staff that assists them involving several contacts over a period of time, in order to corroborate the findings of the present study.





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Appendix A: Questionnaire for Medical Doctors

The doctors were asked to rate the following statements on a 5-point scale ranging from

strongly disagree to strongly agree:

Internal Market Orientation

1. The immediate hierarchical superiors place emphasis on understanding their personnel's needs.
2. The immediate superiors evaluate the satisfaction of their personnel informally.
3. In this hospital, the requests and suggestions of the personnel are listened to in informal encounters (not previously planned).
4. The immediate hierarchical superior meets with his/her personnel to find out their needs and suggestions.
5. There is at least one meeting a year to ascertain the personnel's future expectations.
6. On occasions, the personnel are asked by means of surveys or questionnaires about aspects of the work environment (their level of job satisfaction, improvements in working conditions, etc.).
7. The managers receive information about their employees through studies or surveys of patients, family members, etc.
8. This hospital is well informed about the labour legislation applicable to the relationship with its professionals (type of contracts, characteristics of sector labour agreement, etc.).
9. This hospital knows the situation of the healthcare labour market at all times (unemployment rate, type of contracts, etc.).
10. This hospital is aware at all times of alternative situations in other public or private hospitals that could attract their employees.
11. This hospital analyses and compares the working conditions of its professionals with those applying in other hospitals.

12. Before an important change, the hierarchical superiors inform their employees.
13. The immediate superiors are never too busy to inform the employees.
14. The immediate superiors take the time necessary to inform the employees about tasks, actions, and objectives to be undertaken.
15. The employees are given the information necessary.
16. The employees are informed about previously ascertained work problems.
17. The immediate hierarchical superiors meet to discuss the problems of their professionals.
18. If an employee of this hospital has an important problem, the rest of the immediate superiors and/or managers are informed.
19. This hospital encourages immediate superiors and/or managers to discuss with each other aspects relating to the employees.
20. On occasions, another immediate superior offers the solution to an employee's problem.
21. In this hospital, when the employees are found to be unhappy in their work, the appropriate corrective actions are taken.
22. The immediate superiors strive to implement the suggestions for improvements in jobs.
23. The immediate superiors act to improve the employees' working conditions (equipment, timetables, patient load, etc.) after being informed about it.
24. The job characteristics (equipment, patient load, attention time per patient, timetables, etc.) satisfy the employees.
25. No important changes are made in the characteristics of a job without prior agreement between the employee and his/her immediate superior.
26. After being informed, the immediate hierarchical superiors discuss with the management the employees' most important work needs.
27. The employees are identified in groups or different categories on the basis of their characteristics.

28. Before an organizational change, the different characteristics of each group or category of employees are considered.
29. Each group or category of employees is trained according to its needs.
30. The needs of each group or category of employees are evaluated by this hospital.
31. Each important decision is applied according to the needs of each group or category of employees.
32. Human resource policies (remunerations, incentives, promotion, etc.) are developed according to each category of employees.
33. No important change is made without prior evaluation of the effect it may have on each category of employees.
34. Employees' individual needs are considered when applying human resources policies.
35. When you make an extra effort in your work you are rewarded with money.
36. Employees' incomes do not depend only on that set by law or by sector agreement for their professional category.
37. Incomes are closely related to each employee's work performance.
38. Incomes are closely related to the personnel's degree of training and work experience.
39. Annual incomes are similar to those in other hospitals.
40. Training is related to the employees' training needs.
41. A new employee receives necessary help for the performance of his/her work.
42. Before an important organizational change (new procedures, new work techniques, etc.), employees receive the necessary training.
43. On joining this hospital, an employee is mentored by his/her immediate hierarchical superior.
44. This hospital's management team pays attention to the employees' problems.
45. For the management team, nothing is too costly if it meets employees' needs.

46. The management team is concerned for the employees and shows it in its human resources policy.

47. The management team places emphasis on solving employees' problems and giving them all necessary support.

Job Satisfaction

48. In this hospital, I feel my work is valuable.

49. In this hospital, I feel that I am doing something worthwhile.

50. I feel that my work in this hospital is interesting.

51. In this hospital, I feel that the work is satisfying.

52. If I had to do it again, I would choose to work in this hospital.

Trust in Honesty

53. The immediate hierarchical superiors are frank and open in discussions with employees.

54. The immediate superiors are reliable in the promises they make.

55. The immediate superiors do not make false statements.

56. If problems arise, this organization is honest in dealing with them.

57. This hospital understands the employees' position and tries to adapt to it.

Trust in Benevolence

58. This hospital is concerned for the employees and their welfare.

59. I feel that this hospital is on the employees' side.

60. The immediate hierarchical superiors go beyond their obligations to help the employees.

61. The immediate superiors have supported the employees in the past.

62. In difficult times, the immediate superiors take the employees' side.

63. This hospital takes the employees into consideration in its actions and decisions.

Affective Organizational Commitment

64. I would be happy to stay in this hospital for the rest of my professional career.

65. I feel the problems of this hospital as though they were mine.

66. I feel like a part of the family of this hospital.

67. I feel an emotional bond with this hospital.

68. This hospital has great personal significance for me.

69. I have a great feeling of belonging to this hospital.

Intrinsic Motivation

70. When I do work well, it gives me a feeling of accomplishment.

71. I feel a great sense of personal satisfaction when I do my job well.

72. When I perform my job well, it contributes to my personal growth and development.

73. My job increases my feeling of self-esteem.

Additional Information

Age, years in the same job, years in the same hospital, sex



Appendix B: Questionnaire for the Patients

The patients were asked to rate the following statements on a 5-point scale ranging from *strongly disagree* to *strongly agree*:

Perceived Service Quality

1. He/she is kind to me as a patient.
2. His/her attitude shows that he/she wants to help me.
3. His/her attitude shows that he/she understands my needs as a patient.
4. He/she does anything necessary to attend my needs as a patient.
5. They act quickly to do what I ask.
6. His/her behaviour shows that he/she understands my needs as a patient.
7. He/she shows that he/she is an expert in his/her work.
8. He/she answers my questions quickly and effectively.
9. He/she shows that he/she has the knowledge and skills necessary for his/her work.
10. The time spent waiting to be attended to is reasonable.
11. He/she tries to reduce patients' waiting time as much as possible.
12. He/she understands that the waiting time is important for patients.
13. I am happy with the results of his/her work (effectiveness, degree of accuracy, etc.).
14. I always get the desired results with his/her work.
15. He/she knows the type of results that I seek as a patient.
16. When I leave this outpatient service, I feel that I have had a good experience.
17. I believe that he/she always tries to give me a positive experience as a patient.
18. I believe that he/she knows what kind of experiences patients want to have.
19. There is a very calm atmosphere in this outpatient service.
20. The atmosphere of this outpatient service is the one I seek as a patient.

21. This hospital understands that the atmosphere of its outpatient services is important for the patients.
22. The design of this outpatient clinic is visually attractive.
23. The design of this outpatient clinic is functional (easy access, comfortable, spacious, etc.).
24. This hospital understands that the design of the buildings that house the outpatient services is important.
25. I know that other patients receive good service in this outpatient service (from their comments and other details that I observe in the waiting room).
26. The attention to other patients during the consultation does not detract from the quality of the service that I receive.
27. This hospital understands that the service offered to other patients can influence my opinion about the quality of the service.
28. Overall, I would say that this outpatient service offers a good service to its patients.
29. Compared to other clinics, they offer an excellent service.

Patient's Satisfaction

30. The service offered by this outpatient service has fulfilled expectations.
31. If I compare this service with other outpatient services, I am highly satisfied.
32. In general, I am really satisfied with the service received in this outpatient service.

Additional Information

Age, sex

Appendix C: Informed Consent From Medical Doctors

Good Morning. WE WOULD LIKE TO APPRECIATE YOUR COLLABORATION by answering the questions that appear below, whose objective is to know your opinion about the communication between the members of your hospital and your level of job satisfaction. It is an investigation carried out from CENTRUM Católica. Regarding the information you provide us, we guarantee total confidentiality and anonymity, as the data is treated in a global way and not individually.



Appendix D: Informed Consent From Patients

Good Morning. WE WOULD LIKE TO APPRECIATE YOUR COLLABORATION by answering the questions that appear below, whose objective is to know your opinion about the quality of the service offered by your medical consultation in this hospital and the degree of satisfaction that this service provides. It is an investigation carried out from CENTRUM Católica. Regarding the information you provide us, we guarantee total confidentiality and anonymity, as the data is treated in a global way and not individually. Finally, this study is not for profit but merely for research.



Appendix E: AMOS Output for CFA Model of IMO

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	181	1573.645	994	.000	1.583
Saturated model	1175	.000	0		
Independence model	94	8112.248	1081	.000	7.504

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.806	.789	.919	.910	.918
Saturated model	1.000	1.000	1.000	1.000	1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.920	.741	.844
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	579.645	475.629	691.571
Saturated model	.000	.000	.000
Independence model	7031.248	6748.290	7320.782

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	5.464	2.013	1.651	2.401
Saturated model	.000	.000	.000	.000
Independence model	28.168	24.414	23.432	25.419

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.045	.041	.049	.977

Model	RMSEA	LO 90	HI 90	PCLOSE
Independence model	.150	.147	.153	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	1935.645	2008.045		
Saturated model	2350.000	2820.000		
Independence model	8300.248	8337.848		

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	6.721	6.360	7.110	6.972
Saturated model	8.160	8.160	8.160	9.792
Independence model	28.820	27.838	29.826	28.951

HOELTER

Model	HOELTER	HOELTER
	.05	.01
Default model	196	202
Independence model	42	43

Minimization: .094
 Miscellaneous: 1.921
 Bootstrap: .000
 Total: 2.015

Appendix F: AMOS Output for CFA Model of PSQOQ

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	23	65.286	22	.000	2.968
Saturated model	45	.000	0		
Independence model	9	1791.886	36	.000	49.775

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.016	.952	.901	.465
Saturated model	.000	1.000		
Independence model	.254	.309	.137	.248

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.964	.940	.976	.960	.975
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.611	.589	.596
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	43.286	22.764	71.439
Saturated model	.000	.000	.000
Independence model	1755.886	1620.964	1898.166

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	.224	.148	.078	.245
Saturated model	.000	.000	.000	.000
Independence model	6.137	6.013	5.551	6.501

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.082	.060	.105	.011
Independence model	.409	.393	.425	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	111.286	112.917	195.930	218.930
Saturated model	90.000	93.191	255.608	300.608
Independence model	1809.886	1810.524	1843.007	1852.007

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	.381	.311	.478	.387
Saturated model	.308	.308	.308	.319

Model ECVI LO 90 HI 90 MECVI
 Independence model 6.198 5.736 6.686 6.200

HOELTER

Model	HOELTER	HOELTER
	.05	.01
Default model	152	181
Independence model	9	10

Minimization: .047

Miscellaneous: .298

Bootstrap: .000

Total: .345



Appendix G: AMOS Output for CFA Model of PSQEQ

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	27	165.501	18	.000	9.194
Saturated model	45	.000	0		
Independence model	9	1747.340	36	.000	48.537

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.087	.893	.733	.357
Saturated model	.000	1.000		
Independence model	.307	.391	.239	.313

Baseline Comparisons

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	
Default model	.905	.811	.915	.828	.914
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.500	.453	.457
Saturated model	.000	.000	.000

Model PRATIO PNFI PCFI
 Independence model 1.000 .000 .000

NCP

Model NCP LO 90 HI 90
 Default model 147.501 110.017 192.455
 Saturated model .000 .000 .000
 Independence model 1711.340 1578.174 1851.871

FMIN

Model FMIN F0 LO 90 HI 90
 Default model .567 .505 .377 .659
 Saturated model .000 .000 .000 .000
 Independence model 5.984 5.861 5.405 6.342

RMSEA

Model RMSEA LO 90 HI 90 PCLOSE
 Default model .168 .145 .191 .000
 Independence model .403 .387 .420 .000

AIC

Model AIC BCC BIC CAIC
 Default model 219.501 221.416 318.866 345.866
 Saturated model 90.000 93.191 255.608 300.608
 Independence model 1765.340 1765.978 1798.462 1807.462

ECVI

Model ECVI LO 90 HI 90 MECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	.752	.623	.906	.758
Saturated model	.308	.308	.308	.319
Independence model	6.046	5.590	6.527	6.048

HOELTER

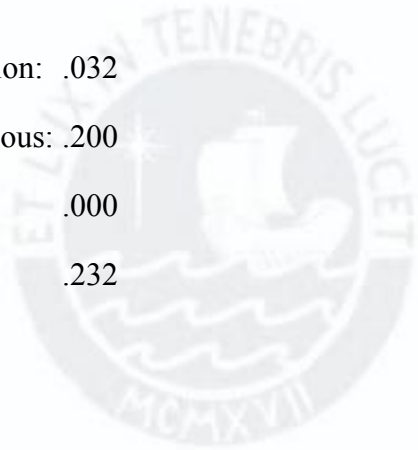
Model	HOELTER	HOELTER
	.05	.01
Default model	51	62
Independence model	9	10

Minimization: .032

Miscellaneous: .200

Bootstrap: .000

Total: .232



Appendix H: AMOS Output for CFA Model of PSQ

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	21	98.861	24	.000	4.119
Saturated model	45	.000	0		
Independence model	9	1690.723	36	.000	46.965

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.203	.931	.871	.497
Saturated model	.000	1.000		
Independence model	1.450	.335	.169	.268

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.942	.912	.955	.932	.955
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.667	.628	.637
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	74.861	47.899	109.382
Saturated model	.000	.000	.000
Independence model	1654.723	1523.817	1792.996

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	.339	.256	.164	.375
Saturated model	.000	.000	.000	.000
Independence model	5.790	5.667	5.219	6.140

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.103	.083	.125	.000
Independence model	.397	.381	.413	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	140.861	142.350	218.144	239.144
Saturated model	90.000	93.191	255.608	300.608
Independence model	1708.723	1709.361	1741.844	1750.844

ECVI

Model	ECVI	LO	90	HI	90	MECVI
Default model	.482	.390	.601			.487
Saturated model	.308	.308	.308			.319
Independence model	5.852	5.403	6.325			5.854

HOELTER

Model	HOELTER	HOELTER
	.05	.01
Default model	108	127
Independence model	9	11
Minimization:	.015	
Miscellaneous:	.223	
Bootstrap:	.000	
Total:	.238	

Appendix I: AMOS Output for CFA Model of PSQ with Formative and Reflective Indicators

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	13	12.245	2	.002	6.122
Saturated model	15	.000	0		
Independence model	5	667.814	10	.000	66.781

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.088	.984	.879	.131
Saturated model	.000	1.000		
Independence model	6.106	.470	.205	.313

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.982	.908	.985	.922	.984
Saturated model	1.000		1.000		1.000

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.200	.196	.197
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	10.245	2.706	25.244
Saturated model	.000	.000	.000
Independence model	657.814	576.781	746.248

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	.042	.035	.009	.086
Saturated model	.000	.000	.000	.000
Independence model	2.287	2.253	1.975	2.556

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.132	.068	.208	.020
Independence model	.475	.444	.506	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	38.245	38.790	86.087	99.087
Saturated model	30.000	30.629	85.203	100.203
Independence model	677.814	678.023	696.215	701.215

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	.131	.105	.182	.133
Saturated model	.103	.103	.103	.105
Independence model	2.321	2.044	2.624	2.322

HOELTER

Model	HOELTER	HOELTER
	.05	.01
Default model	143	220
Independence model	9	11

Minimization: .031

Miscellaneous: .231

Bootstrap: .000

Total: .262

Appendix J: AMOS Output for CFA Model of General Model

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	142	1906.190	1035	.000	1.842
Saturated model	1176	.000	0		
Independence model	48	10029.893	1128	.000	8.892

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.230	.784	.755	.690
Saturated model	.000	1.000		
Independence model	.733	.250	.218	.240

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.810	.793	.903	.893	.902
Saturated model	1.000		1.000		1.000

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.918	.743	.828
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	871.190	752.464	997.713
Saturated model	.000	.000	.000
Independence model	8901.893	8585.102	9225.214

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	6.528	2.984	2.577	3.417
Saturated model	.000	.000	.000	.000
Independence model	34.349	30.486	29.401	31.593

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.054	.050	.057	.055
Independence model	.164	.161	.167	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	2190.190	2247.457	2712.775	2854.775
Saturated model	2352.000	2826.272	6679.883	7855.883
Independence model	10125.893	10145.251	10302.541	10350.541

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	7.501	7.094	7.934	7.697
Saturated model	8.055	8.055	8.055	9.679
Independence model	34.678	33.593	35.785	34.744

HOELTER

Model	HOELTER	HOELTER
	.05	.01
Default model	171	176
Independence model	36	37

Minimization: .131

Miscellaneous: 2.132

Bootstrap: .000

Total: 2.263

PSQ	Correlación de Pearson	-,146*	-0.089	0.023	,146*	-0.102	-,153**	1	,651**
	Sig. (bilateral)	0.012	0.128	0.699	0.012	0.083	0.009		0.000
	N	293	293	293	293	293	293	293	293
CS	Correlación de Pearson	0.008	-0.023	0.015	-0.053	-,118*	-,131*	,651**	1
	Sig. (bilateral)	0.890	0.694	0.794	0.363	0.044	0.025	0.000	
	N	293	293	293	293	293	293	293	293
*. La correlación es significativa en el nivel 0,05 (bilateral).									
**. La correlación es significativa en el nivel 0,01 (bilateral).									

