

The Analysis of a Causal Relationship of Hospital's Culture Marketing on Customer Emotional Response and Satisfaction

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Abstract

Businesses are using culture marketing as a new promotional tool and as a marketing strategy since consumers have desire for not only economical fulfilment, but also emotional and psychological fulfilment. Similar to service industry, medical service industry has started to use culture marketing on its service industry management side. Therefore, this paper will propose necessity and usable culture marketing in hospitals to identify the current position of culture marketing in medical service industry. In conclusion, the present research offers the following implication. First, culture marketing has a partial offsetting impact to those who have negative emotion regarding the medical service industry. This is because of the positive impact of culture marketing on a customer response and customer satisfaction. Moreover, by considering the fact that only a culture synthesis and a culture style have a positive impact, focusing on a culture synthesis and a culture style would be treated as an advantageous strategy.

Keywords: Culture Marketing, Emotional Response, Customer Satisfaction.

1. Introduction

Medical expense is gradually increasing because of an increase of national income and medical insurance (Kim & Shin, 2008). Since 1989, citizens' supply and demand have been increased due to the implementation of the national health insurance. Moreover, strict policies and regulations have lowered the door of medical treatments to customers which, in turn, made society desire a high quality medical service. This trend is expanding and threatening the existence of medical organizations (Lee, 2005). Recently, the behavior of medical treatments is considered intangible, and the relationship between a doctor and a patient is becoming that between a supplier and a customer under the medical service circumstance (Mayer et al., 1995). Due to these changes, medical organizations have introduced service management tactics to maintain customers (Kim, 2007). In terms of management, the core value of marketing strategies is customers and its vision is the reflection of customer desire. Now, marketing is not limited within organizations, but it expands to non-profit organizations, including services, people, places, ideas, educations and organizations. Different from other profit organizations, a hospital is a non-profit organization which focuses on sociality, public interests and ethics. However, a hospital has to make profits to run. It especially highly relies on viral marketing since medical advertisements, using mass media, are limited.

The generation in which customers are satisfied only with quality of good has already been passed. In medical market, there is a huge increase in the number of medical organizations, and operational environment is getting worse which caused low profit and competency. To overcome this phenomenon, hospitals applied a strategy of customer satisfaction regardless of size as they realized the importance of customer satisfaction. For social contributions and making profits, hospitals promptly provides a good quantity and quality of service and convenience (Park, 2014). Therefore, it would be a starting point and give an accurate direction which identify diversified desires and select attributes (Kim, 2007).

Moreover, contemporary customers exist not only as economical consumers, but also as cultural consumers who prefer products which fulfil esthetic, symbolic and emotional desires (Park, 2000; Son, 2008). Organizations, after 2000s, have used culture marketing as a new promotion and a marketing strategy. To fulfil new desires, organizations have impressed customers and stimulated social consuming behaviors via culture art (Son, 2000). Therefore, it is important to consider culture art as hospital's important marketing method since medical service is also a form of service. Because of a dramatically increased number of expanding and commercializing medical organizations, there is hyper competition which leads to some hospitals' unfavorable management. Therefore, a new strategy is required to make positive customer attitude towards hospitals.

Culture marketing, which uses culture and art, can form positive behavior regarding an organization and a brand (Kim, 2003; Nam, 2008). Moreover, it can enhance brand and organization image and brand attitude by using emotions to improve customer loyalty (Lee, Shin & Hwang, 2009; Andreassen & Lindestand, 1998).

Culture marketing is a competitive advantage. However, more studies about the impact of culture marketing should be conducted (Lee & Moon, 2008). Although culture marketing in medical service can enhance the marketing impact and there are some hospitals applied it, there is lack of theoretical research.

Therefore, it is important to effectively analyze strategic and practical approaches of culture marketing to use it efficiently. In turn, studies about customer satisfaction by using both positive and negative relationships of customer emotional responses while providing differentiated culture marketing will be considered significant. Moreover, that research would be considered to be well-timed in 21 century which puts emphasis on customer emotion.

The purpose of this research is to analyze and prove the impact of a hospital's culture marketing on customer emotional response and customer satisfaction. It aims to provide accessible basic data which allows new marketing paradigm of hospital based on cultural marketing which provides more than added value and impacts on the hospital service. Following are the specific objectives of this research. First, identifying concepts and characteristics of culture marketing, emotional response, and customer satisfaction based on theoretical background and previous studies. Next, proving the actual relationship between a hospital's culture marketing and emotional responses and customer satisfaction.

2. Theoretical Background

2.1. Concept of Culture Marketing

An organization's management paradigm has been developed. 1980s was a production era, 1990s was a technological era, and 2000s presented a mixture of technology and emotion which claimed a marketing strategy to touch customer emotion in order to be a global leading organization (Lee, 2003). Emotional marketing includes culture marketing. Culture marketing was generated from mecenat which is one of the classification of culture art. While an organization was based on social contribution activities in the early stage of non-profit side of culture marketing, now, strategic management theory is integrated which changes the public interest and industrial sides into a charity side (Nam et al., 2008). Organizations enhance brand image through sponsorships and public interest. Some organizations go beyond by forming partnerships with culture and art centers, and connect those into marketing. Therefore, an organization's culture marketing is used as a method to enhance the integrity of product – such as re-identifying a brand image – an emotional service, and brand maintenance related to art, which is a process of persuading homo ludens (Kim et al., 2005). Based on culture and a smooth exchange with customers, it is a sequence which creates added values and enhances distinct values (Kim, 2003; Ann, 2008). This also targets customer emotion to offer an organization's brand value and differentiates marketing from other organizations in a long term which affect consumer behavior (Jo, 2010).

2.2. Type of Culture Marketing

There is difference of types of implementing culture marketing between researchers; however, it is usually classified into the ways of its usage and objectives. Sim (2002) classified culture marketing into culture sales, culture sponsorships, culture synthesis, culture styles, and culture spirits. Kim (2006) classified into culture communications, culture sponsorships, culture investments, and culture styles/culture brands based on period of implementation and strengths/weaknesses of strategic and investment point of view. Kim (2006) divided into a community contribution strategy, a marketing strategy, and a management strategy. Out of those culture types, Sim (2002)'s five factors are considered generally. Many research is based on Sim (2002)'s 5S types (Kim, 2006; Han, 2008; Lee, 2009; Gwak, 2012; Lee, 2014; Kim, 2015). Based on 5S, some are eliminated according to the content of a study.

2.2.1. Culture Sales

This uses culture as a method of advertisement or sales booster. Therefore, it intrigues consumers by relating the cultural image with product or organization's whole image (Sim, 2002). Using culture and art factor into a product or a service design advertisement and using a culture and art factor as a promotional tool and a sales booster of a product or service are specific examples. The example of culture sales is PPL in movies, dramas, performance or TV programs or provided tickets of a performance or an exhibition when purchasing a product or a service. Delivering an organization's image and message by using culture and art factors are also a form of culture sales (Kang, 2009; Gwak, 2012; Kim, 2006; Lee, 2014).

2.2.2. Culture Sponsorship

This is a form of sponsorship which supports an activity or a team of culture and art to re-consider the image of brand (Sim, 2002), and this is a traditional and ordinary type of an organization's culture marketing (Kim, 2006). As a marketing strategy, it engages into promotions, advertisements, alternative works and enters abroad through sponsorship and partnership. Specifically, it includes culture and art events and program, and education sponsorships, and public commitments through culture and art in a culture and art facility operation, festival and exhibition, and performance (Kang, 2009; Gwak, 2012; Kim, 2006; Lee, 2014).

2.2.3. Culture Synthesis

It is defined as a differentiation of a product and service by specifying a cultural image (Sim, 2002). Culture synthesis tries to position the whole organization based on culture which proposes a different cultural factor by representing esthetic impression, usage, atmosphere and beautifulness of an image and a product of an organization. This helps consumers to feel superiority, exclusiveness and practicality and express expected atmosphere and image through the brand (Oh & Kim, 2006).

2.2.4. Culture Style

For the long-term and strategic point of view, it creates culture brand by materializing a culture or a cultural image (Kim, 2006). Moreover, it positions an organization with a new and unique culture.

2.2.5. Culture Spirit

From an organization's perspective, it motivates consumers by using a nation's cultural attractiveness as a spirit (Sim, 2002). For instance, Swiss reminds a beautiful natural view, Germany and Japan represent a technology skill, the United States represents talented individuals and a large amount of capitals and France's culture spirit can be perfumes and wines (Kim, 2015).

2.3. Emotional Response

It has been identified that a service quality in a hospital has impacts on both positive and negative customer emotional responses. An emotional response is motivated feelings, emotions and sentiments which are generated from a variety of stimulus in the environments. This has a direct impact on customer satisfaction and the intention to recommend (Tomkins, 1981; Zajonc & Markus, 1982; Jo & Yang, 2006). Therefore, it relates to a consumer behavior by generating a positive or negative feeling about the provided service itself and the service provider, while receiving the service. Lee (2011) claimed that a positive feeling has an intimate relationship with a positive factor of an organization which results in increased profit and protection of customer leaves.

After the research claiming that a consumer is both rational and emotional, studies about emotion felt by consumers has been related to a consumer behavior. In the past, a consumer's rational decision was self-directed which is a traditional consumer behavior. However, recently, as there is a claim that a consumer's temporary feeling can have an impact on a consumer behavior or attitude, a positive feeling, regarding a consumer behavior after receiving a

service, has been identified as a scale of estimating a consumer’s personal feeling (Kim, 2010). An emotional response means an emotional status which is experienced individually while exposed to any situation, stimulus and an object. Consumers are affected by a variety of environmental stimulus in a store since they are consuming within the provided environment (Koo & Kim, 2012).

Kim (2012) stated that a hospital’s physical environment and personal social service have positive influence on perceived value of a delivered service and emotional response. A perceived emotional response has positive impact on patient satisfaction and intention of re-visitation. This result identified that quality of medical service has influence on service value and emotional response. Therefore, it was recommended to keep using a strategy which encourages to provide better quality service with effort to provide convenience.

Kim et al. (2014)’s study found that an interaction, in the e-service quality, has the most powerful impact and responsiveness, and reliability are followed by that. Moreover, a five-star hotel’s e-service quality has positive impact on consumer’s emotional response and customer satisfaction while joyfulness and trust have impacts on emotional response. Choi et al. (2015) claimed that the quality of coffee and provided side dishes have positive impact on positive emotional response which has a mediated impact with positive impact on customer behavior.

2.4. Customer Satisfaction

Oliver (1981) defined customer satisfaction as an evaluation of surprise from consuming experience which includes not only the perceived evaluation of the process of using a product, but also overall consuming experience with emotional evaluation. According to previous research about customer satisfaction, it is formed from the previous experience of purchasing service and expectations, and this level of satisfaction decides re-usage and recommendations to others (John, 1992). Customer satisfaction is the concept of difference between before and after using service. Oliver (1993) defined it as an emotional disagreement between expected and actual experiences with emotions. Georgette (1997) claimed that, in the medical service industry, it is not considered as providing a favorable quality of service if a consumer, patient, did not feel that or felt displeasure due to other factors, even though a high-technology and a good quality facility are provided. Lee (2006) stated that a quality of medical service, satisfaction and the intention to re-visit have interactions, and to improve satisfaction, it is important to make an effort to develop the quality of other services which patients perceive. Im (2013) indicated that a strategy to corporality and reliability is needed to enhance the overall satisfaction level of a medical service.

3. Research Model and Selecting Hypothesis

3.1. Research Model

Based on above preceding research, research for the current model is as in Figure 1.

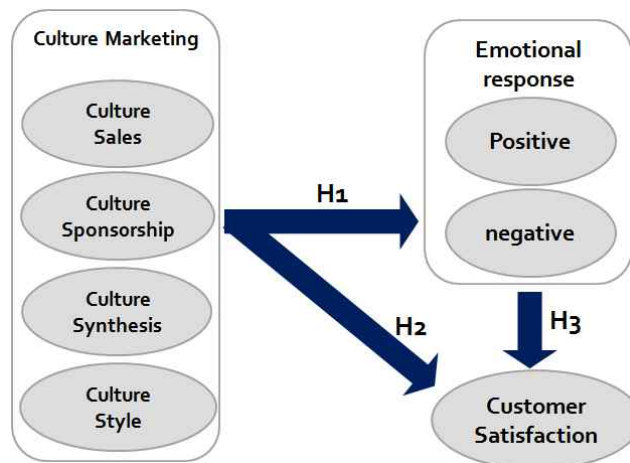


Figure 1: Research Model.

3.2. Research Hypothesis

Based on above preceding research, hypotheses for the current research are as follows.

H1: Hospital's culture marketing will have positive effects on emotional response.

H1-1: Hospital's culture marketing will have positive effects on positive emotional response.

H1-1-1: Culture sales will have positive effects on positive emotional response.

H1-1-2: Culture sponsorship will have positive effects on positive emotional response.

H1-1-3: Culture synthesis will have positive effects on positive emotional response.

H1-1-4: Culture style will have positive effects on positive emotional response.

H1-2: Hospital's culture marketing will have negative effects on negative emotional response.

H1-2-1: Culture sales will have negative effects on negative emotional response.

H1-2-2: Culture sponsorship will have negative effects on negative emotional response.

H1-2-3: Culture synthesis will have negative effects on negative emotional response.

H1-2-4: Culture style will have negative effects on negative emotional response.

H2: Hospital's culture marketing will have positive effects on customer satisfaction.

H2-1: Culture sales will have positive effects on customer satisfaction.

H2-2: Culture sponsorship will have positive effects on customer satisfaction.

H2-3: Culture synthesis will have positive effects on customer satisfaction.

H2-4: Culture style will have positive effects on customer satisfaction.

H4: Customer's emotional response will have similar effects on customer satisfaction.

H4-1: Positive emotional response will have positive effects on customer satisfaction.

H4-2: Negative emotional response will have negative effects on customer satisfaction.

4. Research methods and Analysis of Data Analysis of Data

4.1. The Composition of Survey

As for reasoning and scale or measured items for the current study, factors are used based on theoretical background discussed by preceding researches in order to increase validity of measurement. It was composed of 16 questions on culture marketing, 8 questions on emotional response, 4 questions on customer satisfaction, and 8 demographic questions, and questions were measured on 5 Likert-scale and nominal scale.

Table 1: Measured Variables and Deduction Reasoning.

Variables	Calculated Variables	Number of Questions	Previous Research
Culture Marketing	1)Culture Sales	4	Sim (2002), Han (2008) Lee (2009), Gwak (2012)
	2)Culture Synthesis	4	
	3)Culture Sponsorship	4	
	4)Culture Style	4	
Emotional Response	1)Positive Response	4	Koo & Kim (2012), Wastson, Clark & Tellegen (1988): PANAS Scale was selectively used
	2)Negative Response	4	
Customer	Customer Satisfaction	4	Im (2013)

Satisfaction			
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4.2. Data Collection and Research Methods

This research visited large medical organizations and asked medical consumers who have ever experienced culture marketing to fill out self-response questionnaires. The period of collecting data was from December 28 2015 to February 20 2016 in two large hospitals in Seoul. Two hundreds and twenty data was collected and 205 samples was used in this research. Collected data was analyzed by using SPSS 18.0 and Amos 18.0 program. To evaluate validity and reliability of evaluated variables, they were classified into a exogenous variable and endogenous variable. Then, an exploratory factor analysis, a reliability analysis and a confirmatory factor analysis were conducted. To find out convergent validity, AVE was calculated. A correlation analysis was also conducted to find out relationships among extracted factors, and a structural equation model was assessed.

4.3. General Characteristics of the Sample

The result of an analysis of data is shown in <Table 2>.

Table 2: The Result of General Characteristics of the Sample.

Classification		Frequency (N)	Percent (%)	Classification		Frequency (N)	Percent (%)	
Object	Patient	93	45.4	Occupation	Student	49	23.9	
	Family	61	29.8		Employee	53	25.9	
	Friend	18	8.8		Self-entrepreneur	18	8.8	
	Others	33	16.1		Professional	23	11.2	
Gender	Male	76	37.1		House-wife	52	25.4	
	Female	129	62.9		Others	10	4.9	
Age	Less than 20	57	27.8		Annual income	Less than ₩2,000,000	38	18.5
	30s	33	16.1			₩2,000,000-₩3,000,000	32	15.6
	40s	57	27.8	₩3,000,000-₩4,000,000		35	17.1	
	50s	58	28.3	₩4,000,000-₩5,000,000		32	15.6	
Education	Below high school	26	12.7	More than ₩5,000,000		68	33.2	
	College (2 years)	32	15.6	Health status	Very bad	3	1.5	
	University	121	59.0		Bad	15	7.3	
	Postgraduate	26	12.7		Normal	100	48.8	

Marital status	Not married	72	35.1		Healthy	70	34.1
	Married	133	64.9		Very healthy	17	8.3
Total		205	100.0	Total		205	100.0

4.4. Confirmation of Validity and Reliability of Research Methods

To evaluate validity of variables, an exploratory factor analysis was conducted in this research. Especially, a principal components analysis was conducted to minimize the loss of data, and varimax was used for a rotation type. A more than 1 eigen value was only selected; moreover, more than 0.4 of factor loading values were considered as significant. As a result of a factor analysis, the variable with less than 0.4 factor loading value was eliminated to increase validity of evaluated factors. Since correlations among variable should be high due to the analysis method, Kaise-Mayer-Olkin (KMO) measurement and Bartlett's sphericity were used to verify a correlation matrix which determines whether each variables are adequate for the factor analysis. KMO reveals information regarding correlations which were hidden because of other variables. If the value of KMO is low, it determines that a variable selection was not properly done. Generally, more than 0.90 of KMO value is considered favorable while less than 0.50 is not acceptable as a variable. The result of an exploratory factor analysis to discover a lower dimension of culture marketing is presented in <Table 3>. As a result of Bartlett's unit matrix, there is a enough correlation to form a factor from variables with the result of $X=3378.893$ (Sig.= 0.000). Furthermore, KMO value was 0.936 and the result of commonness satisfy a factor analysis hypothesis. Therefore, a factor analysis was conducted as shown in <Table 3>, and four factors were extracted. Factor 1 (22,302%) is decided as 'Culture Synthesis', factor 2 (21,086%) is 'Culture Style', factor 3 (20,877%) is 'Culture Sales', and factor 4 (20,742%) is identified as 'Culture Sponsorship'. Since a factor loading value of those four factors is more than ± 4 , extracted factors earned validity.

Table 3: The Result of an Exploratory Factor Analysis of Culture Marketing

Classification	Factors			
	Culture Synthesis	Culture Style	Culture Sales	Culture Sponsorship
2. A hospital is a place to experience self-held performances, culture and art	.861	.236	.252	.177
3. A hospital delivers culture into a hospital	.841	.303	.241	.146
3. a hospital effectively enhances a culture image through exhibitions and performances	.839	.241	.213	.213
4. Have ever experienced a culture image through a service	.801	.260	.319	.172
13. A hospital is making an effort to seek a new culture	.261	.820	.205	.258
14. A hospital tries to construct its distinct culture	.278	.820	.196	.239
15. A hospital makes an effort to construct a distinctive culture	.237	.811	.314	.249
16. A hospital is conducting activities to construct an image of cultural hospital	.339	.786	.298	.228

8. A hospital is actively using a cultural factor for marketing	.272	.286	.809	.276
5. A hospital is actively promoting culture-related events	.304	.264	.805	.278
7. A hospital allows the paced to movies and dramas to promote the brand	.223	.219	.790	.303
6. A hospital is holding a variety of culture experience events, such as plays, performances and exhibitions.	.331	.256	.785	.249
10. A hospital is supporting a culture and art groups	.140	.203	.261	.854
12. A hospital is supporting society through constructions of museums and auditoriums	.123	.163	.154	.842
11. A hospital contributes to society by actively engaging in culture and art	.229	.261	.274	.802
9. A hospital is actively supporting art activities, such as performances, exhibitions and cultural events	.211	.280	.306	.752
Eigen Value	3.568	3.374	3.340	3.319
ANOVA (%)	22.302	21.086	20.877	20.742
Cumulative Description (%)	22.302	43.388	64.265	85.007
KMO=0.936, Bartlett's test $\chi^2=3378.893$ (df=120, Sig.=0.000)				

<Table 4> is the result of an exploratory factor analysis to find lower dimensions of an emotional response. As a result of Barlett's unit matrix ($X=1151.874$ (Sig. 0.000)), there is an enough correlation among variables, and a KMO value is 0.874. The result of commonality assessment, satisfied a factor analysis hypothesis, therefore, following factor analysis was conducted. As a result, two factors were extracted. Factor 1 (39.199%) is identified as a 'positive emotion' and factor 2 (38.805%) is figured as a 'negative emotion'. The value of factor loading is more than ± 0.4 which confirmed validity of extracted factors.

Table 4: The Result of an Exploratory Analysis of an Emotional Response.

Classification	Factors	
	Positive Emotion	Negative Emotion
3. I felt intimacy in this hospital	.857	-.241
4. I felt fulfilment in this hospital	.851	-.215
1. I felt comfort in this hospital	.840	-.304
2. I trust this hospital	.815	-.288
7. I was daunted in this hospital	-.162	.866

5. I felt displeasure in this hospital	-.288	.837
8. I felt discomfort in this hospital	-.288	.837
6. I was disappointed about this hospital	-.339	.821
Eigen Value	3.136	3.104
ANOVA (%)	39.199	38.805
Cumulative Description (%)	39.199	78.004
KMO=0.874, Bartlett's test $\chi^2=1151.874$ (df=28, Sig.=0.000)		

<Table 5> is the result for an exploratory factor analysis to find lower dimensions of customer satisfaction. First, as the result of Barlett's unit matrix ($X^2=752.627$ (Sig=0.000)), there is enough correlation among variables for them to form a factor. As for the result of KMO fitness of a sample analysis, KOM value was 0.843, and as commonality assessment satisfied father analysis hypothesis, following factor analysis was conducted. As a results, total of one factor was deduced, and factor was named based on central idea on each factor. Factor 1 (85.168%) was named "customer satisfaction, and as the value of factor loading was greater than ± 0.4 , validity of deduces factor was confirmed.

Table 5: The Result of an Exploratory Factor Analysis of Customer Satisfaction

Classification	Factors
	Customer Satisfaction
3. Service of this hospital was more than what I expected	.932
4. I am overall satisfied of choosing this hospital	.926
1. I am satisfied with the provided service in this hospital (treatment, prescription and medication)	.924
2. I am satisfied with the provided service of this service, except medial service, such as information, parking, admission and music performances	.909
Eigen Value	3.407
ANOVA (%)	85.168
Cumulative Description (%)	85.168
KMO = 0.843, Bartlett's test $\chi^2=752.627$ (df=6, Sig.=0.000)	

4.5. The Results of Confirmatory Factor Analysis

Before confirming research hypothesis, we performed a confirmatory factor analysis (CFA) for exogenous variables and endogenous variables based on the results of exploratory factor analysis. As a result, as for validity of measurement ratio, X^2 (chi-square statistics) = (326.881), RMR (root mean square residual) = (0.025), GFI (goodness of fit index) = (0.901), AGFI (adjusted goodness of fitness) = (0.873), NFI (normed fit index) = (0.946), and CFI (comparative fit index) = (0.998), it was confirmed that the current research's measurement ratio was

selected appropriately. Also, in order to evaluate representativeness of selected factors, CR (construct reliability) and AVE (average variance extracted) were calculated, and CR of all factors was 0.70 higher than the baseline value and AVE was 0.50 higher than the baseline value, thereby, we can say that measured items have sufficient representativeness.

Table 6: The Result of a Confirmatory Factor Analysis.

Factor		Question	Non-Standardized Coefficient	Standardized Coefficient	S.E	t-value	CR	AVE
Culture Synthesis	→	C_CD1	1.000	.889			.957	.849
	→	C_CD2	1.073	.923	0.052	20.756		
	→	C_CD3	1.047	.917	0.051	20.437		
	→	C_CD4	1.052	.887	0.056	18.793		
Culture Sales	→	C_CP1	1.000	.932			.943	.807
	→	C_CP2	.989	.903	0.044	22.598		
	→	C_CP3	.910	.851	0.048	18.921		
	→	C_CP4	1.024	.925	0.043	24.085		
Culture Sponsorship	→	C_CS1	1.000	.864			.943	.807
	→	C_CS2	.979	.905	0.055	17.963		
	→	C_CS3	1.011	.897	0.056	17.905		
	→	C_CS4	.848	.778	0.062	13.719		
Culture Style	→	C_CH1	1.000	.876			.949	.823
	→	C_CH2	1.028	.879	0.057	18.154		
	→	C_CH3	1.035	.914	0.052	19.844		
	→	C_CH4	1.040	.924	0.051	20.347		
Positive Emotion	→	PE1	1.000	.871			.936	.785
	→	PE2	.888	.812	0.059	14.921		
	→	PE3	1.018	.850	0.063	16.136		
	→	PE4	.941	.828	0.060	15.568		
Negative Emotion	→	NE1	1.000	.864			.915	.730
	→	NE2	1.046	.893	0.063	16.527		
	→	NE3	.929	.753	0.073	12.712		
	→	NE4	.893	.804	0.064	13.993		

Customer Satisfaction	→	CS1	1.000	.882				
	→	CS2	1.099	.903	0.058	18.983	.961	.861
	→	CS3	1.047	.900	0.054	19.533		
	→	CS4	1.074	.927	0.053	20.274		
Fit Statistics : CMIN=326.881, p=.339, CMIN/DF=1.031, RMR=.025, GFI=.901, AGFI=.873, NFI=.946, CFI=.998								

4.6. A Correlation Analysis

This study used summated scale in order to reduce measurement error and increase representativeness of ideas consisted of one level, as the average is higher, it can be viewed to agree on consisting idea. Based on above factor analysis, we performed a correlation analysis, and the result is described in <Table 7>. Also, to confirm discriminant validity, we compared AVE of two factors and squared correlation, and sought it both AVE were greater than squared correlation. As a result, we were able to confirm that both AVE were higher than squared correlation, thereby all variables can be viewed to have discriminant validity.

Table 7: A Confirmation of Correlations among Variables.

Classification	M±SD	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Culture Synthesis(1)	3.70±.833	.849						
Culture Sales(2)	3.16±.956	.646***	.807					
Culture Sponsorship(3)	3.08±.750	.497***	.639***	.807				
Culture Style(4)	3.38±.880	.641***	.647***	.595***	.823			
Positive Emotion(5)	3.73±.718	.628***	.675***	.645***	.665***	.785		
Negative Emotion(6)	1.99±.796	-.520***	-.443***	-.364***	-.480***	-.571***	.730	
Customer Satisfaction(7)	3.70±.785	.710***	.637***	.546***	.715***	.757***	-.576***	.861
reference) The bold diagonal numbers are the AVE values. ***p<.001								

4.7. Confirmation of Hypothesis

In the current study, we tried to confirm research hypothesis using structural equation model. Unlike regression analysis, structural analysis can check direct effects among variables using covariance structure analysis, as well as indirect effects. This helps understanding complicated causal relationship. Also structural equation can check inbuilt error of model and confirm the relationship between measurement model and theoretical model (Kim, 2004). Therefore, this study confirmed causal relationship among structural ideas using structure equation.

4.8. Verification of a Goodness of Research Model

As for the evaluation of validity of model, absolute fit measures (X^2 , GFI, AGFI, RMSR), incremental fit measures (NNFI, NFI, Delta 2), and parsimonious fit measure (PGFI, PNFI, AIC) are used as procedures to check validity of covariance structure model. As a result of analysis of overall structure model, values were X^2 (chi-square statistics) = (461.743), RMR (root mean square residual) = (0.031), GFI (goodness of fit index) = (0.866), AGFI (adjusted goodness of fitness) = (0.835), NFI (normed fit index) = (0.924), and CFI (comparative fit index) = (0.997). As there are a lot other baseline values for structure equation model, it is efficient to evaluation using other statistics (Bollen & Long, 1993) and following the baselines for other fit index. First for Tucker-lewis Index (TLI), it is suitable to have a value of higher than 0.9 as it is the index similar to proportion of structure model variance in overall variance. Also for Delta 2, it is the adjusted NFI value which can be changed depending on the number of data, and it is suitable if the value is higher than 0.9. Since Delta 2 value is stable as it does not change based on base structure and data, it is often used in recent studies. Analyzed results for above indexes are as followings. As TLI=(0.974) and Delta 4 IFI(incremental fit index)=(0.977) satisfy base requirement, it is confirmed that overall validity of theoretical model about research hypothesis is adequate. Below <Table 8> describes results of confirmatory factor analysis for measured variables of overall structure model.

Table 8: Verification of Goodness of Research Model.

Classification	CMIN	p	CMIN/df	RMR	GFI	AGFI	NFI	CFI
Verification of a Goodness of Research Model	461.743	.000	1.399	.031	.866	.835	.924	.977
Standard of Goodness	-	-	≤ 3	≤ 0.05	≥ 0.9	≥ 0.9	≥ 0.9	≥ 0.9
Judgement	-	-	Adequate	Adequate	Satisfactory	Satisfactory	Adequate	Adequate

4.9. Hypothesis Verification

Hypothesis 1 stated that a hospital’s culture marketing has a significant effect on customer’s emotional response. Hypothesis 1-1 set that a hospital’s culture marketing has a positive, significant impact on positive emotional response. As a result, culture synthesis ($\beta=.227$, $p<.01$), culture sales ($\beta=.221$, $p<.01$), culture sponsorship ($\beta=.284$, $p<.01$) and culture style ($\beta=.237$, $p<.01$) have a favorable impact on a positive emotional response. Therefore, hypothesis 1-1-1 (culture synthesis), hypothesis 1-1-2 (culture sales), hypothesis 1-1-3 (culture sponsorship) and hypothesis 1-1-4 (culture style) have been selected which leads to approval of hypothesis 1-1. Also, hypothesis 1-2 estimated that a hospital’s culture marketing has a significant impact on a negative emotional response. As a result, lower dimensions of culture marketing, culture synthesis ($\beta=-.345$, $p<.001$) and culture style ($\beta=-.225$, $p<.05$) have a negative impact on a negative emotional response while culture sales ($\beta=-.065$, $p>.05$) and culture sponsorship ($\beta=-.046$, $p>.05$) can have a negatively effect. Therefore, hypothesis 1-2-1 (culture synthesis) and hypothesis 1-2-4 (culture style) were selected while hypothesis 1-2-2 (culture sales) and hypothesis 1-2-3 (culture sponsorship) were rejected. As a result, hypothesis 1-2 is partially selected. As a result, hypothesis 1 is partially selected.

Hypothesis 2 estimated that a hospital’s culture marketing has significant effects on customer service. As a result, culture synthesis ($\beta=.236$, $p<.001$) and culture style ($\beta=.265$, $p<.001$) have positive effects on customer satisfaction. Meanwhile, culture sales ($\beta=.020$, $p<.05$) and culture sponsorship ($\beta=0.065$, $p<.01$) failed to have a significant effects. Therefore, hypothesis 2-1 (culture synthesis) and hypothesis 2-4 (culture style) were selected while hypothesis 2-2 (culture sales) and hypothesis 2-3 (culture sponsorship) were rejected. As a result, hypothesis 2 is partially selected.

Hypothesis 3 estimated that a customer emotional response has a significant impact on customer satisfaction. From the analysis, a customer’s positive emotional response has a positive, significant impact while a customer’s negative emotional response has a significantly negative impact. Therefore, as hypothesis 3-1 (positive emotion) and hypothesis 3-2 (negative emotion) are selected, hypothesis 4 has been accepted.

Table 9: An estimated route value of research model.

Hypothesis			Non-Standardized Coefficient	Standardized Coefficient	S.E	C.R.	p	Selection Status	
H1-1-1	Culture Synthesis	→	Positive Emotion	.206	.227	.067	3.065**	.002	Selected
H1-1-2	Culture Sales	→	Positive Emotion	.164	.221	.062	2.658**	.008	Selected
H1-1-3	Culture Sponsorship	→	Positive Emotion	.266	.284	.069	3.841**	.000	Selected
H1-1-4	Culture Style	→	Positive Emotion	.199	.237	.067	2.981**	.003	Selected
H1-2-1	Culture Synthesis	→	Negative Emotion	-.343	-.345	0.97	-3.522***	.000	Selected
H1-2-2	Culture Sales	→	Negative Emotion	-.053	-.065	.088	-.601	.548	Rejected
H1-2-3	Culture Sponsorship	→	Negative Emotion	-.047	-.046	.098	-.482	.630	Rejected
H1-2-4	Culture Style	→	Negative Emotion	-.206	-.225	.096	-2.158*	.031	Selected
H2-1	Culture Synthesis	→	Customer Satisfaction	.222	.236	.066	3.341***	.000	Selected
H2-2	Culture Sales	→	Customer Satisfaction	-.016	-.020	.057	-.273	.785	Rejected
H2-3	Culture Sponsorship	→	Customer Satisfaction	-.063	-.065	.066	-.953	.341	Rejected
H2-4	Culture Style	→	Customer Satisfaction	.230	.265	.064	3.594***	.000	Selected
H3-1	Positive Emotion	→	Customer Satisfaction	.469	.454	.091	5.149***	.000	Selected
H3-2	Negative Emotion	→	Customer Satisfaction	-.117	-.124	.052	-2.272*	.023	Selected

*p<.05, **p<.01, ***p<.001

4.10 Direct, Indirect, and Total Effects

The following are the result of estimating direct and indirect effects of the research model's total effects and performing significance tests of direct and indirect effects afterwards. As a result of analyzing the mediated effects of customer's emotional response on influences of hospital's culture marketing on customer satisfaction, culture synthesis turned out to have indirect effects ($\beta=.146, p<.05$) on customer satisfaction by going through customer's emotional response. At the same time, culture sales turned out to have indirect effects ($\beta=.108, p<.05$) on customer satisfaction by going through customer's emotional response. Also, culture sponsorship sales turned out to have indirect effects ($\beta=.134, p<.05$) on customer satisfaction by going through customer's emotional response, while culture style turned out to have indirect effects ($\beta=.135, p<.05$) on customer satisfaction by going through customer's emotional response. In other words, customer's emotion response can be seen to have mediated effects on the relationship between hospital's culture marketing and customer satisfaction.

Table 10: An Direct and Indirect Effects of Research Model.

Category			Direct Effect	Indirect Effect	Total Effect
Culture Synthesis	→	Positive Emotion	.227**	-	.227**
Culture Sales	→	Positive Emotion	.221**	-	.221**
Culture Sponsorship	→	Positive Emotion	.284**	-	.284**
Culture Style	→	Positive Emotion	.237**	-	.237**
Culture Synthesis	→	Negative Emotion	-.345***	-	-.345***
Culture Sales	→	Negative Emotion	-.065	-	-.065
Culture Synthesis	→	Negative Emotion	-.046	-	-.046
Culture Style	→	Negative Emotion	-.225*	-	-.225*
Culture Synthesis	→	Customer Satisfaction	.236***	.146*	.382***
Culture Sales	→	Customer Satisfaction	-.020	.108*	.088
Culture Synthesis	→	Customer Satisfaction	-.065	.134*	.069
Culture Style	→	Customer Satisfaction	.265***	.135*	.400***
Positive Emotion	→	Customer Satisfaction	.454***	-	.454***
Negative	→	Customer Satisfaction	-.124*	-	-.124*

Emotion					
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5. Conclusions and Implications

Due to hospital’s exponential growth, enlargement, and corporatization recently, it is necessary for medical institutions, in a poor environment in terms of management because of infinite competition, to utilize culture marketing as a main tool of medical institution management in order to heighten the service quality. In turn, we can get the following results by analyzing reality of culture marketing from medical service industry. First, for hypothesis 1-1 - hospital’s culture marketing has positive effects on customers’ positive reaction - it turned out that subsections of hospital culture marketing, such as culture synthesis, culture sales, culture sponsorship, and culture style, have significant positive effects on customers’ positive reactions. Also, for hypothesis 1-2 - hospital’s culture marketing has negative effects on customers’ negative reactions - it turned out that subsections of hospital culture marketing, such as culture synthesis and culture style, have significant negative effects on customers’ negative reaction, while culture sales, culture sponsorship did not have significant effects. In cases of culture synthesis, culture sales, culture sponsorship, and culture style, they direct customers’ positive emotion towards hospital in a direction of greater positivity. On the other hand, culture synthesis and culture hospital can be translated to direct customers’ negative emotion towards hospital in an opposite direction. This meant that, among subsections of culture marketing, culture synthesis and culture style work positively to customers’ positive reaction while reducing effects of negative reactions. Therefore, this implies that if hospitals position culture synthesis and culture style to culture marketing, it can maximize the effects on customers’ emotional reactions. Second, for hypothesis 2 - hospital culture marketing would have significant influence on customer satisfaction - it turned out that subsections of culture marketing, such as culture synthesis and culture style, have significant positive effects on customer satisfaction, while culture sales and culture sponsorship turned out not to have significant effects. This implies that by considering culture marketing of hospitals, it is necessary to focus on culture synthesis and culture style in order to get an effective customer satisfaction. Third, for hypothesis 3 - customer’s emotional response have significant effects on customer satisfaction - it turned out that customer’s positive reaction has significant positive effects on customer satisfaction and customer’s negative emotional response has significant negative effects on customer satisfaction. As it was discovered that customer’s emotional response have significant effects on customer satisfaction, it is necessary for hospitals to take care of customer’s emotional response in order to perform customer satisfactory management. Forth, in terms of effects of hospital’s culture marketing on customer satisfaction, subcategories of culture marketing – culture synthesis, culture sales, culture sponsorship, and culture style – turned out to have indirect effects on customer satisfaction by analyzing mediated effects on customer’s emotion effects. This result, in turn, implies that customer’s emotion response have mediated effects on hospital’s culture marketing and customer satisfaction.

This study has deduced following implications based on the above empirical study results.

First, in intensified competition of medial market, hospitals will be able to enhance customer satisfaction by increasing customer’s positive emotion response and decreasing negative response if hospitals arrange differentiated marketing strategy, which is culture marketing. Second, this study found out that, among subcategories of culture marketing, having culture synthesis through exhibition and small concert and positioning into culture style through constant investment are effective ways for customer satisfactory management which goes beyond customer satisfaction, reaching to customer impression. This tells us that culture marketing requires constant and prolonged attention and synthesis of culture, not short-term-effective marketing. In addition, when constructing or establishing new hospitals, it is necessary to consider not only places for exhibition and concert, but also places where customers can participate in culture art. Lastly, this study’s limitations and future research directions are as follows. First, this research has a regional limitation. In other words, the current study was conducted at general hospitals. Located in Seoul. I think it is necessary to conduct studies at country areas or suburban areas. Second, the study was conducted only in big hospitals such as general hospitals. In other words, considering the tendency of increasing small hospitals which hold small concert or exhibition for customer satisfaction, it is necessary to analyze small or special hospitals with strong marketing regardless of their small size. Also, studies regarding hospital culture marketing on medical customer’s emotion reaction, customer satisfaction mediated by customer’s recognized trust and attitude, loyalty.

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