Relational Selling, Relationship Quality, and Future Behavioural Intentions in the Health Insurance Industry

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Abstract

The convoluted nature of health insurance necessitates sharing of complete, accurate, and timely information to assist the customers to make suitable product choices. The insurance agents should capitalize their technical expertise by carrying out need analysis and engage in relational selling behaviour (RSB) to enhance relationship quality (RQ), namely Trust and Satisfaction. The Future Behavioural Intentions (FI) of customers manifested in repurchase intentions and willingness to recommend rely on Trust and Satisfaction with agents' services. After identifying the literature gap in explicating the effect of RSB on RQ and ultimately on FI, this study was carried out in Karnataka using descriptive cross-sectional survey methodology. The data from customers were collected using established scales, and the data were analyzed by applying partial least square structural equation modelling. The results indicated that customer orientation directly influenced Trust and FI ; whereas, information sharing enhanced Trust and Satisfaction, and thereby affected FI. Therefore, insurance companies should stress on customer-orientation and disclosure of relevant information and focus on building a high - quality agent - buyer relationship that would ensure renewal of policies and positive word of mouth.

Keywords : Agents, health insurance, customer, information, relationship quality, selling behaviour, future intentions

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India is one of the least insured countries with health insurance penetration of only 18% in urban areas and 14.1% in rural areas despite the privatization of the insurance sector in 1990s (India Brand Equity Foundation, 2018). The general population, being less risk averse, is more willing to pay from out of pocket rather than transfer the risk to insurance companies. Of several reasons highlighted for not purchasing health insurance, the noteworthy factors are lack of awareness of benefits, misconceptions about insurance, unaffordability of premium, information overload and lack of trust, misselling of policies, unfamiliarity, and low perceived need for such coverages. Since the insurance companies provide credence service and intangible products, the dependence on distribution channel members to disseminate information about the complex products, risk screening, and providing insured-oriented after-sales services is immense. It is well known that the prospective insured lack adequate knowledge and confidence about choosing the suitable offerings and hence they overly rely on the expertise and advice of the agents who are expected to generate value and establish trust in buyer - seller relationships. Not only the individual agents are effective in selling policies and increasing the market share of insurance companies, but they also play an important role as advisors by reducing the information overload. By

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carrying out thorough requirement or need analysis of prospective insured, they provide valuable suggestions on suitable policies that meet the needs of insured such as matching premium within the budget, expected coverage, and coverage of pre - existing diseases. Due to the proximity of the agents to the customer, as the eyes of the insurer and the voice of the insured, they have immense influence on the purchase decisions. Hence, building a strong relationship through ethical selling behaviour is a prerequisite for success in the health insurance industry. Relationship marketing, thus helps to retain customers, improve profitability, and create competitive advantage, which cannot be easily imitated.

By embracing relational selling behaviour (RSB), the agents can provide expert and valuable advice to the prospective insured and thereby develop a professional relationship culminating in trust and ultimately customer satisfaction. The earning potentials of an agent may vary from agent to agent, but the offerings, that is, trust, value, and expertise keep the customer contended who then would maintain a long-term relationship with the company. Therefore, relational selling behaviour of agents positively influences relationship quality (RQ) such as trust and satisfaction, and the consequent future behavioural intentions (FI) determined by renewal of policies, positive word of mouth, and loyalty. There are few articles in the literature that have focused on the influence of RSB on RQ and the subsequent effect on long - term relationship intentions in health insurance services. Hence, this paper aims to understand the effect of relational selling antecedents of relationship quality and its effect on future behavioural intentions of health insurance policy holders.

Theoretical Foundation

(1) Relational Selling Behaviour : The seminal paper by Crosby, Evans, and Cowles (1990) established a profound effect of RSB such as cooperative intentions, mutual disclosure, and intensive follow-up contact on buyer - seller relationship in life insurance. RSB also includes information sharing, interaction frequency, explanation, and cooperative intentions (Boles, Barksdale, & Johnson, 2000) and determines trust and satisfaction (Biggemann, 2012 ; Wong, Hung, & Chow, 2007). Few authors have highlighted the role of customer orientation on long-term customer relationships (Giri & Pandey, 2016 ; Hennig - Thurau, 2004). The selling orientation (SO) versus customer orientation (CO) provides distinct approaches to selling behaviours. Most researchers focused on CO in service industry and concluded its positive effect on customer relationships (Hennig - Thurau, 2004). A customer-oriented agent always tries to match products with customers' requirements and CO increases long-term satisfaction (Hennig - Thurau, 2004 ; Tseng & Su, 2013) and customer loyalty.

Health insurance is a complex product that requires sharing of complete, accurate, reliable, and timely information and good content that enables the insured to take informed decisions (Claro & Claro, 2010 ; Jeong & Hong, 2007). Information sharing (IS) solves problems ; reduces ambiguities ; and builds trust, satisfaction, and long - term good relationships (Claro & Claro, 2010 ; Jeong & Hong, 2007 ; Tai, Ho, & Wu, 2010). Thus, the study hypotheses that customer orientation positively influences trust (H1a) and satisfaction (H1b) and information sharing positively influences trust (H2a) and satisfaction (H2b).

(2) Relationship Quality : Relationship quality (RQ) shows the nature of relationship between buyers - sellers that shapes enduring relationships (Aziz & Noor, 2013 ; Moliner, Sánchez, Rodríguez, & Callarisa, 2007). The most important constructs of RQ are trust, satisfaction, and commitment (Crosby et al., 1990 ; Tsao & Hsieh, 2012) and are a prerequisite for an enduring relationship with customers. It has been established that loyal customers are usually satisfied and stay with the company (Chang & Wang, 2011). In addition, the likeliness to avail a service increases if the customers are satisfied and vice-versa (Chang, Lee, & Lai, 2012 ; Pappas, Pateli, Giannakos, & Chrissikopoulos, 2014). Likewise, sellers' reliability and integrity create trust and thereby build long - term relationships (Orth, Bouzdine - Chameeva, & Brand, 2013 ; Poon, Albaum, & Chan, 2012 ; Palmatier, Dant,

Grewal, & Evans, 2006 ; Twing - Kwong, Albaum, & Fullgrabe, 2013). Also, by reducing the uncertainty and probability of opportunistic behaviour, trust increases the likelihood of everlasting relationships with customers.

(3) Future Behavioural Intentions : The loyalty of customers manifested in repurchase intention and willingness to recommend or word-of-mouth has been studied by several authors as the consequence of RQ (Berger & Schwartz, 2011; Chen & Cheng, 2012 ; Marinković & Senić, 2012 ; Rajaobelina & Bergeron, 2009). Willingness to recommend is the attitudinal measure that indicates whether the insured, based on their product or service experience, recommend a company to their friends, relatives, or colleagues (Eisingerich & Bell, 2007 ; Gaur, Xu, Quazi, & Nandi, 2011) and positive word of mouth influences customers' purchase intentions (Prasad & Sen, 2018). In addition, customer renewal or repurchase decisions decrease the cost of customer acquisition and increase firms' profits (Kuo, Hu, & Yang, 2013). CO reduces the cost of new customer acquisition and improves retention by building enduring relationships. Therefore, we hypothesize that CO positively influences FI (H3).

Technical expertise of the agents drives relational outcomes such as trust, satisfaction, and retention (Hennig - Thurau, 2004). Trust in agents affects future interactions, repurchase intentions, and word-of-mouth (Crosby et al., 1990 ; Panigrahi, Azizan, & Khan, 2018). Trust mediates the buyer - seller relationship by decreasing trading costs and opportunistic behaviour, and controls conflict through cooperative intentions (Chang et al., 2012 ; Shetty & Basri, 2017). Sharing of product information not only helps the insured to select a suitable policy, but also establishes a lasting relationship with agents and the company (Claro & Claro, 2010). When the insured trust the agents, 'stickiness' with the agents is created, which keeps them loyal to the company.

Satisfaction also determines long - term relationships (Gaur et al., 2011 ; Hsieh, Roan, Pant, Hsieh, Chen, Lee, & Chiu, 2012 ; Kuo et al., 2013). Thus, by establishing trust and a satisfying quality relationship with the insured, the agents not only ensure renewal of policies, but also attract new prospective customers as a result of positive word-of-mouth and long-term fulfilling relationship (Chen & Lai, 2010 ; Chen & Mau, 2009, Crosby et al., 1990). Therefore, we hypothesize that trust (H4) and satisfaction (H5) positively influence FI. The conceptual framework is shown in the Figure 1.

Figure 1. Conceptual Framework
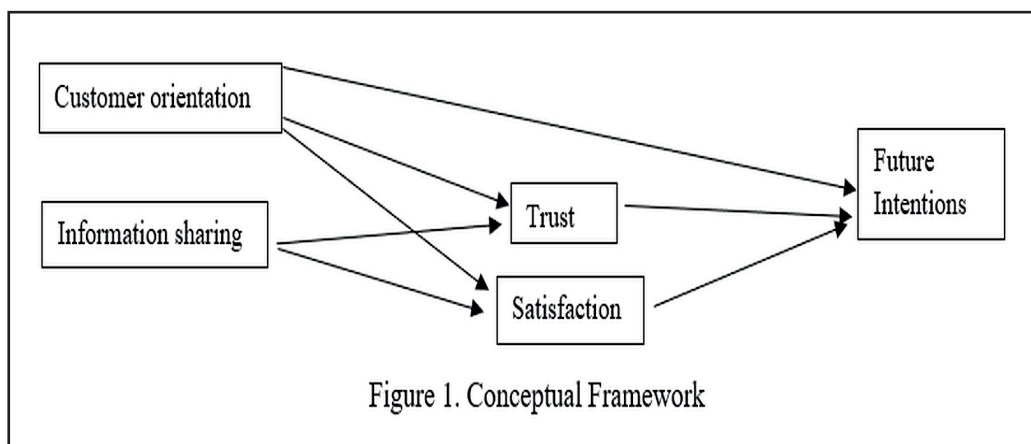
Material and Methods

(1) Data Collection Procedure and Sample : The loyalty of the insured is the unit of analysis, and the study focuses on the role of agents in determining loyalty. A quantitative research method was used and established scales published in journals were taken while designing the questionnaire. A pilot study was carried out for readability and clarity by getting responses from 30 customers. We used snowball technique of sample selection to get the data

from insurance policy holders in Karnataka. Of 250 questionnaires circulated, only 244 questionnaires could be considered for analysis. The survey method used a self- administered questionnaire to participants who volunteered for the study. The period of the survey was December 2018 to January 2019.

(2) Measurement Scale : This study considered RSB measures (customer orientation and information sharing), RQ (trust and satisfaction), and FI (renewal and word of mouth). The constructs were measured using a 5 - point Likert scale, ranking from *"strongly disagree"* (1) to *"strongly agree"* (5). In addition to items on information sharing developed by Li and Lin (2006), we have added few items on health insurance. Customer orientation ability of the agents to provide relevant products to insured was adopted from Michaels and Day (1985).The items on trust, defined as the extent of confidence in agents to work for insured interests, were taken from Twing - Kwong et al. (2013). Similarly, items on FI were taken from Chen and Cheng (2012) and Roberts et al. (2003). The study used confirmatory factor analysis and structural equation modelling using Smart - Partial Least Square 3.0 software and SPSS 21.0.

Analysis and Results

(1) Descriptive Statistics : Socio - demographic characteristics of the respondents are depicted in the Table 1.

Table 1. Basic Profile of the Respondents

Characteristics	Category	Percent ($N = 244$)
Gender	Male	54.67
	Female	45.33
Age	Below 30 years	26.12
	31- 40 years	29.06
	41 - 50 years	26.6
	51 - 60 years	12.31
	60 years and above	5.91
Marital Status	Married	75.36
	Unmarried	24.64
Place of Residence	Rural	22.17
	Semi-rural	36.45
	Urban	41.38
Household Size	1 - 3 Members	26.12
	4 - 6 Members	63.54
	6 & Above Members	10.34
Educational Qualification	Undergraduate	9.36
	Graduate	42.85
	Post Graduate	43.35
	Doctorate	4.44
Occupation	Students	6.42
	Private employee	35.47
	Government employee	22.16
	Self - employee	23.64
	Others	12.31
Annual Income (INR in lakh)	Below 1 lakh	29.55

	1 to 5 lakhs	50.24
	5 to 10 lakhs	15.27
	Above 10 lakhs	4.94
Policy Purchase	Agents	58.62
	Online	7.89
	Insurance Branch Office	31.52
	Others	1.97

Majority of the respondents were married (75.36%) and lived in urban areas (41%). Majority of the respondents had an annual income between INR 1,00,000 to INR 5,00,000. Almost three fifths of them bought the policies from agents (58.62%) followed by insurance branch (31.52%).

(2) Measurement Model : The reliability and validity of the scales were evaluated before testing the hypotheses using a structural model. The respective items of all constructs have acceptable composite reliability and Cronbach's alpha being above 0.7. After running the PLS - SEM algorithm, the outer loadings of 19 items of the reflective constructs CO, IS, FI, satisfaction, and trust are well above the threshold value of 0.70, which shows sufficient levels of composite reliability (Table 2) (Customer Orientation = 0.829 ; Future Intentions = 0.900, Information Sharing = 0.902, Satisfaction = 0.934, & Trust = 0.838) and the average variance extracted is greater than 0.5 for all the variables (0.618, 0.818, 0.567, 0.826, & 0.565, respectively). Therefore, it can be implied that the constructs used in the current study have good validity and reliability except for Customer Orientation (0.693 < 0.7), which is below the value of 0.7 for exploratory purposes, and this small discrepancy falling short of

Table 2. Outer Loading of Constructs

	Customer Orientation	Future Intentions	Information Sharing	Satisfaction	Trust	Composite Reliability	AVE
CO1 : My agent would be the "first choice" to contact whenever I want to buy any financial products.	0.815					0.829	0.618
CO2 : My agent puts my interests before his/her own when suggesting a health policy.	0.768						
CO3 : If problems such as health claims arise, my agent always helps me.	0.773						
FI1 : I intend to renew my policy every year.		0.883				0.900	0.818
FI2 : I (am inclined to) spread my positive opinion about an insurance service to others.		0.925					
IS1 : My agent never hesitates to give as much information on health insurance as I like to have.			0.726			0.902	0.567
IS2 : My agent has given me information on benefit package of my policy.			0.784				
IS3 : My agent has informed me about co-payment (you must pay a certain amount during every admission).			0.770				
IS4 : My agent has informed me about co-payment (you must pay a certain amount during every admission).			0.760				
IS5 : My agent has informed me about the waiting period.			0.747				
IS6 : My agent explained about deductions.			0.729				

IS7 : My agent has given accurate information on the exclusions of the policy.	0.754		
S1 : I am satisfied with the information provided.	0.907	0.934	0.826
S2 : I am satisfied with the financial advisor's services.	0.914		
S3 : I am satisfied with the benefit package/sum insured.	0.905		
T1 : I decided to buy when I started to trust my agent.	0.738	0.838	0.565
T2 : I do not have enough knowledge on health insurance, and I usually rely on the agent's advice.	0.739		
T3 : I trust my agent's analysis of my health insurance needs.	0.715		
T4 : I feel secure that my policy will provide financial security in case of illness to me and my family.	0.811		

Table 3. Collinearity Statistics (VIF) - Inner VIF Values

	Future Intentions	Satisfaction	Trust
Customer Orientation	2.446	2.238	2.238
Information Sharing	3.389	2.238	2.238
Satisfaction	1.801	-	-
Trust	2.608	-	-

Table 4. Discriminant Validity - HTMT Criterion

	Customer Orientation	Future Intentions	Information Sharing	Satisfaction	Trust
Customer Orientation	0.660				
Future Intentions	0.733	0.827			
Information Sharing	0.569	0.771	0.627		
Satisfaction	0.630	0.770	0.684	0.714	
Trust	0.629	0.970	0.545	0.656	0.720

the cut off for adequate confirmatory scale would usually be ignored. The values of VIF of all sets of predictor constructs in the structural model provide information on collinearity in Table 3. CO, IS, FI, satisfaction, and trust VIF values are below the threshold of 5. Hence, there is no problem of multicollinearity in the study.

Discriminant validity assesses whether constructs measure different concepts using the heterotrait - monotrait ratio (HTMT) (Table 4) and all the values are lower than 0.85, proving adequate discriminant validity between all the constructs.

Structural Model

The standardized path coefficient of 0.405 indicates that Trust has a positive significant effect on Future Intentions ($t = 4.852$, $p < 0.01$). Satisfaction too has a direct positive association with Future Intentions (path coefficient = 0.265, $t = 3.182$, $p < 0.01$). There is no significant relationship between Satisfaction and Customer Orientation. However, CO has a direct effect on Trust (path coefficient = 0.286, $t = 3.806$, $p = 0.05$); whereas, IS has a direct relationship with Satisfaction (path coefficient = 0.626, $t = 6.576$, $p < 0.01$) and Trust (path coefficient = 0.537, $t = 7.52$, $p < 0.01$) (Table 5). The strength of 0.626 for IS ->Satisfaction is highest, followed by 0.537 for IS-> Trust, and 0.405 for Trust –> FI. This shows that IS and Trust (i.e. predictor constructs) play a vital

role in FI in health insurance services when compared with CO.

The value of R^2 for FI is 0.513 ; for Trust, the value is 0.599 ; and for Satisfaction, the value is 0.419. Satisfaction has a medium effect size of 0.105 on FI and Trust has a medium effect size of 0.162 on FI. CO has a small effect size of 0.036 on FI and of 0.091 on Trust. IS has a medium effect size of 0.300 on Satisfaction and of 0.321 on Trust. After running the blindfolding procedure, the Q^2 value of FI (0.447), Satisfaction (0.303), and Trust (0.423) is well above zero, indicating the predictive relevance of the PLS path model. The model fit indices show the SRMR (standardized root mean square residual) to be less than 0.10, NFI is close to 0.729 (close to 1) ; yet with more constructs, this value can be increased. The chi - square value of the structural model is 618.34 ($p < 0.05$).

The results of the mediation analysis are depicted in Table 6 and indicate that Satisfaction mediates the relationship between IS and FI (path coefficient = 0.166, t = 3.466, $p < 0.01$), Trust mediates the relationship between CO and FI (path coefficient = 0.116, $t = 2.673, p < 0.01$) and IS and FI (path coefficient = 0.217, $t = 4.527$, $p < 0.01$). Satisfaction does not mediate the relationship between CO and FI. Trust partially (complementary) mediates between CO and FI and fully mediates between IS and FI. Satisfaction does not mediate between CO and FI. VAF (variance accounted for) shows the extent to which the mediation process explains FI. VAF should be at

Table 5. Path Coefficients and Significance of the Structural Model

Paths	Path Coefficient	t - Statistics	p - values	Hypothesis Testing
H1a: CO -> TRUST	0.286	3.906	0.000	Accepted
H1b: CO -> SATISFACTION	0.029	0.282	0.778	Rejected
H2a: IS -> TRUST	0.537	7.520	0.000	Accepted
H2b: IS -> SATISFACTION	0.626	6.576	0.000	Accepted
H3: CO -> FI	0.151	1.900	0.05	Accepted
H4: TRUST -> FI	0.405	4.852	0.000	Accepted
H5: SATISFACTION -> FI	0.265	3.183	0.002	Accepted

Table 6. Specific Indirect Effects

Paths	Path Coefficient	t - statistics	p - values
CO -> SATISFACTION -> FI	0.008	0.245	0.806
IS -> SATISFACTION -> FI	0.166	3.466	0.001
CO -> TRUST -> FI	0.116	2.673	0.008
IS -> TRUST -> FI	0.217	4.527	0.000

Table 7. Total Effects

	Path Coefficient	t - statistics	p - values	Hypothesis Testing
H1a: CO -> TRUST	0.286	3.906	0.000	Accepted
H1b: CO -> SATISFACTION	0.029	0.282	0.778	Rejected
H2a: IS -> TRUST	0.537	7.520	0.000	Accepted
H2b: IS -> SATISFACTION	0.626	6.576	0.000	Accepted
H3: CO -> FI	0.275	3.927	0.000	Accepted
H4: TRUST -> FI	0.383	6.349	0.000	Accepted
H5: SATISFACTION -> FI	0.265	3.183	0.002	Accepted

least 0.2 to establish the mediation effect. VAF of CO -> Trust -> FI is 42.1% ; IS -> Satisfaction ->FI is 43.3% ; and IS->Trust->FI is 56.6%.

The total effects results appear in Table 7, which show path coefficient of 0.626 for IS –> Satisfaction ; followed by 0.537 for IS –> Trust ; 0.383 for IS –> FI ; 0.286 for CO-> Trust ; 0.275 for CO->FI ; and 0.265 for Satisfaction ->FI. This shows that IS plays an important role in the RSB of health insurance when compared to CO.

Discussion

The results indicate that Customer Orientation, Trust, and Satisfaction positively influence FI and CO shapes Trust ; whereas, IS affects both Trust and Satisfaction. Health insurance products are convoluted and complex to understand when average Indians have less information about insurance and customers become wary of product choice. Since the risk associated with a wrong choice of policy is substantial, risk assessment and comparison of available products in terms of suitability is highly essential. When accurate and relevant information is unavailable in the existing electronic and traditional channels and mediums of communication, customers rely on the agents for insurance advice.

The risk associated with choosing an unsuitable product is high in health insurance ; hence, customers expect the agents to fill their knowledge gap and assist in the selection of suitable products. To negate the perceived threat and assist rational decision - making, a salesperson is expected to exhibit customer - oriented behavior. When agents exhibit CO behaviour, their product recommendations reflect honesty and concern for the customer, which helps in creating trust (Crosby et al.,1990). This finding was evident in the works of Orth et al. (2013), Twing - Kwong et al. (2013), and Poon et al. (2012). However, CO has no effect on Satisfaction. The significance value of the path coefficient of CO and FI is 5% when we analyzed the direct effect, but the inclusion of Trust in the model as a mediator increases the significance level to less than 0%. Hence, Trust significantly alters the relationship between CO and FI.

As documented by Twing - Kwong et al. (2013), CO shapes Trust, which in turn affects FI. The agent and client relationship can be smooth if agents analyze and understand customer demand, family needs, and promote long-term mutually beneficial relationships. Customer-oriented salespeople may be able to reduce the perceived risk decision making by customers and build trust, which in turn motivates the customers to provide positive feedback by word of mouth and renew their policies on time. By recognizing and satisfying investors' needs, customer-oriented sale builds customer trust. Creation of customer value through customer - oriented behavior and better relationship quality enhances the attractiveness of a company's offering and acts as a robust predictor of customer purchasing intentions.

IS affects both variables of relationship quality such as Trust and Satisfaction. Trust and Satisfaction also influence FI positively, and this finding is supported by studies of Biggemann (2012), Wong et al. (2007), and Tai et al. (2010). Trust positively mediates the relationship between IS and FI, and Satisfaction mediates the relationship between IS and FI. When information sharing is adequate, the ensuing trust and satisfaction increase the repurchase intentions and recommendations to others. Sharing information about policies and understanding the requirements of customers by fruitful elicitation (customer disclosure) and agents' disclosure about the financial and operational aspects of insurer companies reflects honesty that increases the trustworthiness of a company and its agents. If the agents share essential information with customers, they too would disclose their needs, assets, and liabilities and share other financial information. In a transparent IS environment, the agents would be in an advantageous position to give timely and expert advice to the customers and suggest suitable policies for them. In other words, effective communication of policy information reduces uncertainty associated with product choice and increases trust and satisfaction. Good relationship quality (trust and satisfaction) thus increases the likelihood of positive FI. Claro and Claro (2010), Hsieh et al. (2012), and Crosby et al. (1990) also

found IS to create trust and improve satisfaction, ultimately leading to customer loyalty. It increases repurchase intentions among customers, which in turn leads to improved profits for the insurers. Improved customer - agent relationships may lead to improved customer trustworthiness (Crosby et al., 1990).

Practical and Managerial Implications

The dimensions of trust and satisfaction are shaped by CO and IS. So, insurers should give priority to develop and enhance the agent - buyer relationship focusing on customer-orientation instead of sales orientation in their marketing approach and encourage and train agents to disclose detailed and relevant information on the policy and the company. Customer orientation of agents should be internalized by appropriate incentive structure and training programmes such that need analysis and matching of investors' objectives, risk attitude, and constraints with current offerings are unflawed. In addition, insurance agents should give priority to policyholders' welfare and engage in activities and behaviours that satisfy their needs in a meaningful way. It can be ensured by encouraging the agents to maintain regular contact with the customers and disclose trust - building information about companies to them. These behaviours can be expected from the agents who have requisite attitude skills and competencies essential for CO behaviour ; hence, the companies should recruit the candidates having these qualities. During training programmes, the adverse consequences of selling orientation should be demonstrated.

When assessing the performance of agents in the insurance companies, commission should be paid based on their ability to retain long-term relationships with investors - this is because in the insurance industry, most of the companies compensate their agents only for the first few years of the policies sold. This tends to dismay the agents from continuing long - term relationships with their existing clients, so they spend a little time on them. Meanwhile, it is vital to manage customers' complaints effectively and establish more comprehensive communication channels and actively make improvements in services when needed.

Conclusion

The main element of a firm's success in health insurance is often regarded as relational selling behaviour of agents. The study establishes that CO and IS have a direct impact on customer future behavioural intentions. CO does not necessarily ensue satisfaction with services, but it creates trust in the agents and the company's offerings, which in turn shapes future intentions to purchase/refer to others. Even information quality directly affects trust and satisfaction and positively shapes word of mouth/renewal in health insurance. Henceforth, importance must be placed on customer - oriented behavior and information sharing by agents to improve sales effectiveness.

Limitations of the Study and Scope for Further Research

The survey was carried out in Karnataka, a state in India. Hence, the findings may not be applicable in other contexts, yet the importance of CO and information sharing is not content - specific. Few respondents may have given favourable responses. Future studies may consider additional variables such as agent disclosure, personal rapport, cooperative intentions, insurance market conditions, and cultural variables as antecedents of relationship quality and FI.

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