“Visión de Futuro” Año 9, Volumen Nº16, Nº 2, Julio - Diciembre 2012
URL de la Revista: www.fce.unam.edu.ar/revistacientifica/
URL del Documento: http://revistacientifica.fce.unam.edu.ar/index.php?option=com_content&view=article&id=302
ISSN 1668 – 8708
Fecha de recepción: 24/02/12
Fecha de aprobación: 22/05/12

MARKETING RELATIONSHIP AND TRADING IN THE RELATIONSHIP BETWEEN SERVICE PROVIDERS, HEALTH OPERATORS AND FINAL CUSTOMER: THE SEARCH FOR AN INTEGRATING MODEL

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ABSTRACT

The marketing relationship finds similarities with the concept of cooperative bargaining, the purpose of this is to find solutions to mutual gains with long-term vision. Within this approach, we sought to build an integrative model of relationship marketing and negotiation in the relationship between service providers, health operators and final customers in the health plan market in Brazil, this relationship is complex, full of conflicts and stagnation. It was first used, first, as an exploratory research of direct observation of the phenomenon referred to relationship marketing, trading and health insurance to increase employment opportunities. Then, the method of data collection was in that environment through online questionnaires using the survey method, in the representative sector. The type of sample used, where n = 217 and the confidence level was 95%, not intentional probabilistic. In the final, it was concluded that the initially proposed model was fully

accepted, taking into account the choice of methodology, then achieving the main objective of this study.

KEYWORDS: Relationship Marketing; Negotiation; Brazilian Supplementary Health; Cooperation.

INTRODUCTION

The healthcare market is essentially highly complex, as it cares for the lives of the people, that is its main purpose and it is also one of the most contentious trade relations between the various actors in the sector, especially in regard to the relationship between health operators and service providers and their consequences to the consumer.

According Oliveira et al. (2003), health operators have faced great challenges from creating the specific Brazilian law, Law 9.656/98[1], since the implementation of a regulatory agency, with law 9,961/00[2], the National Agency Health Supplement. These facts are generating steady increases in the costs of these organizations, mainly by not limiting coverage, increased ratio loss[3] and the increase of new technologies. Such a scenario creates a natural tfinal ency of reduction of operators operating in the market for health plans. However they do not comply with the regulations and requirements and will be the first to become extinct (Rodrigues et al. 2005).

Furthermore, the providers of health services have faced one of their greatest crisis, perhaps as a result of the current situation of the health legislation Supplement. Therefore, health plans generate 91% of the income of private hospitals and 95% of sales of diagnostic centers, indicating a strong depfinal ence of the sector (Rodrigues et al. 2005). According to Silva (2003), the case of doctors is not different, and in 1995, according to the study of the

[1] Law created in 1998 in order to regulate on private insurance plans and health care.
[2] This Law created the National Agency of Supplementary Health – NHA and other providences, issued in 2000.
[3] Correspond to the percentage of compensation that is used to pay claims. The claim is the term used to define in a portfolio insurance, the expected event which is covered by the contract.

national school of public health, 75%, of 90% of doctors had declared that they depfinal ed directly from the conventions to maintain their activities in the doctors' consulting rooms.

However, according to Dieese (2004), cumulative inflation in the health sector from 1997 to 2004 had the highest growth of all segments researched. The inflation rate was on the order of 154.28%, the sub supplement health sector most responsible for this growth, having a variation of 248.77%. This information contrasts with inflation in the hospital sector, which had a variation of only 48.84% in the same period. The variation is even lower for medical consultation (45.53%) and laboratories (14.54%).

Thus, the problem is the consumer's, since most of the time the big hit is in this conflict relationship, such as when there is a disagreement in negotiations between providers and carriers, suspfinal ing first users care so as not to harm the business. In addition, the customer has to pay the service to the date, when wanting to use the services of the operator and the service provider, can often live a complicated situation where you cannot do anything. Steadily there a significant increase in lawsuits, involving the operators, providers and health customers.

Current evidence from the scene show a complex relationship between buyers and service providers in the health supplement. For this reason, studies like this, could improve the relationship between actors and conflict while preserving the state of wellbeing of the population. The contributions that arise from this study, will likely help formulate courses towards the relationship between health care providers and health operators. Given the context of the research, the following question arises: What is the ideal model that combines the concepts of relationship marketing and negotiation in the relationship between providers, healthcare operators and final customers in the opinion of actor's health supplement market? Therefore, the main objective of this study is to construct an integrative model of relationship marketing and negotiation between service providers, the health operators and final customers. Thus, the main objective of this study, is to propose to consider a multi-client model of relationship marketing, seeking a higher level of relationship, so that all actors in the

health supplement market can develop harmoniously their viable actions, acting in an appropriate level of trust, cooperation and fulfillment.

DEVELOPMENT

Relationship Marketing and Negotiation

The need for a lasting relationship with the market, to the detriment of practical transactions with immediate objectives, seeking customer loyalty within a system, is the essence of relationship marketing and negotiation, the cooperative approach, mutual benefits. Although long, practiced concepts of partnership and contract period, the relationship marketing emerged in 1983 with Berry in the services marketing literature. Berry (1995) defined relationship marketing as attracting, maintaining and increasing customer relationships. He stressed that attracting new customers should be considered only as an intermediate stage in the marketing process. Strengthen relationships to transform indifferent customers into loyal ones and serve as to what marketing should consider.

In a certain period, some authors, like Vavra (1993), Holtz (1994), Berry (1995), Levitt (1985) and Palmer (1994), have sought to define the aspects of relationship marketing. At one time, relationship marketing was considered as an approach that was not just the relationship between buyer and seller, where an attempt to establish, strengthen and develop lasting relationships with current and potential customers.

However, in a broader view, authors like McKenna (1997), Morgan and Hunt (1994), Gummerson (1994), among others, drew attention to other important relationships to create value for customers. Within this expanded approach, relationship marketing should also consider all relationships that might interfere with customer satisfaction, namely: relationships with final (suppliers of goods and services), lateral relationships (competitors, government and non-profit organizations), internal relationships (business units, functional areas, employees) and relationships with potential buyers (intermediaries, final consumers).

According to Gronroos' (1997), vision of the establishment, the relationship with a client can become two parts: 1) customer attraction and 2) building a relationship to achieve economic goals. Within this context, many approaches have been addressed so far by the various authors, from the focus on the interaction between the company and the final customer, to a focus on a network of relationships, including all stakeholders in the delivering value to the final customer. However, some authors like Koiranen (1995), McKenna (1997), Gordon (1998) and Gummesson (2003) deepened the study of relationship marketing approach within the network (or chain) of relationships, where a good relationship with the final client depends on a good alignment between chain actors.

Relationship marketing finds similarities with the concept of cooperative negotiation, where the purpose of this is to find solutions to mutual gains, in a long-term vision, because in a negotiation it is necessary to treat people thinking about future negotiations because negotiations is rare occurring only once (Harvard, 2004). In other words, the negotiations to succeed in the cooperative approach should be finished in a win-win situation (Martinelli and Almeida, 1997). In the light of relationship marketing, cooperation also corresponds to an important factor for the success of the relationship, reflecting the interaction and final interdependence of the relationship (Partvatiyar and Sheth, 2000). Cooperation between organizations can build mutually beneficial relationships (Spekman, 1988). It is through cooperation that the parties seek the attention of mutual objectives.

Research Hypotheses

This study seeks to explain the relationship between health operators, service providers and final customers from two situations: between Conflict Relationships vs. Cooperative relationships. The following explains the relationship of interdependence with the following concepts: exchange of information, cooperation, fulfilling promises, trust, dependence, bargaining, compromise, mediation, disagreements, loyalty, concessions, satisfaction and mutual benefits. The main hypothesis of this study is that an adversarial

relationship between operators and providers of health services in losses for the main participant in the chain: the customer. Otherwise, a partnership is beneficial to the entire network of relationships. Within this approach there have been raised on the basis of direct observation of the phenomenon under research, the following assumptions:

H^{1}: Greater cooperation between service providers and health operators, the greater the chances of ultimate loyalty.

$H^{2:}$ The greater and more franc the exchange of information is between providers, operators and customers, the greater the tendencies of cooperation between them.

H^{3}: The greater the level of cooperation between providers, health operators and final customers, the greater the potential for mutual benefit.

H^{4}: The greater the level of cooperation between health operators, service providers and final customers, the greater the trust between them. Contracts are only mandatory; however consultation or appointment is not very great.

H^{5}: The greater cooperation in the relationship between health operators, service providers and final customers, the less the need for the use of mediation.

H^{6}: The greater the level of cooperation between health operators, service providers and final customers, the less chances of disagreement in the relationship.

H^{7}: The greater the bargaining power of the agents of the relationship, the less the likelihood of cooperation.

H^{8}: The greater the dependence of one officer to the other, the greater the possibility of cooperation.

H^{9}: The greater cooperation in the relationship between health operators, service providers and final customers, the greater the level of satisfaction among them.

H^{10}: The greater the fulfillment of promises between health operators, service providers and final customers, the greater the possibility of cooperation in the relationship.

H^{11}: The greater the level of concessions, the greater the possibility of cooperation between health operators, service providers and final customers.

H^{12}: The greater cooperation between health operators, service providers and final customers, the greater the level of commitment between them.

Method

Type of study

According to Minayo (1993), qualitative research in social sciences works with meanings, motivations, values and beliefs. These simply cannot be reduced to quantitative questions, therefore, respond to very slight particular knowledge. However, quantitative and qualitative data complement within what you are looking for. Within this approach, the current study used the hypothetical-deductive method, through two main lines of research - exploratory and descriptive research, with multiple cross-sectional study, using the survey method.

Exploratory research

For Mattar (2001), exploratory research aims to give the researcher an idea and a greater knowledge on the issue and the problem therefore it is appropriate for initial periods of research. However, this is the first stage of this research. Books and scientific papers related to the topics considered in this research and other sources, have been consulted, such as documents, statistics and informal experienced researcher commentaries. This phase was developed with marketing literature in relationship marketing, negotiating and Health Supplement, also with secondary data and case studies of partnership situations of conflict and recorded at selected market agents health supplement.

The observation method

Mattar (2001) and Malhotra (2001) defines this method as it involves the systematic recording of events, action and behavior that relate to the object of study, to get information on the phenomenon of interest, no questions and answers. This stage occurs in a non-

structured and natural way, that is, the fact was observed in the time it occurred. Negotiations between agents were observed, as well as other situations where conflict had occurred and / or cooperation. This phase, as well as the others, was facilitated by the constant experience of the researcher in these events.

The survey method

According to Malhotra (2001), "the survey is based on the method of obtaining the information on the interrogation of the participants, making some questions of their behavior, intentions, attitudes, opinions, motivations, demographics and lifestyle" [Malhotra, 2001, Pag. 154][(1)]. Structured questionnaires used in this phase had been directed to the service they provided, the operators of health, to final customers, to specialists and intermediary agencies. The questionnaires were applied through the online media, at the address www.suapesquisa.com.br/andrecarneiro, in the period from 21st October to 21st December 2008. Before this there was a pre-test conducted between 1st and 25th September. The group under study of the research was stimulated to answer the questionnaire in the e-mail, where they explained the purpose and importance of research. 2,432 e-mails were sent, resulting in a total of (n) of 217 respondents, distributed according to the characteristics of the population.

Research Sampling

The type of sample used was not intentional and probabilistic. Because, as argued by Mattar (2001), this allows samples to be satisfactory to the needs of the research. According to this thinking, the present research used the following as reference sample for the study objectives, where n = 217 and the 95% confidence level.

Data Analysis

Data were analyzed using hypothesis testing, after previous verification of the hypotheses. For a better analysis of the results, we carried out a quantitative approach to establish the Middle Ranking (MR) of the questionnaire used as the Likert scale of 5 points to measure the degree of agreement of the citizens who had answered the questionnaires to all questions measuring variables.

Verification was performed in terms of the agreement or disagreement of the questions evaluated by obtaining MR score attributed to the responses, related to the frequency of responses and respondents who made such attribution, where values below 3 are considered as opponents and greater than 3 (also fractions), as consistent, considering a 5-point scale. The value 3 exactly will be considered indifferent or of no opinion, being the neutral point, equivalent to cases where respondents left blanks.

They emphasized that this work was oriented towards a confirmatory approach. Therefore, the model was made to seek the acceptance or rejection, not seeking to develop alternative models or modifications of the initial model.

Analysis and Discussion of Results

According to the principle problem of this paper, the perceived complexity of the relationship between these actors predominantly transfer costs in addition to much of the time, to the detriment of the quality of care and therefore final customer satisfaction - the reason of being of the entire health system supplement. Therefore, it is necessary to use 12 hypotheses, adjusted to the format from 13 variables, derived integrative concept of relationship marketing and negotiation necessary, according to the scheme set out in Table 1.

Table 1 - Hypotheses and research variables

Hypotheses		Variable		Relation	
H1	The greater cooperation between service providers and operators of health, the greater the chances of the final client fidelity.	V1	Commitment	H1	V4; V7
H2	When much bigger and franker the exchange of information	V2	Concessions	H2	V13; V4

	between providers, operators and customers, the greater the tendencies of cooperation between them.				
H3	The greater the level of cooperation between providers, health operators and final customers, the greater the potential for mutual benefit.	V3	Confidence	H3	V4; V8
H4	The greater the level of cooperation between health operators, service providers and final customers, the greater the trust between them. Contracts are only mandatory, however consultation or appointment is very little.	V4	Cooperation	H4	V4; V3
H5	When much greater cooperation in the relationship between health operators, service providers and final customers, the less the need for the use of mediation.	V5	Fulfillment of the Promises	H5	V4; V10
H6	The greater the level of cooperation between health operators, service providers and final customers, the less chances of disagreement in the relationship.	V6	Dependence	H6	V4; V9
H7	The greater the bargaining power of the agents of the relationship, the less the likelihood of cooperation.	V7	Fidelity	H7	V8; V4
H8	The much greater reliance on one of the other agents, the greater the possibility of cooperation.	V8	Mutual Benefits	H8	V6; V4
H9	The much greater cooperation in the relationship between health operators, service providers and final customers, the greater the level of satisfaction among them.	V9	Impasses	H9	V4; V12
H10	The greater the fulfillment of promises between health operators, service providers and final customers, the greater the possibility of cooperation in the relationship.	V10	Mediation	H10	V5; V4
H11	The greater the level of concessions, the greater the possibility of cooperation between health operators, service providers and final customers.	V11	Bargaining Power	H11	V2; V4
H12	The greater cooperation between health operators, service providers and final customers, the greater the level of commitment between them.	V12	Satisfaction	H12	V4; V1
		V13	Exchange of infornation		

Source: Own Elaboration

As the work developed by Morgan and Hunt (1994), who presented a model using mediating variables, this study used as the focal point of cooperation between five and seven record outputs (results) from the concepts of relationship marketing and negotiation, to create a model integrating these two theoretical perspectives. Thus, this thesis showed that cooperation is the major determinant of the good relationship between health operators, service providers and final customers, being then the generation factor value for this chain of relationships.

Due to the results achieved in research conducted with 217 people who act and live directly in the Brazilian health system supplement, which established a relationship between the aforementioned variables forming 12 hypothesis, we observed that the same, according to the methodological criteria set, were possible acceptance, thus constituting the full acceptance of the proposed model at the beginning of this work.

The methodological criteria for acceptance or refutation of a hypothesis was established through the Middle Ranking (MR), in which the score less than 3, refuted the hypothesis considered equal to 3, the neutral point and higher this number, the hypothesis would be accepted as true, where n = 217 and α = 0.05, characterizing a confidence level of 95%. Table 2 shows the MR achieved by each hypothesis.

Table 2 - Mean ranking for the hypothesis

H	Hypothesis	Mean Ranking	Confidence Int.	Validation
H1	The greater cooperation between service providers and operators of health, the greater the chances of the final client fidelity.	4.210	0.118	Accepts
H2	When much bigger and franker the exchange of information between providers, operators and customers, the greater the tendencies of cooperation between them.	4.180	0.113	Accepts
H3	The greater the level of cooperation between providers, health operators and final customers, the greater the potential for mutual benefit.	4.370	0.086	Accepts
H4	The greater the level of cooperation between health operators, service providers and final customers, the greater the trust between them. Contracts are only mandatory, however consultation or appointment is very little.	3.680	0.141	Accepts
H5	When much greater cooperation in the relationship between health operators, service providers and final customers, the less the need for the use of mediation.	4.040	0.113	Accepts
H6	The greater the level of cooperation between health operators, service providers and final customers, the less chances of disagreement in the relationship.	4.060	0.102	Accepts
H7	The greater the bargaining power of the agents of the relationship, the less the likelihood of cooperation.	3.620	0.148	Accepts
H8	The much greater reliance on one of the other agents, the greater the possibility of cooperation.	3.210	0.148	Accepts
H9	The much greater cooperation in the relationship between health operators, service providers and final customers, the greater the level of	4.280	0.098	Accepts

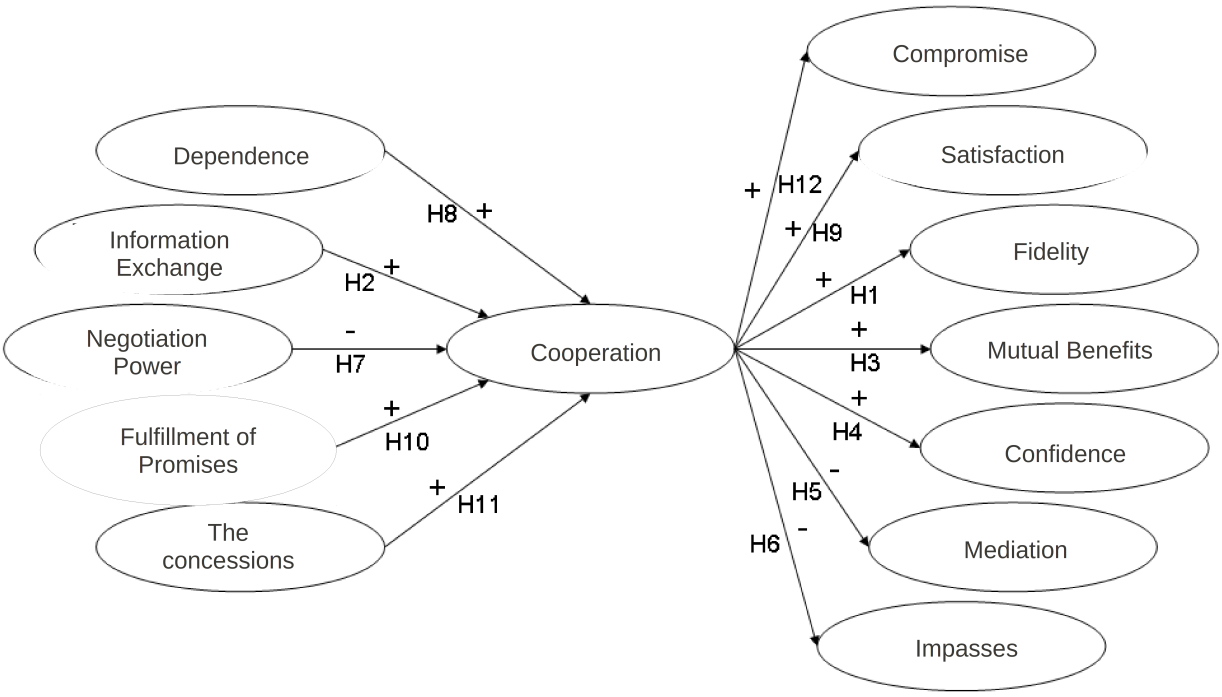
	satisfaction among them.			
	The greater the fulfillment of promises between health operators, service providers and final customers, the greater the possibility of cooperation in			
H10	the relationship.	4.200	0.090	Accepts
	The greater the level of concessions, the greater the possibility of cooperation between health operators, service providers and final			
H11	customers.	3.750	0.117	Accepts
	The greater cooperation between health operators, service providers and			
H12	final customers, the greater the level of commitment between them.	4.140	0.104	Accepts

Source: Own Elaboration

It is observed, then that the MR made in research and considering the confidence intervals established for each hypothesis, evidence full acceptance of the proposed model. The current model will serve as a basis for the development of strategic marketing within the health supplement market in Brazil, both health operators, as service providers, with the sole intention of promoting final user satisfaction of services - called customer.

The current implementation of the model may also delineate the actions of mediator acting bodies in the health supplement, giving conditions to predict some behaviors of market participants and thereby prescribe possible solutions proactively.

Figure 1 - Theoretical integrator model of relationship marketing and negotiation



Source: Own Elaboration

It is observed that both theories (relationship marketing and trading) have common components, possible observed together in the proposed model. Unlike the proposed Porter (2004), in his model of Competitive Strategy, the current model suggests a cooperative strategy, i.e. a Cooperative Marketing model, which proposes a control variable, that facilitates cooperation and those that generate conflict, so that the market can move towards cooperative exchange relations, existing well, delivering greater value to the final customer.

In the book Redefining Health Care: Creating Value-Based Competition on Results, Porter and Teisberg (2006), make an assessment of the health system in the United States, suggest that competition is on a wrong level, where they have a competition transfer costs to other side, to the detriment of a positive-sum value to system agents.

Although many of the causes of the deficiency of American health system coincides with the Brazilian model, it was evidenced by the current cooperative model, in Brazil the private health problem is the level at which competition occurs - the problem is the mentality. One cannot speak of competition to generate value in the competition model health supplement, as only cooperation between service providers, health operators and final customers can generate positive value for the system.

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CONCLUSION

As suggested by the main objective of this study, from the theoretical and field research, we have established a theoretical model that integrates theories of Relationship Marketing and Negotiation for application in the Supplementary Health Market in Brazil.

The current model was built from assumptions made based on the author's experience in that market and also based on the literature. These conditions provide a 12 formulation proposals chain in the form of a theoretical model. This model was subjected to an appreciation of the people involved in the market, including service providers, health operators, specialists, brokers and final customers, in order to accept or refute the

hypothetical model, which has the variable cooperation mediating between 5 input variables (dependence, information exchange, bargaining power, fulfillment of promises and concessions) and 7 output variables (commitment, satisfaction, loyalty, mutual benefit, trust, mediation and impasses), thus forming 12 hypotheses from 13 variables.

Finally, it was concluded that the proposed model was fully accepted initially admitting chosen methodological aspects, then reaching the main objective of this study.

Limitations of the study

The present work, as mentioned earlier, sought to build an integrative model of relationship marketing and trading on the Brazilian market health supplement. For this, some assumptions used to hear the opinion of the members of the system for possible acceptance or refutation of the model presented.

It is understood, then, as labor constraints, the following: 1) Not to have related research and public sellers of health technology, as the pharmaceutical and medical supply industry, Prosthetics and Special Materials, 2) to be focused on quantitative research, leaving deeper issues, 3) There is no application of the proposed model.

Suggestions for future research

It was observed that the model considered in the research was fully accepted, thus achieving the overall objective of the thesis. However, based on the limitations presented above, is considered, new research, complementing the current one, where they can test the model, applying in real situations, identifying its functionality. These applications with all the results presented in this thesis contribute significantly to the development of Supplementary Health in Brazil.

BIBLIOGRAPHICAL APPOINTMENTS

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