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ABSTRACT

Purpose— The purpose of this study is to develop and test a model for Customer-oriented behavior and Market-orientation that is based on Professionalism, Rewards, and Job-satisfaction.

Design/methodology/approach — It was an empirical study that measured the hypothesized relationship among variables of research interest. By using a convenient sampling technique, data were collected from healthcare professionals of Pakistan.

Findings — The results obtained have provided a cause-effect relationship of professionalism and rewards with Market-orientation concerning Customer-oriented behavior of health professionals and personnel. A significant impact of variables: professionalism and rewards on market orientation and positive relationships of market-orientation with job satisfaction and customer-oriented behavior were observed.

Research limitations/implications — The size of the sample used for the study may not allow the generalization of results. However, the study has motivated the author to increase the size of the sample for exploring the phenomenon in more detail.

Practical implications — Health professionals and personnel require a comprehensive market orientation regarding how to satisfy their customers; this study has provided some sort of management in that perspective which may help businesses to lessen distance from their potential customers.

Key Word: Market-orientation, Professionalism; Rewards, Job-satisfaction, Customer-oriented behavior, Healthcare professionals, and Pakistan.

1 | INTRODUCTION

In Effective organizations, marketing practices start with the acceptability of the marketing concept at the employee’s level (Trustrum, 1989) and when the marketing concept is implemented in the organizations, those organization is said to have a market orientation. During the 1990s, market orientation received a lot of attention from the marketing discipline (Sampaio, Hernández-Mogollón, & Rodrigues, 2019). Market orientation is defined as a set of continuous processes of organizations aimed at the creation of better goods and services offered to customers (Kohli and Jaworski, 1990). So, a customer-oriented organization is more likely to create satisfied customers than organizations that lack market orientation. (Kim, 2004; Kasim, Ekinci, Altinay, & Hussain, 2018).

The importance of market orientation is proved by historical evidence with its relation to different antecedents. For example, Sampaio et al., (2019) found a positive relationship between market orientation and return on assets. Amangala, & Wali, (2020) found a positive correlation between market orientation and both customer satisfaction and service quality provided by employees. Despite, the significance of market orientation for all organizations, it is especially important for firms in the service sector Royo-Vela, Salazar, & Blanco,
(2021) like health care. It is so because professionals are perceived as different kinds of workers due to the duties performed and their social beliefs and behaviors associated with service (Jogaratnam, 2017).

With such perception, Services of medical professionals can be divided principally by four different facets inbuilt in service: intangibility (the medical service itself is not tangible); heterogeneity (a doctor’s service is not standardized, differing with every patient); inseparability (the medical service is consumed at the time of its offering); and service perishability (medical service is not stackable) (Kim, 2004; sung, 2007; Royo-Vela, et al.,2021).

These facets make the service process an important determinant of customer perceptions about quality. The work of Kelly (1992) stated that for a service organization, `being market-oriented it is essential to practice the marketing concept at the level of customer. And Customer perceptions of service quality are significantly affected by employees’ willingness to engage in customer-oriented behavior, it is critical to have employees who engage in such behaviors that lead to long-term customer satisfaction.

Already there is a stream of research that examines different organizational antecedents that predict employee’s customer-oriented behavior in the marketing literature (Hartline et al., 2000; Jogaratnam, 2017). This study contributes to this research stream by examining whether Market Orientation is predicted by Professionalism and Service rewards, which leads to Customer-oriented behavior. It also investigates the moderating role of job satisfaction that how the presence of job satisfaction addresses the relationship between market orientation and customer-oriented behavior for health care professionals.

1.1 | Significance of the Study

The health care industry in Pakistan, due to illiteracy, environmental pollution, and ignorance, has always been a market, with the Demand for medical services far exceeding the supply of services. Therefore, the majority of health care professionals have never felt the need to engage in marketing activities as the demand has bee steadily increasing. However, with a rapidly increasing societal level differences with rising per capita income in certain groups of society, gradually increasing market competition due to the growing number of new medical institutions and the medical services industry needs a new, managerial and service focus to anticipate the rapidly changing customer needs. The marketing practices of medicine companies like conferences arrangements, refresher courses, free counseling about new issues in health care, publications of medical research also play a vital role to enhance the market orientation of health care professionals. This study investigates how the customer-oriented behavior of health care professionals is affected by market orientation and its antecedents and eventually results in satisfied employees and customers

1.2 | Objective of the Study

- Empirically testing the nature of the relationship between professionalism and rewards at an individual level, then generalizes results to the population.
- Assessing the importance of market orientation, its antecedents, and its relationship with customer-oriented behavior.
- Empirically testing of the moderating role of job satisfaction that how it affects the relationship of market orientation and customer-oriented behavior
2 | LITERATURE REVIEW

In this section, the previous literature of all variables of research interest has been discussed.

2.1 | Market Orientation

Generally, Marketing practices mean the recognition and execution of the marketing concept at the employee’s level. Its implementation shows that the organization has chosen to function with market orientation (Trustrum, 1989) and the Market orientation concept represents the establishment of high-quality marketing practices (Kohli and Jaworski, 1990; Akman, & Yilmaz, (2019; Mostafiz, Sambasivan, & Goh, 2021).

Different scholars have described the concept of market orientation differently like, the concept of market orientation can be approached from two different facets: as a” business philosophy” and as “behavior” (Dreher, 1994; Gligor, Gligor, & Maloni, 2019). Market orientation as a business philosophy is defined as “the pattern of shared values and beliefs within an organization, helping individuals to understand the functions of the organization and provide them with normative behaviors” (Deshpande and Webster, 1989). The behavioral perspective focuses on “characteristics of the organization like strategy, structure, process, and activities at every level of the organization” (Dreher, 1994; Nugroho, 2018).

Narver and Slater (1990) have discussed market orientation as a business philosophy. He has divided the market orientation into three dimensions customer orientation, competitor orientation, and inter-functional coordination. But Kohli and Jaworski, (1990) have discussed the behavioral dimension of market orientation. They defined market orientation as

1. Intelligence generation. “Market intelligence generation refers to the collection and assessment of both customer needs/preferences and the factors that affect these needs”

2. Intelligence dissemination. “Intelligence dissemination refers to the process and extent of market information exchange within an organization both horizontally and vertically”. Horizontal means at peers’ level and vertical means at departmental level.

3. Responsiveness. “Responsiveness is behavioral action taken in response to intelligence that is generated and disseminated.”

The Kohli and Jaworski (1990) and Narver and Slater (1990) studies provide a theoretical base for others to build new connections of phenomena with market orientation. The past literature shows different examples, like Kohli and Jaworski (1993) investigated the top management involvement, interdepartmental conflict and organizational systems as antecedents, and esprit- de- corps, company performance as outcomes of the market orientation. Narver and Slater (1990) examined the relationship between market orientation and business long-term profitability and found a strong positive relationship between these two variables.

2.2 | Professionalism

The word profession is derived from the Latin combination of pro (forth) and fateri (confess), meaning "to announce a belief." Hence the early use of the word was concerned with open or public facets of faith or purpose (Roddenberry, 1953). The previous literature adopts professions, professionals, and professionalism differently. Hall (1968) and cullen (1978) differentiate several attributes (structural and attitudinal) that professions have like: (1) some specific knowledge gained through formal education, (2) highly developed skills, (3) some type of entry
requirements, (4) Some certification or licensing process prerequisites (5) a set of behavioral norms and ideas known as professionalism (McCluney, Durkee, Smith, Robotham, & Lee, 2021).

The first four attributes are structural attributes that create the professional, like knowledge requirement, continued development of skills, prerequisites for entry, and certification or licensing. The last attitudinal attribute is the professionalism that describes the behavioral dimension of the profession.

After briefly describing the conceptual origin of professionalism, the work of (Hall, 1968; Boyt et al, 2001), illustrates this conceptual construct consisting of five distinct dimensions. In the context of health professionals, we can discuss each dimension separately, Like, in “Autonomy”. Professionals desire to be able to make decisions on their own. The vast nature of medical literature, diversity in the disease, and lifetime risk of patients, all these are reasons, why? They want to be free of external pressures that might influence their decisions or service behavior (Boyt et al, 2001; Walsh, Dicks, & Sutherland, 2015).

In “Professional associations as a referent” The professionals are strongly institutionalized and have well-organized professional associations. These professional associations make it their mission to maintain and reinforce the principles, beliefs, and aims of their profession. PMDC (Pakistan Medical and Dental Council) and Pakistan Medical Association are appropriate examples of associations for health professionals. These associations are active in publishing scientific research, conducting conferences that promote the association of Individuals who read the journals or attend conferences. Professionals use this association as a referent to be more socialized into the profession and to be influenced by norms and standards of each other (Whittington and Whipp 1992; Awang, Y., Rahman, & Ismail, 2019).

“Belief in public service” This is one’s belief that his or her profession is essential and beneficial to society. Professionals, who own a strong belief in public service, imagine society will function better with their profession. Like, if health professional believes in public service, they will indulge themselves in such activities which are considered highly important to the well-being of society.

Hall (1968) refers “Sense of calling to the field to the dedication of the professional to his work and the feeling that he would probably want to do the work even if fewer extrinsic rewards were available”. It shows the commitment to the profession and the individual perception that it is true purpose in life.

“Belief in self-regulation” involves the belief that professionals can better control their performance on their own (Keer et al, 1977). Like, health professionals having highly specialized knowledge and the power provided by this knowledge and skills, they often strongly believe in self-regulation, and they also believe that the best form of regulation comes from peers or colleagues because they all share almost the same level of expertise. Given the level of specialized knowledge or expertise, only their peers or colleagues, and not outsiders, can judge their work. Using these dimensions of professionalism as a construct, we will discuss its relationship with other variables of our interest.

2.3 Relationship of Market Orientation, Professionalism, and Rewards

In service organizations, the production and consumption of services take place at the same time (Zeithmal et al., 1985). Health professionals are the main marketer of a service organization because they act as the creator and dispensers of end services. The previous literature shows the different nature of the relationship between professionalism and market orientation (Ghantous, & Alnawas, 2020).
For example, Whittington and Whipp (1992) found that market orientation is negatively reported by professional editors and research scientists. He has given the reason for this negative relationship that professionals are internally focused on the job, while marketers are externally focused on markets. Moreover, Kotler and Connor (1977), argued that professionals look down upon commercialism. But Li et al, (2006) found a positive relationship between professionalism and performance of health professionals. As discussed earlier, performance can be measured in the context of creating and dispensing end services. Moreover, Bullard and Snizek (1988) and Yu, Yen, Barnes, & Huang, (2019) found certain facets of professionalism positively associated with the practice of advertising. This opposite evidence from literature about the relationship between market orientation and professionalism tends to investigate this relationship. We suppose that professionalism is positively related to market orientation.

**H1:** Professionalism is positively related to market orientation.

### 2.4 Rewards

Job Rewards have been defined as “Potential sources of rewards to the employees” (Kalleberg, 1977,130). He distinguishes between "work values" and "job rewards." Work values refer "to general attitudes regarding the meaning that an individual attaches to the work role" (Kalleberg 1977, 129). Eventually, job values and job rewards are the internal and external benefits that employees receive from their jobs. The review of previous literature shows different construct connections for service rewards. For example, the work of (Lee et al., 199; Horne, 2020) concludes that empowerment, service training, and service reward are positively related to job satisfaction. Connecting rewards and professionalism is evidenced in the literature. Boyt et al. (2001) found that professionalism can be further enhanced by a reward structure that reinforces professional behavior and mindset aspects. Moreover, many researchers have suggested that compatibility between professionalism and the organization may depend on the organization's willingness to reward professional behavior. (Hall, 1968; Kerr et al., 1977; Kaur, & Sharma, 2019; Sferrazzo, 2021)

So eventually, these findings show that rewards motivate behavior and reinforce job attitudes and it can be supposed that if an organization will reward employees for certain types of professional behavior, then professionalism would be increased. Hence, for professionals, service rewards that are designed to enhance professionalism should be positively related to professionalism.

**H2:** There is a positive relationship between professionalism and service rewards

The relationship of service rewards and market orientation is discussed by different scholars. Kohli and Jaworski (1990) found rewards strongly related to market orientation and the appropriate rewards system will facilitate all three components of market orientation. They concluded that because employees are rewarded based on factors like building customer relationships and customer satisfaction, employees tend to be more market-oriented. Bullard and Snizek (1988) and Modi, & Sahi, (2018) also supported the above statement. They suggested in their findings that employees are more motivated by more interest in jobs and incentives that the practice of marketing can provide them (Herhausen, De Luca, & Weibel, 2018). The above discussion can lead us toward the formation of our third hypothesis.

**H3:** Rewards are positively related to market orientation
2.5 Job Satisfaction

Locke (1976) defined job satisfaction as “a general pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences”. The satisfaction level of service employees should be marked carefully because service employee’s behavior plays a vital role in recognizing service quality, so job satisfaction is also important in the service industry as well as the manufacturing industry (Hartline and Ferrell, 1996; Lu, Zhao, & While, 2019; Judge, Zhang, & Glerum, 2020).

2.6 Customer Oriented Behavior

Lee, (2006) has quoted a definition of Bettencourt and Brown, (1997, p. 41) that customer-oriented Behavior refers to the helpful behavior of service providers directed toward an organization or other individuals”. The success of a service organization depends on the interaction between frontline employees and customers (Jan et al, 2007; Garba, Babalola, & Guo, 2018). Kelly, (1992) has stated that for a service organization, being market-oriented is like practicing the marketing concept and practices at the customer level. He also found that for service organizations, customer perceptions of service quality are significantly affected by the organization’s employees, it is important to have employees who engage in behaviors that result in long-term customer satisfaction (Kelly, 1992; Kraemer, Weiger, Gouthier, M. H., & Hammerschmidt, M. (2020). Therefore, from the above discussion, the study of the determinants of employees’ customer-oriented behavior is important for both service professionals and managers.

2.7 Relationship between Market Orientation, job satisfaction, and Customer-oriented behavior

The review of previous literature about connections of above-stated variables come up with some strong associations of variables for a service organization, like Hallowell et al., (1996) have emphasized that the provision of high-quality service to customers can be achieved by satisfying the needs of a service contract employees. He has also reported eight factors responsible for improving employee satisfaction: tools, teamwork, managerial support, adequate training, reward and recognition, common goals, policy, and procedure. Kohli and Jaworski, (1990) discovered that there is a positive relation.com between market orientation and organizational performance, and if the performance is increasing as a result employees will likely show job satisfaction and commitment to their job. They also found that employee satisfaction is a predictor of customer satisfaction. It implies that management treats employees well, then employees will treat customers well (George, 1990; Mohiuddin Babu, Liu, Jayawardhena, & Dey, 2019).

George (1990) implies that marketing practices at the organizational level are based on the positive relationship between employee satisfaction, employee motivation, service quality, customer satisfaction, and profitability. These findings are suggesting that if services employees are in a state of job satisfaction, they will produce satisfied customers. This argument is also supported by the findings of Hartline and Ferrell, (1996) which shows that satisfied employees are more likely to deliver better service to their customers there is the direct interaction between employees and customers (Al Idrus, Ahmar, & Abdussakir, 2018; Anabila, Kastner, Bulley, & Allan, 2020). Donavan and Hocutt, (2001) found that customers are more satisfied with the organization when the contact employees demonstrate customer-oriented behaviors. Moreover, MacKenzie et al., (1998) found that service professionals’ high job satisfaction is significantly related to their customer-oriented behavior which leads
to better customer services. Based on the stream of findings discussed above, we can suppose that there is a positive relationship between job satisfaction and employees’ customer-oriented behavior.

**H₄:** Service professionals’ job satisfaction is positively associated with their customer-oriented behavior.

If the increase in job satisfaction creates more customer-oriented behavior, then there should be acceptance of marketing practices at the employee’s level because better marketing practices lead to more customer-oriented behavior of service employees. Empirically the relationship between customer-oriented behavior and market orientation is not yet investigated. Based on our H₄, we can suppose a positive relation between customer-oriented behavior and market orientation (Soomro, & Shah, 2019). In context to the above-discussed literature, the moderating role of job satisfaction for the relation of market orientation and customer-oriented behavior can also be empirically tested.

**H₅:** The presence of job satisfaction influence the relationship between market orientation and customer-oriented behavior.

**H₆:** There is a positive relationship between market orientation and customer-oriented behavior.

### 2.8 | Research problem

How do professionalism and rewards contribute to market orientation? And how job satisfaction as a moderator addresses the relationship between market orientation and customer-oriented behavior?

### 2.9 | Theoretical framework

![Diagram of Theoretical Framework](image)

**Figure 1**

The theoretical framework suggests the variables in the conceptual model in a way that the first part of the model shows professionalism and service rewards are independent variables and market orientation is the dependent variable. In the second part market orientation is the independent variable and customer-oriented behavior is a dependent variable and job satisfaction moderates the relationship between market orientation and customer-oriented behavior. These relations are based on a review of the literature that tends to support these Relationships.

### 3 | Research Methodology

#### 3.1 | Sample and Procedures
This is a quantitative study. The empirical data has been obtained from medical health professionals. The sample of this study has been taken from three cities Lahore, Faisalabad, and Islamabad. Health professionals of both public and private hospitals have participated in the study. A total of 160 questionnaires has been floated to respondents. 20% were self-administrated and the remaining were mailed to concerned health professionals. Total 125 were received back, so the response rate is 78%. 20 were out liars. The actual number of respondents is 105. The method of convenient sampling procedures has been used to ensure an adequate representation of respondents from all major groups and levels. The respondents have been classified into four categories in context to their age group: (a) “below-30” (b) “31-45” (c) “46-60” (d) “60 – onward”. Control variables are age, gender, public or private employee, years of experience, income level, and Qualification.

The questionnaire consisted of three pages in length, contained five sections assessing Professionalism, Rewards, Market orientation, job satisfaction, and Customer-oriented behavior. In analysis, the issue of missing data was handled by eliminating all respondents with any missing items. 71% of respondents belong to the below 30 groups and 26% belong to the 31-45 group. The majority are males (61%), and 39% are female Health professionals with overall qualifications, 21% Postgraduate, 79% graduate. 76% reported income less than 30000 and 21% reported income group (30000-45000). The 59% of health professionals in our sample are working at public hospitals and 41 % work at private hospitals. An average number of years’ experience is 5 years, with a maximum reported experience of 36 and a minimum of 0. However demographic control variables show that participants belong to different age groups, income level, years of experience, workplace, and qualification level.

3.2 Measures

All the scales used to measure the constructs in this study were derived from instruments designed for previous studies in which their reliability and validity were checked and reported.

In the present study, each item in the scale for each construct has been assessed to determine if it is appropriate for use among medical health professionals. First, after selecting the appropriate items and changing if it is needed, a pilot study has been conducted to access the reliability and validity of the construct although it is already done by previous research. It yields the average reliability coefficient Cronbach alpha .745. Then the final questionnaire has been distributed among the selected sample.

3.3 Professionalism scale

The scale measuring professionalism is adopted from the professionalism survey developed by Hall (1968). Hall’s (1968) original scale contained 50 items but was refined so 25 items captured the same five factors. It is the latter version of this scale (25 items) that is used. This updated and revised professionalism scale has been used widely to assess professionalism among different professionals. Like Bartol, (1979) had also used the same scale and reported scale reliabilities were .82, .82, .79, .75, and .85 all are above .70. The Cronbach reliability coefficients for most of the factors meet the recommended standard of .70 suggested by Nunnally (1978). Each item has been measured on a five-point Likert scale where 1 = strongly disagrees and 5 = strongly agree.

3.4 Market Orientation Scale

Kohli and Jaworski (1990) suggested a scale that measures the three attributes of intelligence generation, intelligence dissemination, and responsiveness as features of market orientation. Kohli et al. (1993) used and test a market orientation scale consisting of 20 items to measure these three components. The scale items are measured on a Likert scale where 1=strongly disagree and 5 = strongly agree. The same scale has been used in this study
with three items in “responsiveness” with a reliability of .80, four items in “intelligence generation” with the reliability of .84, and three items in “intelligence dissemination” with a reliability of .83.

3.5 | Rewards Scale

Two facets of rewards associated with the work context were included in the study.

For extrinsic rewards, the items used to measure these factors were drawn from several widely used scales reported in (Clifford, 1985) and modified to the present stage due to our sample changes. (Clifford, 1985) reports reliability by Cronbach alpha which yielded reliability coefficients of .822.

For intrinsic rewards, a scale of three items representing reward elements will be adopted from the work of Bartol (1979). A five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree has been used to measure the items. This scale has a Cronbach’s reliability coefficient of .87.

3.6 | Job Satisfaction Scale

A scale of five items representing job satisfaction elements has been adopted from the work of (Lee et al, 2004). It was developed by Brayfield and Rothe (1951). A five-point Likert scale from “1 = strongly disagree” to “5 = strongly agree” has been used to measure all items. The scale has a Cronbach’s reliability coefficient of .81.

3.7 | Customer Orientated Behavior Scale

A scale consisting of Four items representing customer-oriented behavior has been adapted from the work of (Kim et al, 2004). It was developed by Podsakoff and MacKenzie (1994). A five-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree” has been used to measure all items. The scale has a Cronbach reliability coefficient of .87 which is more than the standard of .70 given by Nunnally (1978)

3.8 | Statistical methods

Following appropriate statistical tools was used for data analysis

Pearson correlation

According to the requirements of the theoretical model (fig.1), the test of measuring the association of variables is Pearson correlation, because it tests the “interdependency” of the variables discussed in the model.

Regression Analysis

To measure the relative strength of I. V’s on D.V and significance of the model the multiple and linear regression is used because there is more the one independent variable exist in the model.

4 | RESULTS AND ANALYSIS

The results are discussed in the following section.

<table>
<thead>
<tr>
<th>Table 1. Correlations</th>
<th>Professionalism</th>
<th>Rewards</th>
<th>Market Orientation</th>
<th>Job Satisfaction</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rewards</td>
<td>.266**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Orientation</td>
<td>.293**</td>
<td>.500**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>.171</td>
<td>.204*</td>
<td>.267**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>COB</td>
<td>.226*</td>
<td>.165</td>
<td>.360**</td>
<td>.214*</td>
<td>1</td>
</tr>
<tr>
<td>N=105</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
The Pearson correlation matrix shows that rewards are positively and significantly related to Professionalism (0.266**, p<0.01). Rewards are positively and significantly related to Market orientation (0.500**, p<0.01) and if intercomparison is considered, the rewards are more significantly related to market orientation than professionalism and it is the strongest relationship tested in the model. Professionalism is significantly related to market orientation (0.293**, p<0.01). Professionalism is not correlated with job satisfaction (0.171) and correlated with Customer-orientated Behavior (0.226*, p<0.05).

Customer-oriented behavior is not predicted by rewards as the correlation is (.165) which is not significant. This result also supports the theoretical model proposed relationships.

The market orientation is significantly correlated with Customer-oriented behavior (0.360**, p<0.01). The relationship between Job satisfaction and market orientation is also significant (0.267**, p<0.01) and finally, Job satisfaction and Customer-oriented behavior are strongly correlated (0.360**, p<0.01).

<table>
<thead>
<tr>
<th>Table 2. Comparison of Workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
</tr>
<tr>
<td>(Private hospital)</td>
</tr>
<tr>
<td>3.67</td>
</tr>
<tr>
<td>(Public hospital)</td>
</tr>
</tbody>
</table>

In the table-2 mean of all variables concerning public and private hospitals, workplaces are discussed and one-way analysis of variance has been shown. It shows the direction of professionalism, Rewards, Market orientation, Job satisfaction, and Customer-oriented behavior with relation to the workplace. This comparison shows that health professionals of both public and private hospitals almost reported the same professionalism (mean difference = .02), Job satisfaction (mean difference = .00), and Customer-oriented behavior (mean difference = .02) but considerable differences can be observed in rewards (mean difference = .12) and market orientation (mean difference = .31). Therefore, the private sector health professional is reporting a high level of market orientation and a relatively low level of rewards. Other variables almost remain the same (see table 2).

**Regression analysis**

<table>
<thead>
<tr>
<th>Table 3. Multiple Regression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Summary (table- 3) a b</td>
</tr>
<tr>
<td>R Square</td>
</tr>
<tr>
<td>.277</td>
</tr>
<tr>
<td>a. Predictors: (Constant), Rewards, Professionalism</td>
</tr>
<tr>
<td>b. Dependent Variable: Market Orientation</td>
</tr>
<tr>
<td>c. significant at &lt;0.05</td>
</tr>
<tr>
<td>N=105</td>
</tr>
</tbody>
</table>
Table 3 shows that the model tested is significant (P<0.05). The regression analysis accounted for 26% change is caused by rewards and professionalism to market orientation which is the dependent variable. Value of beta also shows the positive rate of change by dependent variables (0.172 and 0.454) with both independent variables being significant respectively (0.05, 0.00 both <0.05). but out of these two variables rewards are a more strong predictor of Market orientation as 45% of the dependent variable is affected by rewards and 17% by professionalism.

**Linear Regression**

<table>
<thead>
<tr>
<th>Model-independent variables</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>.881</td>
<td>.380</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>.172</td>
<td>1.966</td>
<td>.052</td>
</tr>
<tr>
<td>Rewards</td>
<td>.454</td>
<td>5.203</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4 shows that the model tested is significant (P<0.05). The regression analysis yielded 36% change is caused by market orientation to Customer-oriented behavior which is the dependent variable. Value of beta also shows the positive rate of change by dependent variables (0.36) with an independent variable is significant at (0.00, < 0.05). It also shows that .36% change in Customer-oriented behavior is caused by a 1% change in market orientation. Durbin-Watson’s value for multi-collinearity is 1.88 which shows that there is no multi co-linearity exists in the items of the scale.

**Moderating Variable Analysis**

In the theoretical model (see fig. 1), a moderating variable “Job satisfaction” has been employed. To test our assumption, there are two steps to measure the moderating variable, first correlation test, and our moderating variable pass this step as job satisfaction is correlated with both market orientation (independent) and customer-oriented behavior (dependent variable). The second test is the linear regression test, the following are the results.
Table 5. Model Summary

<table>
<thead>
<tr>
<th></th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>F value</th>
<th>Significance.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.129</td>
<td>.121</td>
<td>15.272</td>
<td>.000</td>
</tr>
</tbody>
</table>

- a. Predictors: (Constant), Job Satisfaction * Market Orientation
- b. Dependent Variable: Customer-Oriented Behavior
- c. significant at <0.05

N=105

Table-5 shows that the linear model tested is also significant (P<0.05). The regression analysis accounted for 36% which is = 36 % simple regression result table 4. therefore, there is no change is caused by job satisfaction * market orientation to Customer-oriented behavior which is the dependent variable. Value of beta also shows the steady rate of change by dependent variables (simple regression result table 4) with the independent variable. The R square value is not changed for the job satisfaction * market orientation than only for Market orientation (.120 = 121). As a result, no significant change is produced by job satisfaction to the relation of market orientation and customer-oriented behavior therefore Job satisfaction is not proved as a moderating variable. So, our H6 is rejected.

5 | DISCUSSION AND IMPLICATION

The purpose of this article is to measure the relationship between professionalism & rewards with market orientation and then market orientation with customer-oriented behavior of health professionals of Pakistan. As we have hypothesized in H1. The results support that there is a positive relationship between professionalism and market orientation.

Li et al, (2006) also found a positive relationship between these two variables. Our H1 is sustained by results. The H2 is also accepted because rewards are positively related to market orientation. Market orientation is more strongly related to rewards than professionalism. In context to the health sector of Pakistan, the results imply that health professionals who are enjoying a high level of rewards focus on the three dimensions of market orientation like knowledge generation, dissemination, and responsiveness because they believe on performance and performance give rise to more rewards. The findings of

Bullard and Snizek (1988) also support the same notion. It means that healthy employees are more concerned with what the job is paying to them and what they are paying to their customers, as they are the creators, producers, and marketers of services. The H3 is accepted as the relationship between rewards and professionalism is positive.

Hall (1968)
Also found that professionalism can also improve by enhancing job rewards. In fact, in a country like Pakistan, where rewards are usually considered low as compared to the international standards for health professionals, individuals report a high level of professionalism while having a high level of rewards.

H4 is sustained because results support that Service professionals’ job satisfaction is positively associated with customer-oriented behavior. Health professionals exhibit a positive attitude towards patients if they are satisfied with their job, but the moderating role of Job satisfaction is not proved because job satisfaction has not any significant impact on the relation of market orientation and customer-oriented behavior so H5 is not accepted. It suggests that some other factors also exist that contribute to customer-oriented behavior. In Pakistan, the health professionals exhibit a high level of customer-oriented behavior independent of all control variables in comparison to the workplace we found that customer-oriented behavior is high for both private and public hospital employees. Job satisfaction irrelevance is due to the uniform behavior of employees towards customer-oriented behavior despite having different levels of job satisfaction. In this situation, the factor of religious obligations & responsiveness, sense of serving to humanity, and indispensable human nature may describe this phenomenon. The majority of health professionals in Pakistan are Muslims and their religion demands high customer-oriented behavior for the sake of brotherhood and humanity, so we observe such a change in the behavior of health professionals.

The Empirical investigation proves the sustainability of the H6 that there is a positive relationship between market orientation and customer-oriented behavior. In Pakistan, the major source of market orientation and professionalism are the medical research associations like PMDC (Pakistan Medical and Dental Council), Pakistan Medical Association, and Medicine companies. Although often, their efforts are considered marketing techniques but ultimately, these efforts contribute to knowledge enhancement, service improvements, and recognition of best practices in the health profession. For example, a research conference is being conducted by a medicine marketing company for advertisement and it familiarizes the company among doctors consequently affecting the prescription behavior, but it also provides a platform for health researchers to demonstrate their abilities and share valuable information. This contributes to the enhancement of professionalism and market orientation. The large network of medicine companies’ representatives also performs a vital role in this context. No doubt, they are marketers of their companies, but they are also sources of up-to-date information, new practices, techniques of new instruments, and research for health professionals. It is proved by our results that there is a positive relation between customer-oriented behavior and market orientation, so we can conclude that these marketing efforts of companies enhance the market orientation which contributes to the customer-oriented behavior of health professionals. It also implies that if the customer is paying for these marketing efforts, he/she is also being facilitated by them.

The comparison of health professionals based on the workplace yielded important results. The private hospital employees reported a high level of market orientation than public sector employees and all most share the same level of COB. In Pakistan, the emergence of new high service quality private hospitals is caused by the quality-conscious customer segment. The customer of these private hospital perceives a high-quality service from them, so management has to maintain the desired level of market orientation of its employees rather than depending on conventional sources. Consequently, employees of the private hospital are more market-oriented than public hospitals.
5.1 Limitations

This research is an empirical investigation conducted in the health sector of Pakistan. The sample is less in number because of the time limit so the results of this study cannot be generalized to the whole population of health professionals. This study can be replicated by involving the customer’s opinion about health professional behaviors and other variables investigated in the study or customer satisfaction. On a longitudinal basis, the results can be verified again to discuss determinants of changing behaviors. And the role of management and paramedical staff can also be included in the study to increase the scope of research.

REFERENCES


