INFLUENCE OF ORGANIZATION-PUBLIC RELATIONSHIP PRACTICES ON ORGANIZATION EFFECTIVENESS IN JORDANIAN PUBLIC HOSPITALS

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Abstrak

Masa kini, perhubungan awam dilihat sebagai satu aspek yang penting dalam membantu organisasi menjalin hubungan dengan publik persekitarannya. Kebanyakkan kajian-kajian terdahulu melihat jalinan hubungan organisasi-publik (O-PR) dari perspektif organisasi, manakala kajian ini pula melihat dari perspektif pelanggan. Dapatan dari kajian lepas, khususnya dari dunia barat menunjukkan amalan jalinan hubungan bersifat percaya, komitmen, penglibatan komuniti, keterbukaan dan kepuasan pelanggan adalah penyumbang utama jenis amalan O-PR (peribadi, professional dan komuniti). Kajian-kajian terdahulu juga menyarankan supaya kajian lanjut dibuat terhadap amalan jalinan hubungan ini dari perspektif masyarakat Arab. Justeru, tujuan kajian ini adalah untuk melihat kepentingan amalan serta sifat-sifat jalinan hubungan O-PR dan jenis-jenis hubungan yang diamalkan dan kesannya terhadap imej, identiti dan reputasi organisasi. Daripada 600 soal selidik yang diedarkan dalam kalangan pesakit di sebuah hospital utama di Jordan, kadar maklum balas adalah sebanyak 94.8%. Dapatan kajian menunjukkan bahawa terdapat hubungan yang signifikan antara amalan jalinan hubungan organisasi dengan publik, jenis-jenis jalinan hubungan dengan keberkesanan organisasi. Dalam meramalkan amalan terbaik dalam O-PR, kajian ini mendapati amalan sifat komitmen dan kepuasan pesakit adalah penyumbang utama terhadap O-PR, ini berbeza dengan dapatan dari hasil penyelidikan dunia barat. Berdasarkan jenis jalinan hubungan, kajian ini menunjukkan amalan jenis jalinan hubungan peribadi oleh organisasi mempunyai hubungan pengaruh yang kuat terhadap imej, identiti dan reputasi organisasi. Kajian ini membantu pengamal perhubungan awam dalam merencanakan amalan perhubungan awam strategik antara organisasi dengan publik, khususnya dalam sifat amalan jalinan hubungan yang menekankan kepuasan pelanggan dan komitment. Rumusannya kajian memperkukuhkan kepentingan pengurusan jalinan hubungan organisasi-publik serta cadangan-cadangan untuk penyelidikan dinyatakan.

Kata kunci: Perhubungan awam, Jalinan hubungan Organisasi-Publik, Imej, Identiti dan Reputasi.

Abstract

Nowadays, public relations is seen as an important part which helps an organization in bridging the gap with its public so that the mutual relationship is established. Most previous research on Organization-Public Relationship (O-PR) investigate the relationship from an organizational perspective, where as this research investigate from the customers' perspectives. Previous research done in the western world show that the practices of trust, commitment, community involvement, openness, and customers' satisfaction are attributes towards types of O-PR practice (personal, professional and community). However, literature seems to suggest that much research work is needed to better understand such attributes especially from the public relations practices in Arab country. This study is pursued to elicit the importance of O-PR and it type of practices towards organizational effectiveness in sustaining organizational image, identity, and reputation. The questionnaires were distributed to 600 patients at a major hospital in Jordan with 94.8% response rate. The research findings show significant relationships between O-PR practices and type of relationships with organizational effectiveness (image, identity and reputation). In predicting best practice of O-PR, the study elicited that commitment and patient satisfaction were shown to have the strongest contributions in O-PR as compared to previous research in western countries. Based on the type of relationships practices, personal relationship practice provides the strongest contribution towards organizational image, identity and reputation. The finding of this research will help public relation practitioners in the planning of strategic relationship management in developing best practices of O-PR. The need for improvement in this area requires serious attention especially the practices of commitment and satisfying customer satisfaction. Conclusions as to the impact of public relations as relationship management of organisation-public are offered, as well as suggestions for future areas of research.

Keywords: Public relations, Organisation-Public Relationship, Image, Identity and Reputation.

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CHAPTER ONE
INTRODUCTION

1.1 Background

Communication as a tool for the practice of public relations is central to the administration of all organisations. Through communication, public relations define the kind of relationship that exists between an organisation and its publics. Watzlawick, Beavin, and Jackson (1967) argued that individualsare constantly involved in a communication system that indulges them in transmitting information and receiving responses from each other. This statement underscores the importance of communication in human society or in an organisation. In building an organisation-public relationship (O-PR), public relations professionals must evolve a participatory communication scheme in which the internal and external publics of the organisation recognise input and create a multi-dimensional flow of information to keep a balance between partners.

This research investigates the predictors of O-PR practices toward organisational effectiveness. Public relations should not to be limited to top-down approaches in organisations, but must, as a matter of necessity, pay particular attention to down-top flow, with input from all strata of the organisation and sharing organisational events with concerned customers. From the customer perspective, relationships should function positively to get customer satisfaction in using the provided services (Wise, 2001). Public relations is an interactive form of communication in which the target audiences yield information and are not merely information consumers. Succinctly, the Public Relations Society of America (PRSA) in its official statement describes public relations as helping the complex and pluralistic society to have more

achievements and to function more effectively by contributing to mutual understanding between groups and organisations. Public relations bring private and public policies into harmony (Hendrix & Hayes, 2007). Public relations include three functions. First, the management function that creates, develops, and carries out policies and programs to influence opinion or public reactions about an idea, product, or organisation, as well as to improve the mutually beneficial relationships between an organisation and the target groups (Wilcox, Ault, Agee, & Cameron, 2001). Second, the promotion of a favourable image or, in other words, the practice or profession that establishes, maintains, or improves a favourable relationship between an institution or person and the public (Encarta World English Dictionary, 1999). Third, public relations shape the public image, that is, the relationship between an organisation, person, and the public, with respect to whether the organisation or person is seen in a positive or negative light.

Bortree (2007) noted that some organisations practice the policy of hiding the truth in dealing with their publics, but this practice can negatively affect the organisation's reputation. Furthermore, Bortree (2007) argued that organisations need to be open in their relationships with their publics to ensure their trust in the organisation. In other words, the relationship should be a dual action in which the public and the organisation should be open on each other (Ajwah, 1983). The biggest role of an organisation is establishing public trust such that the public can reciprocate by being more respectful, open, and honest to the organisation.

The lack of understanding between the organisation and the public may cause the public to distrust the organisation, and this distrust may reflect on an organisation's understanding of what the public needs and wants (Hill, 1977).

Previous studies (Grunig, 1992; Hon & Grunig, 1999) showed that reciprocity, trust, credibility, mutual legitimacy, openness, mutual satisfaction, and mutual understanding are the key elements of effective O-PRs (Grunig, 1992). Hon and Grunig (1999) utilized these dimensions to focus on control mutuality, trust, satisfaction, commitment, the exchange relationship, and the communal relationship to create the scale quality of relationship. Jo, Hon, and Brunner (2004) further validated this finding as well.

Like all human endeavours, an organisation is never devoid of internal or external crises. The success of public relations in building a mutually beneficial O-PR depends on the attainment of organisational and public goals. These goals include creating and sustaining a good image, identity, reputation, and effectiveness, establishing trust through openness, and adhering to the virtues of social responsibility.

1.2 Problem Statement

Previous studies in public relations and communication mainly have focused on interpersonal and communication influence in health care services and/or persuasive health communication campaigns (Jackson & Duffy, 1998). Such research is definitely important, but a gap exists in public relations literature concerning practitioners in public health sectors. The task of public health agencies is made more difficult because the trust of the general public in such bodies is not at high levels. Thus, the challenge is for public health institutions to improve communication with clients to increase their trustworthiness through PR involvement in public hospitals (Wise, 2001). In Jordan, Alabdulla (1992) reported weakness in public relations performance in public central organisations,

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showingthat part of the tasks of the public relations practice of these organisations includes short planning, but they do not use different communication tools. Jahansoozi (2007) claims most previous research on O-PR investigated the problem from an organisational perspective and not from the public perspective.

The public relations of any organisation is a major link between the organisation and its publics and acts as a probe of the organisation. Toth and Trujillo (1987) concluded that the fundamental purpose of public relations was to facilitate communication, acceptance, and cooperation between an organisation and the public, which are critical to organisational survival. Public relations, as a communication tool, plays a vital role in developing an effective relationship with a huge audience, which can create impact on the effectiveness of an organisation (Cutlip, Center, & Broom, 2000). In short, O-PR plays a vital role in creating and developing an effective relationship between the organisation and its public.

O-PR activities and functions can help the organisation to be effective in achieving its stated goals and objectives. Indeed, within the O-PR context, Grunig and Huang (2000) have argued that public relations can help hospitals to be more effective by maintaining relationships with their strategic patients. This argument raises a question: How can O-PR practices help to achieve organisational effectiveness? This study proposes that within the O-PR context, organisational effectiveness can be measured by looking at whether the O-PR practices help enhance the image, reputation, and identity of the organisation (Haslam, Postmes, & Ellemers, 2003).

The main question that arises revolves around the how, why, and at what level public relations practices add to the accomplishment of organisational objectives (Rhee, 2004).

This question was posed in a research foundation and discussed by a group of researchers (Grunig, Grunig, & Ehling, 1992; Repper & White, 1995). These researchers added what they considered as an excellent question: How should public relations be practiced as an organized communication function for it to contribute to organisational effectiveness? (Grunig, 1992). They claimed that public relations is important to the society as well as to a specific organisation. Moreover, they examined previous research on the excellence in management and looked for the meaning of organisational effectiveness. The International Association of Business Communicators (IABC) team concluded that organisations are only effective when they choose to achieve those goals that satisfy their self-interest as well as the interests of the public with which they are dealing (Grunig, Grunig, & Ehling, 1992). The IABC team further claimed that, if organisations are helped in building relationships and in resolving conflicts arising between itself and its public, public relations would greatly contribute to organisational effectiveness.

This study, which adopts the relationship theory (Ledingham, 2003) is concerned with the practices of O-PR, types of relationship, and organisational effectiveness. Research in O-PR has become an important area of investigation in recent years (Huang, 2001; Ledingham & Bruning, 2000; Hon & Grunig, 1999). In reviewing O-PR, Huang (1997) provided relationship practices, which included practices of trust, control mutuality, commitment, and satisfaction (Len–Rios, 2001; Brunner, 2000; Hon & Grunig, 1999).

Public relations practices are vital to manage good relationships and show a good image, identity, and reputation of the organisation. Public relations also solve problems between the organisation and its key public.

Meanwhile, O-PR is an important function in knowing the needs of the public to achieve the aims of the organisation (White & Mazur, 1995). As practiced, the organisation must offer services to the public that surpass the desired levels of satisfaction to continue enjoying public goodwill.

However, contradictions in the ethical practices of "systematizing, defending, and recommending concepts of right and wrong behaviour" (Fieser & Dowden, 2004, p. 4) and the reality of practice introduced have created an historical trend of unethical public relations practices, such as lying, spin-doctoring, and espionage (Bowen, 2007). This trend has whittled down the respect accorded to the profession. Deceit has replaced the virtues of honesty, openness, loyalty, fair-mindedness, respect, integrity, and forthright communication (Bowen, 2007). Commitment and social responsibility have been sacrificed for greed and a damaged relationship with the community (Bivins, 1989; Grunig & Hunt, 1984; Pratt & Rentner, 1989). This negative trend is eating deep into the fabric of the profession globally and calls for urgent intervention. Kirat (2005) states that public relations has grown in importance to stakeholders, politicians, and managers in different organisations. The increasing demand for public relations makes imperative the understanding of how its practice affects the internal and external publics and the discovery of how these practices can contribute to organisational effectiveness. The position and conduct of public relations in the structure of an organisation determine its success in building and sustaining good relationships with the public (Jackowski, 2007). This practice varies

from one organisation to the other, and depends on the size, organisational policy, and the projected goals (Jackowski, 2007).To sum up, O-PR is essential for organisation to achieve their aims by knowing the needs of the public through O-PR as well correcting the way the public perceive the organisation.

The public health sector in Jordan provides medical care services through large hospitals that serve a large number of citizens. In this context, public hospitals are concerned with (and involved in) developing the society (Ministry of Health, 2007, http://www.moh.gov.jo/MOH/En/publications.php). However, the 30 public hospitals are grossly inadequate for 318,032 patients seeking medical services due to the low quality of service, low public relations practices, low quality, and a shortage of human resources. These factors undisputedly affect the performance of public hospitals and create great pressure on the image, identity, and reputation of the public medical sector (Hijazi & Al-Ma'aitah, 1999).

Alrai (2009) explored the conditions of public hospitals in Jordan and found thatin the biggest hospital, Al Basheer, the situation was alarming. Most patients perceived low service among the medical staff. No professional medical care was provided. There was a lack of cleanliness, and rest rooms were functionally unhygienic for use by patients who needed to undergo check-ups and treatments. The situation underscores the idea that the lack of commitment, trust, and openness between the internal and external publics creates problems and difficulties for patients. To avoid this situation from recurring, the public relations sector and other related departments should take necessary actions and make sure that the image, identity, and reputation of the hospital are not jeopardized. The public relations practices of the hospital would be effective if they could take such actions.

Agozzino (2010) asserted that "Beneficial relationships with the public are important for the survival of an organisation" (p. 11). Agozzino (2010) added that public relations practitioners must preserve a strong relationship between the organisation and its key publics. Kirat (2005) further bolstered the need to conduct research on the impact of public relations practices on public organisations such as hospitals. His study showed that public relations practices in the Arab world are still weak and result in misunderstanding and confusion. He reported that public relations remains tool for image promotion, publicity, and propaganda of an organisation. Given the lack of research in public relations, especially in public sector organisations in Jordan and other Arab countries, a study on the professional public relations practices in organisations to meet the challenges of the world is imperative.

Hijazi and Ma'aitah (1999; p. 109) reported that the major challenges of the Ministry of Health are as follows:

> "To improve the performance of the public sector; increase efficiency and proficiency; promote cooperation, collaboration, and democratic principles in administration and management; deal with the administrative development as a continuous development process with concentration on benefiting from experiences and technical assistance of other countries; apply the scientific process to understand the internal and external environment and analyse factors affecting it through screening and research; and establish/or modify legislation to meet the objectives of the development and the needs of the country."

The above statement underscores the challenges faced by the Jordanian Ministry of Health in the health sector services of their target audience/public. Therefore, O-PR practices must act as the bridge between institutions, management, employees, and customers/patients in service institutions. This role is vital for hospitals seeking to provide very high standards of services for their patients, but the lack of public

relations departments leaves the management of public relations practices in neglect (Abdelhameed, 2004).

The inadequacy of professional public relations practitioners leaves O-PR of public hospitals in the hands of quacks, thereby affecting the building of relationships withindividual's publics and communities, as well as the image and identity of the organisations (Mackey, 2001).

The stress and excessive workload on the few practitioners specialized in public relations can render them less effective in coping with the enormous task of serving the organisation and its numerous publics (Mackey, 2001).

Huang (2001) applied five dimensions to measure the O-PR (i.e., control mutuality, trust, satisfaction, commitment, and face and favour), and added a cultural variable to reflect Asian culture. Kim (2001) also mentioned four dimensions; namely, trust, commitment, community involvement, and reputation, to measure O-PR. Bruning and Galloway (2003) showed that O-PR had at least five dimensions: anthropomorphism, professional benefits/expectations, personal commitment, community improvement, and comparison of alternatives. Bruning, DeMiglio, and Embry (2006) reported four dimensions that emerged from the O-PR analysis. The dimensions were trust, commitment, local or community involvement, and reputation.

Grunig (1993) argued that public relations could be used as an approach to develop and maintain a continual relationship between the organisation and its publics. Men and Hung (2009) reported the view of one of their participants regarding the

importance of public relations: "No matter which party is hostile to you, it will affect your long-term development. There is a famous saying in ancient China, 'the water can take the boat as well as overthrow the boat. 'If we say our company is a boat, then the relationships with all the public are the water. If the water dries up, there is no resource. We can only gradually become a lonely and sunken wood" (p. 10). Public relations must provide a true and clear image of and logic for an organisation and its relationship with its publics about the latter's behaviour, attitude, and opinion toward the organisation (Agozzino, 2010).

Agozzino (2010) added that the O-PR approach to public relations "provides fruitful insights concerning the concept of building and maintaining organisation-public relationships" (p. 11). Broom (2009) defined public relations as "the management function that establishes and maintains mutually beneficial relationships between an organisation and the publics on whom its success or failure depends" (p. 3). Brunig, Castle, and Schrepfer (2004) measured the perceptions of the respondents' relationship with the organisation. Their study determined the linkage of O-PR and the evaluation of satisfaction and behavioral target, and the researchers found support for relationship theory.

Huang (2001) emphasized that relationship management has emerged as an important paradigm for public relations scholarship and practice. Hon and Grunig (1999) showed that the measurements of O-PR are derived from only one/on perception, whereas Jo (2006) suggested that the measurement of the relationship should be based on the perspectives of the organisation and its public. Hon and Grunig (1999) stated that at some point, public relations researchers should measure relationships as seen or predicted by both parties. This evaluation would document

how organisational decision makers see the relationship, and how the public sees the organisation.

Good public relations practices become more complex as organisations grow. In a small organisation, the owner of the firm is responsible for public relations because he/she does the most communication with the internal and external publics. As the organisation grows, public relations activities become diverse and difficult to manage by the owner or anyone who is unspecialized (Cutlip, Center, & Broom, 1984).

As the organisation becomes larger and contains many managerial units with a director for each unit, the public relations director must know what to do to maintain good relationships with employees and the public by being more involved in community programs (Sampson, 1990).

Public relations practitioners must have necessary skills to be able to practice good public relations that will impact organisational effectiveness (Kushk, 1986). For example, they should have the skills to analyze customer needs, which means considering the customer perspective in the organisation's business. They must know how the public behaves and how their own behaviour affects the public as well. They must know how to write, speak, negotiate, argue, discuss, and establish bi-dimensional honesty and truthfulness with top management of the organisation and the public. Ledingham, Bruning, and Wilson (1999) pointed out that O-PR can be used to predict the behaviour of customers in a competitive environment.

O-PR practitioners in the public hospitals in Jordan are supposed to be important links between the management, staff, and patients. This relationship means that they

are responsible for ensuring that the government and other stakeholders in the hospital services gain the trust of patients toward the hospital by applying O-PR and practicing public relations. This need calls for careful conduct, a humane temperament, and a good disposition to offset the barrage of virulent outbursts from the public, especially among the patients and their families.

Hung (2005) supported this notion when he concluded that the relationship theory was adapted from Grunig (2001) by developing the types of relationships, from exploitive to communal relationships. Hung (2005) and Grunig (2001) contended that relationship theory extended because O-PR practices and types of relationships influenced the outcome of the research through the experience of patients toward the hospital. Grunig (2000) and Grunig et al. (2002) fully supported relationship theory for best public relations practices because of its capability in building relationships between the organisation and its public. They also expressed the significance of communication in building relationships. Previous work and literature used relationship theory focused only on the constructs of O-PR practices (Kim, 2001) without adding external variables to the model (Bruning & Ledingham, 1999), such as types of relationship (Aaker & Blanco, 1995; Kim, 2001; Nguen & Leblanc, 2001) and organisational effectiveness. This study includes satisfaction, openness, types of relationship, and organisational effectiveness to increase the power of the relationship theory. Therefore, the challenge for validating the relationship theory exists in all parts of this research.

Most theories relating to relationship practices, such as relationship theory, open system, and two-way symmetrical theory, were created in developed countries. In fact, relationship theory has been tested rarely in developing countries or even in

non-Western cultures, such as Jordan, which indicates a problem in adopting this theory (Ledingham, 2003; Littlejohn, 1983; Prior–Miller, 1989; Kelly, 2001; Hung, 2005; Kim, 2001). However, measurement constructs can be tested in a non-Western setting like Jordan.Which means, O-PR practices will help the organisation to be more effective by maintaining relationships with their strategic public and enhance the organisation image, identity, and reputation.

1.3 Research Questions

Based on the above discussion of the importance of O-PR, this study intends to answer the following questions:

1. What is the relationship between O-PR (trust, community involvement, commitment, patient satisfaction, and openness) and organisational effectiveness?

2. What is the relationship between O-PR (trust, community involvement, commitment, patient satisfaction, and openness) and types of relationship?

3. What is the relationship between types of relationships and organisational effectiveness?

4. Which dimensions of O-PR best predict organisational effectiveness?

5. Which types of relationship best predict organisational effectiveness?

1.4 Research Objectives

Consistent with the research questions above, the objectives of this study are to:

1. Examine the relationship between O-PR (trust, community involvement, commitment, patient satisfaction, and openness) and organisational effectiveness;

2. Examine the relationship between O-PR (trust, commitment, community involvement, openness and patient satisfaction) and types of relationship practices;

3. Identify the relationship between types of relationship and organisational effectiveness;

4. Identify which dimensions of O-PR best predict organisational effectiveness; and

5. Identify which types of relationship best predict organisational effectiveness

1.5 Significance of the Study

Most health care centres pay little attention to public relations practices (PRP), and some hospitals are running without a special department focusing on practicing public relations (Kirat, 2005). Given the quintessential status of health to all human beings and the volume of traffic of activities at the hospitals, the sector should practice the best of public relations services. Furthermore, the findings of this study will let the critics appreciate the centrality of PRP to projecting and promoting the image, identity, and reputation of an organisation. This study will enlighten practitioners and the virtue of adhering to the ethics of the profession by enlisting trust, openness, community involvement, and patient satisfaction in the discharge of their duties for maximum results.

This study suggests the enthronement of empathy by public relations practitioners in a public hospital in Jordan to ease the emotional, physical, and psychological stress of their publics, especially the patients and their families. Reforms in the medical public sector should include the improvement of public relations practices to improve the quality of service provided by these hospitals (Hijazi & Ma'aitah, 1999).

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The ignorance of the role of public relations practices in some public hospitals creates a trust crisis in these hospitals. Kim and Hon (2001) indicated that the qualification of public relations improves the medical services introduced.

This research will provide guidance for improving the practice of public relations in public hospitals and in developing best public relations practices. The value of symmetrical relationship in public hospital activity will be reflected as well. Image, effectiveness, reputation and identity will be improved through the good mutual relationship management with the internal and external publics.

The findings of this research will help PR practitioners in the Jordanian government in planning strategies to support patients of the public hospitals in creating best practices of the organisation-public relationship. Based on its findings, practitioners will learning about the importance of satisfying customers needs and wants and being committed in their relationships with customers. This study will also benefited decision makers, especially the highlevel managers of the public hospitals, and will help public relations practitioners in understanding the importance of organisation-public relationship practice in building their organisational image, identity, and reputation. Moreover, maximizing patient satisfaction will help in enhancing organisational image, identity and reputation.

The contribution through investigating O-PR will enrichresearch, which will overcome the gap among those practicing public relations in hospitals and improving the quality of services in Jordan. Finally, the findings of the research will contribute to the literature on O-PR in Jordan and serve as a reference point for future researchers.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature on the organisation-public relationship (O-PR). In particular, this chapter discusses the conceptualization of public relations and its impact on organisational effectiveness. This chapter is organized as follows. First, the conceptualization of O-PR focuses on its features and types. The next discussion presents how O-PR can influence organisational effectiveness and, in doing so, explains the meaning of organisational effectiveness and its relationship with O-PR. This section cites and analyzes previous works on the subject. Lastly, this chapter also highlights the theoretical framework.

2.2 Organisation-Public Relationship (O-PR)

Broom, Casey, and Ritchey (1997) defined O-PR as the patterns of interaction, transaction, exchange, and linkage between an organisation and its public. Huang (1997) observed that O-PR is based on two assumptions: (1) the relationships contain many essential features, and (2) four relational features create O-PR, namely, trust, commitment, control mutuality, and satisfaction. Extending his earlier work, Huang (1998) then argued that O-PR was the trust existing between an organisation and its public, who both agree on who has equitable power to affect, satisfy, and commit to one another.

Consistent with the above, Ledingham and Burning (1998) defined O-PR as "the state which exists between an organisation and its key publics, in which the actions of either entity impact on the economic, social, political, and/or cultural well-being

of the other entity" (p. 62). They added that trust, openness, involvement, investment, and commitment influence O-PR, as customers generally evaluated these dimensions positively. The result of their research showed that the respondents like to stay on and receive service from the same provider instead of trying different organisations. The relationship used in their study contains four dimensions, namely, trust, openness, involvement, and investment.

The above definitions of O-PR highlighted the importance of implementing PRP for the benefit of the stakeholders, both within and outside the organisation. Cutlip, Center, and Broom (1994) defined public relations as "the management function that establishes and maintains mutually beneficial relationships between an organisation and the publics on whom its success or failure depends" (p. 6). However, scholars have argued and observed that the types, character, and pressure of O-PR have a differential impact on the audience and customers, particularly on how they behave (Bruning & Ledingham, 1999). This finding suggested that the perception of the relationship is changing in focus from looking from the management perspective to considering public opinion in O-PR practices as a way to maintain and preserve the relationship between the public and the organisation (Bruning & Ledingham, 1999).

Kim and Hon (2007) investigated the perceptions of students toward the O-PR practiced by a university. Kim and Hon (2007) examined public relations factors, namely, trust, satisfaction, commitment, control mutuality, communal relationship, and exchange relationship with attitude and behavioural intention. Their study of students used 267 completed questionnaires, and they found that satisfaction was the best predictor of positive perceptions supporting the relationship between the organisation and the public. Moreover, the result of their study was unexpected to

some extent because the mean value of the attitude toward the organisation was higher than the mean value for most relationship items. The range of attitude mean was between 5.32 and 5.36, but the result of relationship mean was between 3.56 and 5.12 (a seven-point Likert scale was used). In addition, the score mean of behavioural intention items was between 5.64 and 5.86, which was still higher than the attitude toward the organisation. Their findings also revealed that satisfaction was the strongest and most significant factor affecting attitude. Control mutuality was the second strongest factor, whereas trust, commitment, communal relationship, and exchange relationship did not significantly affect attitude. Attitude was strongly significant affected behavioural intention.

Bruning and Galloway (2003) expanded the O-PR scale by including more questions measuring the relationships between the organisation and its key publics to provide a benefit to the public served by the organisation. The six items utilized in their study for professional benefit/expectation were as follows: "Company A is not involved in activities that promote the welfare of its customers;" "Company A does not act in a socially responsible manner;" "Company A is not aware of what I want as a customer;" "Company A does not see my interest and the company interest as the same;" and "I think that Company A is not honest in its dealing with customers, and is unwilling to devote resources to maintain its relationship with me," with coefficient alpha (α=.85).

Personal commitment was measured with three items, "I am committed to maintaining my relationship with Company A," "I feel very strongly linked to Company A," and "I want my relationship with Company A to continue for a long time," with coefficient alpha (α=. 87). Community improvement was measured with

the following items: "I feel that Company A supports events that are interesting to its customers," "I think that Company A strives to improve the communities of its customers," and "I think that Company A actively plays a role in the communities it serves," with coefficient alpha (α=.87). The items making up the *anthropomorphism* dimension were: "Company A is open about its plan for the future," "I feel that I can trust Company A to do what it says it will do," "Company A shares its plan for the future with customers," and "Company A seems to be the kind of organisation that invests in its customers," with coefficient alpha (α=.84) and comparison of alternatives with coefficient alpha (α=.72). A seven-point Likert-scale was used on 18 items. The overall coefficient alpha was (α=.89).

Bruning et al. (2006) collected data by mail. The respondents were residents of the city. Systematic sampling took place. Out of 800 questionnaires, only 226 were completed, giving a response rate of 28%, which was very low compared with similar research.The survey instrument measured the relationship attitude of service receivers of commitment, trust, community involvement, openness, and customer satisfaction practiced by the organisation. The researchers interviewed the mayor, city service directors, and city development directors. Organisational effectiveness was involved in providing good services to the public based on organisational improvements toward the community in most of the events and occasions. Their study also showed the fast service provided to the public, as 87% of the respondents received benefits from the organisation. This finding showed that high commitment, trust, community involvement, openness, and customer satisfaction toward the organisational to good reputation, image, and identity of the organisation.

Moreover, the results of Bruning et al. (2006) suggested that mutual benefit provided an advantage and enhanced the relationship between the organisation and its publics. Unique public relations is essential to building a good relationship between the organisation and its publics and doing so provided the organisation with competitive advantages. Their results confirmed the importance of establishing effective public relations practices of commitment, trust, community involvement, openness, and satisfaction to contribute effectively to the competitiveness of an organisation with the public.

Huang (2001) measured the dimension of trust, control mutuality, relational satisfaction, and relational commitment in looking at O-PR. He conducted two surveys to obtain the most possible feedback. In the first study, the variable that contributed most to O-PR practices was control mutuality; in the second study, trust contributed the most to O-PR practices. The first survey consisted of 311 questionnaires with a response rate of 45%, and the second survey consisted of 235 questionnaires with a response rate of 54%. Coefficient alpha values for the first study were as follows: trust .71, relational satisfaction .79, relational commitment .73, and control mutuality .58. Coefficient alpha values for the second survey were as follows: trust .75, relational satisfaction .74, relational commitment .72, and control mutuality.73.

Kim and Chan–Olmsted (2005) adopted four dimensions to measure O-PR, which were trust, control mutuality, commitment, and satisfaction. Of the 233 completed surveys of university students, 178 cases were valid. Pearson correlation and multiple regressions were used in analyzing data to measure all the factors of O-PR.

The results showed that most of the customers (83.7%) used the product of the organisation. Kim & Chan–Olmsted's (2005) studyindicated a Cronbach's alpha of O-PR between .87 and .93, whereas the previous study (Hon & Grunig, 1999) reported that the coefficient alpha ranged between .70 and .91. All the four dimensions of O-PR, namely, trust, control mutuality, commitment, and satisfaction used in their study, were significantly correlated to each other. The Pearson correlation ranged between .25 and .78.The relationship between the organisation and its public within the public relations field is a growing area in this type of research (Yang, 2005; Stephen, Banning & Mary Schoorman, 2007; Brønn, 2008; 'Neil, 2007; Ristino, 2007; Hong, 2008; Vorvoreanu, 2008), and concern for the management of O-PRs has increased significantly over the years. Kim and Chan–Olmsted (2005) showed that among trust, control mutuality, and commitment the factors of O-PR practices satisfaction were significant predictors toward the brand (β = .358).

Center and Jackson (1995) highlighted the function of relationships in public relations: "The proper term for the desired outcomes of public relations practice is public relationships. An organisation with effective public relations will attain positive public relationships" (p. 2).

Ledingham and Bruning (1998) measured O-PR based on factors such as trust, openness, involvement, investment, and commitment. Their study indicated that the above variables influenced public loyalty and the behavioural intentions toward the organisation, as long as the public was aware of the relationship-building activities of the organisation. In this instance, these activities were community relations initiatives. In another study, Bruning and Ledingham (2000) suggested that

practitioners develop O-PRs "to move the practice of public relations away from a journalistic approach, in which the placing of publicity is the primary focus, into a management approach, in which initiation, development, enhancement, and maintenance of mutually beneficial relationships toward the ultimate goal of key public members' loyalty is of utmost importance" (p. 88). Grunig and Huang (2000) clarified the value of PRP in a relationship saying that "When public relations helps the organisation build relationships with strategic constituencies, it saves the organisation money by reducing the costs of litigation, regulation, legislation, pressure campaigns, boycotts, or lost revenue that result from bad relationships with publics-publics that become activist groups when relationships are bad. It also helps the organisation make money by cultivating relationships with donors, consumers, shareholders, and legislators who are needed to support organisational goals" (p. 32).

According to Huang (2001), the O-PRs functioned as key mediating variables that influence the public relations strategies of an organisation when solving conflicts between the organisation and its publics. Grunig and Grunig (1992) suggested the measurement for these important variables. Their study indicated that these variables could be measured through different dimensions, such as reciprocity, trust, mutual legitimacy, openness, mutual satisfaction, and mutual understanding. Exploring the same lines, Ledingham, Bruning, Thomlison, and Lesko (1997) conducted a multidisciplinary study of relationship literature and found 17 dimensions that scholars had considered important to interpersonal relationships, marketing relationships, and other relationships. These dimensions were investment, commitment, trust, comfort with relational dialectics, cooperation, mutual goals, interdependence/power imbalance, performance satisfaction, comparison level of the alternatives, adaptation, non-retrievable investment, shared technology, summate

constructs, structural bonds, social bonds, and intimacy. This list was later compressed and reduced to five dimensions, namely, trust, openness, involvement, commitment, and investment (Ledingham & Bruning, 1998). These five relationship dimensions were later found to predict customer satisfaction in a competitive environment (Bruning & Ledingham, 1998).

Bruning and Ledingham (1999) conducted a study that grouped together indicators of relationship quality, which other scholars suggested to be interpersonal, professional, and community relationships, for measuring the types of relationship. Their study was further expanded when Grunig and Huang (2000) suggested that trust, control mutuality, relationship commitment, and relationship satisfaction were the most important factors in an O-PR. Kim (2001) developed a four-dimension scale based on trust, commitment, local or community involvement, and reputation, while factor analyzing all available items from interpersonal, relationship marketing, and public relations literature. These, along with 16 items, were quoted for measuring O-PRs.

The present study does not consider the length of relationship between the customers and the organisation. Relationships take years to develop and to strengthen over time. However, this study measures relationships at a single time and does not consider the consumer's relationship history with the company. Thus, the relative importance of trust, control mutuality, commitment, and satisfaction in predicting brand attitude and purchase intention can possibly vary according to the length of the relationship.

Kim (2003) found that building a successful O-PR was needed to express the significance of the relationship between the organisation and its key publics to achieve the organisational targets. Usually, famous organisations benefit from building a valuable image that influences its public. Hence, in his research, satisfaction was the best variable correlating to image. Moreover, alpha for all variables was .80 and above. Normally, the assumption is that the longer a relationship exists, the stronger is the relative impact of the dimensions of O-PR on brand attitude and purchase intention. A problem that arose in the four dimensions of O-PR was that previous research did not address the scales of relationship measurement. This measurement required further investigation and refinement. It would be most convenient if future researchers investigated O-PR as independent and dependent variables, as well as mediating variables in building the theory of O-PR.

Brunig, Castle, and Schrepfer (2004) said that "the results from this investigation, coupled with previous relationship management research suggest that organisation-public relationships, when managed effectively, positively affect the attitudes, evaluations, and behaviors of key public members" (p. 445). Smith (2005) focused his research on measuring the relationship between a public university and the internal public in the United States. The study examined how trust, commitment, control mutuality, and satisfaction related to the quality and type of relationship between the organisation and its public. Public relations experts assisted the organisation in building a good relationship between the organisation and its public (Grunig, Grunig, & Dozier, 2002).

Huang (2001) claimed that relationships were key mediating variables of the effect of the public relations strategies of an organisation on resolving conflicts that arise between the organisation and its public. Control mutuality is an effective relational variable for public relations in providing the best quality relationship and solutions to different conflicts. An important suggestion for future researchers is to study the antecedents of O-PR and its outcomes, which would contribute greatly to relationship theory building (Kim & Chan–Olmsted, 2005).

Public relations practitioners seek to achieve mutual understanding and attempt to resolve the differences between organisations and their publics. They utilize different methods, such as a two-way asymmetric model that aims to influence the audiences to change their views of the organisation (Grunig, 1992). Huang (1997, 2000, 2001) focused on measuring the perceptions by developing a theoretical model of relationship using the four dimensions of trust, control mutuality, commitment, and satisfaction. Kim (2001) used trust, commitment, community involvement, and reputation in measuring the dimensions of O-PR. Similarly, Ledingham, Bruning, Thomlison, and Lesko (1997) suggested that openness, trust, involvement, investment, and commitment represented O-PR.

Bruning (1998) considered the four dimensions — trust, openness, investment, and involvement— as factors that determine whether or not O-PR was effective. Grunig (1993) proved that reciprocity, trust, mutual legitimacy, openness, mutual satisfaction, and mutual understanding on behavioral relationships indicated the success of the organisation with its publics. Wood (2000) pointed out that openness was a process of sharing information between the organisation and its publics to increase mutuality and understanding. Additionally, Wood (2000) contended that

community involvement focused on the potential benefit for the relationship between the organisation and its publics. Moreover, commitment was involved in the relationship between the organisation and public. The present research chose the Kim's (2001) scale because of its ability to measure the relationship between an organisation and its publics. This study expanded Kim's (2001) scale to include the five dimensions of openness, satisfaction, professional relationship, personal relationship, and community relationship to the best O-PR practices.

Public Relations Practices (PR) plays an important role in helping an organisation maintain and preserve its relationship with internal and external publics. As mentioned earlier by Huang (1997, 1998), important features were trust, commitment, and satisfaction, among others. Kim (2001) initially proposed ten features of O-PR, namely, trust, mutuality, commitment, satisfaction, communal relationships, openness, community involvement, affective intimacy, relationship termination cost, and reputation. After his research was completed, he expanded four actual features to measure O-PR, which were trust, commitment, community involvement, and reputation. Gruniget al. (1992) said that reciprocity, trust, credibility, mutual legitimacy, openness, mutual satisfaction, and mutual understanding were elements of O-PR. Moreover, as O-PR study developed, dimensions of the relationships were recognized as "openness, trust, involvement, investment, and commitment" (Ledingham & Bruning, 1998, p. 58).

The present study proposes other additional features, such as trust, commitment, community involvement, and reputation, based on the works of Kim (2001). Kim (2001) clarified the importance of a reliable and valid scale of public relations. "By using a unified instrument for measuring the relationship," Kim wrote, "public

relations practitioners and scholars can accumulate consistent data for measuring the bottom line impact of public relations" (p. 810). Kim (2001) utilized two studies to study the issue, embedding scale in two different questionnaires. The first questionnaire was distributed to community residents, and the second one was given to employees of an on-line firm. The questionnaires measured the dimensions of trust, commitment, community involvement, and reputation. Cronbach's alpha was .78 for trust, .85 for commitment and community involvement, and .83 for reputation (Kim, 2001). Heath and Coombs (2006) proved that public relations practices were very helpful for an organisation in building good relationships with its publics. Vedova (2005) fully supported the proposition that organisations should develop strategic communication programs grounded in the relationship dimensions of trust, involvement, commitment, and satisfaction. If the organisation developed a relationship that leads to mutual benefits with the public, the organisation would be able to maximize the influence that relationships can have on achieving organisational success. Moreover, measuring O-PR determines the degree of trust between the organisation and its key public, level of agreement such that one has the rightful power to influence, satisfy and commit to the relationship. Evaluation of O-PR can provide insights into ways to improve the strategic relationships between the organisation and its key public.

The need for (and importance of) O-PR practices in the relationship between the organisation and its publics according to the O-PR scale can determine the status of the relationships between that organisation and its key publics (Bruning & Ledingham, 1999). Smith (2005) identified seven variables to be trust, commitment, satisfaction, control mutuality, communal relationship, exchange relationship, and goal compatibility. The Cronbach's alpha for trust was .920, for commitment .874,

and for satisfaction .931. Smith (2005) claimed that the relationship of the organisation and audience was an exchange relationship. However, the low score of the mean for the variables indicated that the relationship still needs more work from the organisational perspective.

The present research extended the model of Kim (2001) by introducing two more variables, namely, satisfaction and openness. Moreover, the present study added three types of relationship functions between an organisation and its publics as posited by Bruning and Ledingham (1998). O-PR has three multiple factors, namely, professional, personal, and community relationships.Previous findings had mentioned the three concepts of organisation-public relationship, types of relationships, and organisation effectiveness. This research combined the three concepts in one model to measure the practices and the types of relationships and its impact on image, identity, and reputation of an organisation.

2.3 Dimensions of Organisation-Public Relationship Practices
2.3.1 Practice of Trust in O-PR
According to Mollering, Bachmann, and Lee (2004), the word "trust" dates back to the 13th century and has its roots in expressions symbolizing faithfulness and loyalty. However, the concept of trust is probably as old as the earliest forms of human association.

In the organisational context, most researchers have concluded that trust is important in a range of organisational activities and processes, such as teamwork, leadership, goal-setting performance, appraisal, and, in general, cooperative behaviours (Gambetta, 1988; Mayer, Davis, & Schoorman, 1995). This view is mostly common

held because trust has been shown to facilitate a number of positive outcomes for individuals, such as higher job satisfaction, productivity, and higher commitment to the organisation (Flaherty & Pappas, 2000), as well as higher sales and profits and lower employee turnover for organisations (Schoorman, Mayer, & Davis, 2007).

Kim and Chan–Olmsted (2005) utilized six items to measure trust in their study. These items are as follows: "Organisation treats me fairly and justly as a customer;" "Whenever the organisation makes an important decision, I know they will be concerned about me as a customer;" "Organisation can be relied on to keep its promises to me as a customer;" "I believe that the organisation takes my opinion into account as a customer;" "When making decisions, I feel very confident about organisation skills," and "The organisation has the ability to accomplish what it says it will do." Indeed, trust is a central construct in the framing and dynamics of managerial relationship (Creed & Miles, 1996). Developing and maintaining trust is seen as especially important to managerial and organisational effectiveness (Davis, Schoorman, Mayer, & Tan 2000; Mcallister, 1995).

Bruning et al. (2006) indicated that trust was a vital factor in increasing organisational effectiveness. His research showed that building trust between the organisation and the public would help the clients and the community to have the best public relations practices and the best relationships between them. According to Ledingham and Bruning (1998), trust is a feeling that leads to a good relationship between each group and fosters reliance on each other. Furthermore, trust is particularly important for the effective functioning of teams and organisations in which tasks are complex in structure and require higher levels of interdependence, cooperation, and information sharing (Creed & Miles, 1996).

Jung and Shin (2006), who made an evaluation of the research concerning organisation-public relations in the period 1985 to 2004, showed that trust was one of the variables used to measure the outcomes of public relations of organisations.

2.3.2 Practice of Commitment in O-PR

Reichers (1985) identified commitment as a behavioural approach, which implies that commitment results when a person becomes loyal to an organisation because the benefits assimilated with staying in the organisation are higher than the alternative opportunities and costs of learning. Commitment has also been conceptualized as the process of identification and dedication of one's own energies to organisational goals/values. Based on Reichers (1985), review commitment consists of a belief in and acceptance of organisational goals and values, the willingness to exert effort toward the accomplishment of organisational goals, and a strong desire to maintain organisational membership (Reichers, 1985). Kim and Chan–Olmsted (2005) used four statements to measure commitment; these were as follows: "I feel that the organisation is trying to maintain a long-term commitment to me as a customer;" "The organisation wants to maintain a relationship with me as a customer;" "There is a long-term bond between the organisation and me as a customer;" and "Compared to other companies, I value my relationship with the organisation more." Hon and Grunig (1999) defined commitment as "the extent to which one party believes and feels that the relationship is worth spending energy to maintain and promote" (p. 20). Bruning and Galloway (2003) described commitment as one of the key factors of O-PR, as it is essential in the public's behaviour toward the organisation. The items used in their research to measure commitment were as follows: "I am committed to maintaining my relationship with Company A," "I feel very strongly linked to

Company A "and" I want my relationship with Company A to continue for a long time." The coefficient alpha for commitment was 0.87.

Ledingham and Bruning (1998) noted that commitment was a continuum of the relationship between the organisation and the public. Ananto (2005) contended that commitment was still commonly practiced between the organisation and public, andsuggested for more concern by top management to activate public relations in the O-PR to maintain good relationships between an organisation and its key publics. Jahansoozi (2007) suggested that trust and commitment were very important inbuilding O-PRs to gain a productive attitude from the public toward their organisation. Bruninget al. (2006) pointed out that organisational effectiveness was the outcome of employee commitment and high levels of customer trust toward the organisation. Bruning et al. (2006) reported that 87% of the respondents who were happy with benefits received from an organisation indicated a high level of organisational commitment. According to Wood (1996), commitment is involved in taking the decision to continue a relationship between the internal and external publics of the two groups.

Jung and Shin (2006) identified six scholars (Huang, 1997; Ledingham & Bruning, 1998; Hon & Grunig, 1999; Grunig & Huang, 2000; Kim, 2001; Bruning & Galloway, 2003) who used commitment as part of their model to measure O-PRs. Bruning, Dials and Shirka, (2008) also used commitment as one of the measures of O-PRs. They found that commitment to the relationship was one measure of constraints on organisational outcome.

2.3.3 Practice of Community Involvement in O-PR

Ledingham and Bruning (1998) defined involvement as the participation of an organisation in the welfare of the community. In this respect, organisational activities that focus on the community will create a good community impression toward the organisation (Larrabee, 2007). It is generally agreed that the milestones and the implementation of good programs in the community can provide significant advantages for the benefit of the community and the organisation that leads this process to improve beneficial results. Good programs should include the following: community involvement and evaluation of solutions and the definition of problems early before it is too late can encourage the public participation of citizens. Moreover, most cases involving the local community reflect the value of community involvement, and the need to convince the decision makers by clarifying the importance of community-based interventions and the contribution to the development of alternatives. The involvement of citizens in decision-making is an important and will be an ongoing support (Schwartz, 1991).

The organisation itself should provide its publics with the processes, systems, and rules to get the best protection for themselves and society. To gain the best potential benefits from the organisation, either in terms of relationships or benefits to society, community involvement should center around (and relate to) organisational aims (Wood, 2000). Bruning et al. (2006) asserted that taking care of the community through good quality services leads to organisational effectiveness. Bruning and Galloway (2003) measured community involvement utilizing the following items: "I feel that Company A supports events that are of interest to its customers," "I think that Company A strives to improve the communities of its customers," and "I think

that Company A actively plays a role in the communities it serves." The coefficient alpha was 0.87.

Ledingham and Bruning (1998) argued that the relationship between the organisation and its key public could be very effective for both parties. If the clients of the organisation perceive that the existing relationship between the two parties is mutual-with the organisation servicing the customers and customers being satisfied with the service provided by the organisation-customers and the community will be encouraged to use the product or service. Dolence (1998) contended that although an organisation specializes in a particular field, providing the same product to the community is unnecessary; on the contrary, the organisation could diversify. For example, medical care centres provide medical care to the public; in this case, support to the community may be in the form of money, gifts, tools, wheelchairs, or awareness.

Kim (2001) showed that community involvement was one of the O-PR practices. Moreover, based on the findings of his research, Rawlins (2006) indicated that community involvement was focused around the organisation and respondents from the communityperceived that the relationship was quite less than what they had expected.

2.3.4 Practice of Patient Satisfaction in O-PR
Patient satisfaction is an essential issue for health care top managers to deal with, and previous researchers have focused on the importance of enhancing and developing patient satisfaction (Burroughs, Davies, Cira, & Dundgan, 1999). Ledingham and Bruning (2000), Bruning and Ledingham (2000) proved that

satisfaction was a factor in O-PR. Hon and Grunig (1999) defined satisfaction as "the extent to which one party feels favourably toward the other because positive expectations about the relationship are reinforced" (p. 14). As Dwyer, Shurr, and Oh (1987) suggested, when the organisation and its public were satisfied with each other, beneficial results emerged. Moreover, according to Bruning et al. (2006), when the clients were satisfied with the service provided to them, this satisfaction would make the organisation very effective. Kim and Chan–Olmsted (2005) employed four items to measure satisfaction; these were as follows: "I am happy with the organisation;" "Both the organisation and I benefit from our relationship;" "I am happy with my interactions with organisation;" and "Generally, I am pleased with the relationship the organisation has established with me."

Zebiene et al. (2004) examined the relationship between the expectations and satisfaction of patients in Lithuania. Analysis of 460 patient-respondents revealed their satisfaction with primary care consultations. This study suggested that meeting different patient expectations has different effects on patient satisfaction.

Hon and Grunig (1999) defined satisfaction as the extent to which one party feels favourably toward each other as a result of reinforced positive expectations about the relationship. Meanwhile, Huang (2001) showed the importance of satisfaction as the degree to which both an organisation and its public were satisfied with their relationship, which is one of the significant indicators of gauging organisational relationships with strategic publics. Grunig and Huang (2000) measured satisfaction as one of the practices of O-PR.

2.3.5 Practice of Openness in O-PR

Wood (2000) defined openness as a process of sharing information to enhance the understanding between the organisation and its key publics. Additionally, openness has been defined as the ease of communicating between one group and another, and gaining the level of understanding between both groups (Ayoko, 2007). Mount and Barrick (1995) explained openness as an individual propensity to be creative, emotionally curious, and open to try and discover new things. Openness, as one of the most important elements, plays an important role in sharing ideas between the organisations and its clients (Armenakis & Bedeian, 1999). Whitener, Brodt, Korsgaard, and Werner (1998) proposed that an administration that was open with its clients becomes effective. Moreover, Bruning et al. (2006) indicated that being open with the public leads to organisational effectiveness. Scholars in the West and East, including Jordan, have perceived openness as the most important element for achieving organisational strategy and creating success (Management Centre Europe, 2005). Ledingham et al. (1997) proved in their investigation that, among the 17 dimensions of O-PR, only five were important in managing O-PR: trust, openness, commitment, investment, and involvement.

Grunig, Grunig, and Ehling (1992) showed that openness was one of the key elements of O-PR. Similarly, Ledingham et al. (1997) suggested that openness was one of the factors representing the dimensions of O-PR practices. The perception of openness has proven to be essential to the ability of an organisation to participate in the community relationship (Ledingham & Bruning, 1999). Moreover, Ledingham et al. (1997) highlighted that the clients operationalizedopenness as the degree to which organisations allow the sharing of information between the organisation and its public/clients; therefore, openness appears as a real function in O-PR. Bercerra and

Gupta (2003) asserted that, if the organisation treated its publics openly, uncertainty would be reduced between both groups. It is valuable for a public to know what is happening in an organisation whether that is good or bad. Otherwise, a public may regard an organisation as being dishonest. Best O-PR practices of commitment suggest that community involvement between a public and an organisation helps create satisfaction with the services provided by an organisation to its publics. In this study, openness has been chosen as one dimension to determine whether the organisation treats its clients openly, allowing them to participate in decision-making when necessary.

Jung and Shin (2006) have shown that openness was used by six scholars as (Hon & Grunig; Ledingham et al., 1997; Ledingham & Bruning, 1998; Hung, 2000; Canary & Stafford, 1994; Grunig & Huang, 2000) to measure O-PRs. An example of such a relationship is maintenance strategy. As suggested, openness is part of the maintenance strategy of an organisation. Investigations based on the above mentioned article will be cited by the researcher throughout the present study.

2.4 Types of Relationship Practices

Organisations must develop and maintain a good relationship with their publics for mutual benefit (Hon, 1998). However, O-PRs are multi-dimensional, as proposed by various scholars (e.g., Bruning & Ledingham, 1999). In their research, Bruning and Ledingham (1999) indicated that the purpose of the study was to find an O-PR scale to verify the types of relationship an organisation has with the public. The result of their study suggested that the types of relationship were multidimensional (professional, personal, and community relationship).

Meanwhile, Grunig, Grunig, and Ehling (1992) asserted that relationships were the centre of O-PRs. "Good relationships, in turn, make organisations more effective because they allow organisations more freedom, more autonomy, to achieve their missions than they would with bad relationships" (p. 69).

Measuring the relationship between the organisation and the public is difficult. But, doing so will help practitioners and researchers to further understand the role of professional, personal, and community relationships in the perception of customer behavior. This understanding, in turn, will help practitioners and researchers develop, promote, and improve the relationship between an organisation and its publics.

The O-PR scale utilized in Bruning and Ledingham (1999) shows the different types of relationship that exist between an organisation and its publics. An organisation that practices a professional relationship means it was behaving based on the business requirements of the clients. The provision of services in a practical way is important, ensuring that these services meet the business needs of the client, and the organisation is willing to invest in the financial aspect of O-PR. When the organisation practices personal relationships, the O-PR is based on a sense of trust between an organisation and its publics. The organisation should be willing to invest time and energy onthe thoughts and feelings involved in their interactions with key audiences. In addition, the organisation should be ready to demonstrate its commitment to customer needs. Openness between the organisation and public and the engagement in activities that can be used to improve the social and economic aspects of society are important. The active role of an organisation in community development is important as well. Nurturing the relationship between the institution

and the public is a strategy for harnessing the organisation's target audience effectively, and it should provide a more focused approach in establishing the O-PR.

To this end, Bruning and Ledingham (1999) have created multiple dimensions and items to measure O-PRs. The result of their investigation showed that interaction between the organisation and the public was based on three types of relationship: personal, professional, and community relationship. Moreover, the results of their study proved that these types of relationship existed between the organisation and the public.Therefore, programs should be designed to establish relationships and should be planned to maximize the benefits shared between the organisation and its key public in every type of relationship. By identifying these three different types of relationships, organisations can effectively maintain public relations at the maximum level.

Bruning and Ledingham (1999) chose bank customers to participate in a survey, and had a response rate of 51%. One hundred eighty-three questionnaires were collected. They utilized 16 items to measure the three types of relationship by collecting data through telephone interviews. The items that measured professional relationship practice were as follows: "Organisation name is not involved in activities that promote the welfare of its customers;" "Organisation name does not act in a socially responsible manner;" "Organisation name is unaware of what I want as a customer;" "Organisation name does not see my interests and those of the bank as the same;" "I think that Organisation name is not honest in its dealings with customers;" and "Organisation name is unwilling to devote resources to maintain its relationship with me." The following results were obtained: coefficient alpha for professional relationship was .85; coefficient alpha for personal relationship was .84; coefficient

alpha for community relationship was .88; and overall coefficient alpha for the three relationship factors was .91.

The second type of relationship practice extracted from the analysis pertained to personal relationship; the statements used to measure the personal relationship practice were as follows: "I feel I can trust Organisation name to do what it says it will do;" "Organisation name seems to be the kind of organisation that invests in its customers;" "I think that Organisation name takes into account my convenience in all of our interactions;" "Organisation name demonstrates an interest in me as a person;" and "Organisation name understands me as a customer." The ccoefficient alpha for personal relationship was .84.

Finally, the third type of relationship practice was labeled as community relationship. The questions making up the items used to measure community relationship were as follows: "Organisation name is open about its plans for the future;" "I feel that Organisation name supports events that are of interest to its customers;" "I think that Organisation name strives to improve the communities of its customers;" "Organisation name shares its plans for the future with customers;" and "I think that Organisation name actively plays a role in the lives of the communities it serves." The ccoefficient alpha for community relationship was .88. The overall ccoefficient alpha for the relationship practices of the 16-item O-PR scale was 0.91.

The aforementioned investigation created and provided specific strategies centered around the notion of professional, personal, and community relationships to classify and maximize public relations effectiveness when sustaining and repairing O-PR.

Most scholars and public relations practitioners are attracted to the idea of creating a good relationship between the organisation and its publics, although efforts are not being made to explore the type of relationships. In this research, the focus is on supporting the notion of having the best O-PR practices with the strategic public to maximize organisational effectiveness.

Bruning et al. (2006) noted that having a good relationship between the organisation and its public was imperative. In other words, there is an urgency to have a good relationship and seek a long-standing relationship with publics; there is no possibility for publics to stay in a place without having contact with the organisation.

Relationships between organisations and publics should exist both ways, because each party has consequences with respect to the other party in public relations practices. When there is a clear relationship between both parties, public relations will be more effective between the organisation and its key publics. The relationships between the organisation and its key publics depend upon their behaviour toward each other (Boudreaux, 2005).

In reviewing past studies, Grunig, Grunig, and Ehling (1992) noted that O-PRs can effectively function when they practice reciprocity, trust, mutual legitimacy, openness, mutual satisfaction, and mutual understanding. An organisation that practices a professional relationship with the public has to ensure that the service is delivered efficiently to meet the business needs of customers. On the other hand, when an organisation practices personal relationships, creating a good judgment of trust between the organisation and the public is important, so that the former can benefit from the saving of energy and time while dealing with the latter. Lastly,

when an organisation practices community relationship with the public, the organisation has to be open with society to get the latter's support and help the society to develop economically and socially.

Grunig, Grunig, and Ehling (1992) cited the following features as the most important ones in measuring the quality of long-term relationships: "reciprocity, trust, credibility, mutual legitimacy, openness, mutual satisfaction and mutual understanding" (p. 83). Knowing the requirements for having a dynamic relationship with its publics and the types of relationship the organisation has with those publics, as well as its impact on the organisational communication process, is imperative.

According to Bruning and Ledingham (1999), an organisation that deals with the public at the professional, personal, and community levels has to develop a sense of loyalty and satisfaction among customers. Stephen et al., (2007) conducted a research to confirm the proper use of the O-PR scale with customers. They utilized a survey distributed among 673 respondents who were members of an art museum.The survey response rate was 42.5%, and the completion rate was 36.8%. The result of their research classified the variables professional relationship ($\alpha = .88$), personal relationship ($\alpha = .91$), and community relationship ($\alpha = .90$) high in the scale, suggesting a long-term relationship between the museum and its members. In other words, maintenance of O-PR depends on the level at which expectations were met. Findings of Stephenet al. (2007) showed that the O-PR scale was reliable in the museum. Basically, the information taken from curators and administrators indicated that an understanding had developed between the museum and its members. The three types of relationship with the O-PR could be used to help measure the relationship between the museum and its customers. Marketing experts and public

relations practitioners can use this type of relationship to precisely know customer needs and measure their effectiveness. Ledingham (2003) found mixed results. First, the relationship management theory enables O-PRs, which has been analyzed by three types of relationships: professional, personal, and community relationships.

Most recently, management of organisations will not only measure activities, but they will enumerate each unit in the organisation to have more cooperation between the organisation and its key public. In other words, they have to practice O-PRs. Moreover, practitioners have produced different scales to measure O-PR using the comparison of alternatives, personal commitment, anthropomorphism, community improvement, satisfaction, and professional benefit/expectation (Bruning et al., 2006). The research described some measurement scales used by different scholars for measuring O-PRs.

In 2000, Bruning and Ledingham also measured the O-PR based on the public's idea of personal, professional, and community relationships. They found a connection between the public's perceptions of its personal and professional relationship with the organisation and the public's evaluation of overall satisfaction with the organisation. To investigate the topic further, Bruning and Galloway (2003) measured the relationship of customers with their electrical service provider. Factor analysis isolated five underlying dimensions of the O-PR. These five dimensions were: trustworthiness, openness, and willingness, making up what is called the "anthropomorphism and professional benefits and expectations," which represented the public perception of the organisation (Ki & Hon, 2007).

In the relationship literature on public relations, scholars have yet to explore how the other end of the system spectrum (i.e., the external publics) comprehends and experiences organisational relationships from its own viewpoint. Scholars usually impose certain constructs of O-PR on the participants without first acknowledging their viewpoints. In this regard, more research is needed to recognize the public views within public relations processes (Aldoory & Toth, 2001) to develop better relationship theories. Grunig and Huang (2000) elaborated the need for a co-orientation knowledge, a knowledge that considers both parties' side of the story in a relationship.

Several scholars (Broom et al., 1997; Grunig & Huang, 2000; Hon & Grunig, 1999) have pointed out a problem with measuring relationship outcomes. This concern initiated the call by (Broom et al., 1967; Grunig & Huang, 2000) for the development of co-orientation measures that reflect each party's perceptions of the relationship, and what they believe to be the other party's perception of the relationship. As discussed in the previous section of this chapter, one major purpose of the present study was to understand how the external publics understand and evaluate the relationship-building processes.

2.4.1 Professional Relationship
An organisation is practicing a professional relationship when the services the organisation provides are distributed efficiently to the customers. This professional relationship will lead to public opinion of whether or not the public relations practices in an organisation are well accepted by is publics (Bruning & Ledingham, 1999). Professional relationship also means that the organisation has efficient public relations with its public to meet their needs. In turn, efficient PR will lead to a

beneficial relationship between the organisation and its publics. A professional relationship is the core of an organisation's capability to offer good and efficient services to the consumers to satisfy their needs and wants (Ledingham & Bruning, 1999).

Bruning and Ledingham (1999), who investigated the multidimensional O-PR scale, stated that practitioners must understand consumer perceptions and behaviour for superior understanding the task of professional, personal and community relationship. An understanding of the tasks willhelp scholars and practitioners to develop O-PRs and professional, personal, and community relationships. Moreover, their investigation sustained the call for improving strategies centered on the notion of professional, personal, and community relationships to exploit public relations effectiveness, while beginning, developing, preserving, or repairing O-PRs.

2.4.2 Personal Relationship

Trust is the main factor in a personal relationship; therefore, when an organisation builds a personal relationship with the public, it is important that the relationship is built on trust between the two parties. To achieve this task, the organisation has to meet the public more than halfway, and invest time, power, thought, and emotion in its interactions with its publics. Organisations should be open to offer their personal interest in every consumer by making promises that fulfill customer needs (Bruning & Ledingham, 1999). Ledingham and Bruning (1999) argued that the success of personal relationships usually depends on the organisation's way of dealing with the public as a whole as well as individually to develop the best practices and cater to the public in the best way it knows how.

Bruning (2002) measured the practices involving personal, professional, and community relationships among 122 students registered in a university to determine whether the respondents' relationships distinguished between those who returned to the university and those who did not. Bruning (2002) conducted the study about public relations practices to examine the type of relationship practices between the students and the university using the 16 items in the scale adopted from Bruning and Ledingham (1999). Seven Likert-type scale levels were applied to analyze O-PR attitudes. The coefficient alphas in Bruning (2002) were as follows: professional relationship, .80; personal relationship, .75, and community relationship, .73. The overall coefficient alpha for the three types of relationship was .88. Results of the Bruning (2002) research showed that the mean scores of students who returned to the university were as follows: professional relationship had the highest mean score of 5.16; community relationship, 5.08, and personal relationship, 4.63. Based on the findings, the best type of relationship the students preserved was professional relationship.

2.4.3 Community Relationship

Finally, when the organisation embarks on building a community relationship, the importance of being open with the community surrounding the organisation must be considered. This goal can be achieved in several ways: being frank and transparent with the community members regarding what the organisation is all about; being supportive of the occasions that interest community members; and giving back to the community in terms of helping preserve the environment and other activities that are beneficial for the community as a whole. In short, the organisation can facilitate the improvement of social and economic programs in the society. For instance, an organisation can use holidays or weekends to serve the community based on

organisation-related products or services to gain a good impression and earn the trust of clients toward the organisation. The strategy lies in putting the public and its interest at heart by focusing on improvement, protection, support, and healing of the O-PR (Bruning & Ledingham, 1999). Their findings also revealed that community relationship described organisational concern about the community surrounded by the organisation. Therefore, Bruning and Ledingham (1999) suggested the proposal of strategies to maximize the benefit between the organisation and its public.

Ledingham and Bruning (1998) created a scale that consists of three types of relationships: personal, community, and professional relationships. Subsequently, Bruning and Ledingham (1999) emphasized that the organisation and key publics had three types of relationships: professional, personal, and community relationships, so "strategies should be designed to maximize the benefit experienced by both parties in each of these types of relationships" (p. 165).

Hung (2005) argued that research enriches the management of relationships in terms of evaluating the relationships between the organisation and itspublics, The study not only focused on the relationship outcomes, such as trust, control mutuality, commitment, and satisfaction, but also provided a framework that considers an organisation's ability in identifying strategic publics, maintaining relationships with them, and the different types of relationship as strong influencers of the outcomes.

Ledingham and Bruning (1999) tested the perceptions of the relational dimensions of trust, openness, involvement, investment, commitment, reciprocity, mutual legitimacy, and mutual understanding within the O-PR between the organisation and its public. Examination of the perception of various relational dimensions was

followed by measurement of three types of relationship using a 16-item scale: professional, personal, and community relationships. Professional relationship centers on the ability of an organisation efficiently and effectively deliver organisational services that suit customer needs (Ledingham & Bruning, 1999). Ledingham and Bruning (1999) contended that the O-PR scale exploring the professional, personal, and community relationship practices proved to be the best approach.

Ledingham and Bruning (1999) maintained that personal relationship focuses on the organisation dealing with the publics as individuals in building a sense of trust, and investing time, effort, and energy in O-PRs. The organisation will maintain a consistent standard of reliability, focusing on customers individually, and taking into account customer suitability in all activities. Finally, the community relationship is the organisational commitment to its service areas, degrees of openness, and support for community events (Ledingham & Bruning, 1999).

2.5 Organisational Effectiveness (OE)

Zayany (2008) reported that over the past few decades, public relations has developed significantly in the West into a sophisticated management function, which is recognized as an integral part of any organisation's attempt to communicate with various persons. Communication efforts are directed both within and outside the organisation to achieve its goals and objectives. Earlier, Broom and Dozier (1990) argued that public relations programs affect the relationships between organisations and their publics, but the impact of public relations programs on the relationships themselves is rarely measured. Over the years, many scholars have realized the importance of measuring the impact of public relations practices on the organisation

and their effectiveness. Grunig and Grunig (1992) stated that the role of public relations practice using a two-way symmetrical model will lead to more effectiveness in hospitals, thereby creating a good relationship and a positive effect on patients. Stephenet al., (2007) stressed that the three types of relationship were useful for organisational effectiveness. Based on empirical research evidence, the O-PR scales gained strong consistency in the organisation. The research findings also indicated that the three types of relationship became more long term and favourable as indicated by customer perceptions. Moreover, Banning and Schoen (2007) claimed that "the three relationship sub-scales within the organisation-public relationship scale can be used to help quantify museum-public relationships; museum public relations, and marketing practitioners could use it to tailor programs to specific public needs and measure their effectiveness" (p. 439).

O-PR practices have a responsibility to everything related to the organisation whether inside or outside the organisation, that means cooperation is a must between both the organisation and its publics to achieve the objectives of the organisation. In other words, an organisation achieves its declared objectives is considered to be an efficient. Grunig, Grunig, and Ehling (1992) asserted that the concept of relationships between organisations and its stakeholders was central to their theory of public relations and organisational effectiveness. Organisational effectiveness is necessary to protect the existence of the organisation; organisational effectiveness spills over onto the community and the public (Aydogan, 2003).

Through survey research and qualitative research, 14 initial generic principles for excellent public relations were identified, which were later compressed into ten. These ten generic principles posited by (Vercic, Grunig, & Grunig, 1996) were:

1. Involvement of public relations in strategic management. An organisation involves the public in its public relations through the development of programs, which makes it easy to communicate with both external and internal publics, and provides the greatest threats to and opportunities for the organisation.

2. Empowerment of public relations in the dominant coalition, or a direct reporting relationship to senior management. In an effective organisation, the senior public relations officer is part of the group of senior managers holding the greatest power in the organisation, or has access to them.

3. Integrated public relations function. In an organisation in which all public relations functions are integrated into a single department or a department that possesses a mechanism for coordinating the departments, there is a possibility for public relations to create new programs that cater to changing strategic publics.

4. Public relations as a management function separate from other functions. Many organisations separate the public relations function to support each department in the organisation. When this happens, public relations is not as effective as is integrated public relations.

5. A manager rather than a technician heads a public relations unit. Communication technicians are needed to carry out day-to-day communication activities, but efficient public relations units must be led by at least one senior communication manager who conceptualizes and directs public relations programs.

6. Two-way symmetrical model of public relations. A two-way symmetrical public relations is based on research and uses communication to manage conflict and improve understanding with the strategic publics. An excellent public relations department model uses more of its communication programs on this model rather than on the press a gentry, public information, or two-way asymmetrical models. However, elements of the two-way symmetrical and asymmetrical models are often combined in a "mixed-motives" model.

7. A symmetrical system of internal communication. An excellent organisation has been defined as having a decentralized management structure, the kind that gives autonomy to employees and gives them the power to participate in decision-making. Moreover, excellent organisations have participative, symmetrical systems that comprise their internal communication with employees. These kinds of systems increase job satisfaction because of the merging of employee goals and the organisational mission.

8. Knowledge potential for managerial role and symmetrical public relations. These kinds of programs are effective and excellent only when professionals man them. Staff with the required knowledge and those who actively participate in professional associations and read professional literature are perfect for the job.

9. Diversity embodied in all roles. The principle of requisite variety (Weick, 1969) states that effective organisations have as much

diversity inside the organisation as in the environment. Effective public relations comprises both men and women in all roles, and practitioners of different racial, ethnic, and cultural backgrounds.

10. Organisational context for excellence. Excellent public relations departments are maintained by participative rather than authoritarian cultures, activist pressure from the environment, and organic rather than mechanical management structures (pp. 37–40).

Literature on organisational effectiveness has been reviewed to add elements to the present study. According to Kalliath, Bluedorn, and Gillespie (1999), organisational scholars have been attempting to identify the factors that drive organisational effectiveness. As a result, different definitions and concepts of organisational effectiveness have emerged.

The IABC team conducted research, which provided the most informative and comprehensive study of literature on organisational effectiveness. The team adopted Robbins' (1990) description of four major viewpoints on organisational effectiveness: goal attainment, systems perspective, strategic constituencies, and competing values. Robbins' description is fairly popular, as it is widely used in organisational study literature. (See Herman & Renz, 1999; Kalliath, Bluedorn, & Gillespie, 1999; Rojas, 2000.)

Grunig, Grunig, and Ehling (1992) highlighted the importance of employing public relations practices to make an organisation more effective. They also said that the practices of public relations create the organisational effectiveness, and it settles the organisation by achieving the goals those public relations donates to effectiveness by

building the long-term relationships. Moreover, the organisation needs these relationships to achieve its goals. The findings of this study contributed to the development of the uses of relationship theory by applying that theory to the behavior of patients toward the hospital.

2.5.1 Organisation and Public Relation Practices and Image

Horowitz (1970) defined image as a set of memory, reconstructions, reinterpretations, and symbols that stand for objects, feelings, and ideas. Keller (1993) described image as a set of perceptions of a brand memorized by the clients. According to Wilcox, Ault, and Agee (1989) image is the personality or character of a firm that is perceived by the customers as such. On the other hand, Dutton and Dukerich (1991) suggested that organisational image is connected to customer perception of the firm's brand, defining organisation image as the result of the interaction of previous experiences, impressions, values, thoughts, and customer knowledge about the organisational brand. One way or the other, it is imperative for an organisation to keep in their strategy the fact that image is very important for the firm. Image has to be nurtured and developed because organisational image can make or break a firm, not to mention destroy a client's beliefs about its publicity once image has been neglected. Neglect in turn will destroy the image and consumers who buy or use the product/services are affected (Al-Nasser & Husain, 2000). Chen and Ching (2007) have argued that image always influences the expectations and satisfaction of the clients with the services provided to them.

Image is composed of three parts: perceived value, personality, and the organisation itself. According to Aaker and Blanco (1995), the three parts of image are its features. Nurturing and maintaining an effective image with its stakeholders is

important to maximize organisational success (Garbett, 1988). To gain an in-depth understanding of organisational image, recognizing its core identity is wise. According to Puusa and Tolvanen (2006), this identity is strongly attached to the ethics practiced in the organisation.

Organisational image is akin to self-image, and the clients think of it as such; thus, organisational image must be considered when dealing with customers. Organisational image keeps customers coming for more of the service that they need. Therefore, making their image a priority to gain public trust is in the best interest of companies (Sirgy, 1982). Hsieh and Kai Li (2008) ascertained in their investigation that, when image is favourable, the customers who receive services would respect the organisation more. They added that brand image could influence customer trust toward the organisation. Moreover, clients tend to deal with an organisation that has a favourable brand image. A brand image that has more effects on consumer loyalty needs fewer attempts from the organisation itself (Poisz, 1989).

According to Clark (2000) a good brand image can stick in the memory of consumers and can earn their trust, which is essential in satisfying consumer needs. A good brand image will also improve the communication between the organisation and its publics by making it more effective and beneficial (Clark, 2000). As Hsieh and Kai Li (2008) stressed in their conclusion, "Brand image should be managed more carefully to produce the desired results" (p. 37).

Organisational image is one of the most important organisational effectiveness dimensions as indicated in previous studies (Rhee, 2004; Grunig, Grunig, et al., 1992; Grunig, 1996; Ledingham & Bruning, 2000). Organisational image is

neglected without employing public relations practices; hence, this study attempts to investigate the O-PR cycle and the types of relationships that are needed as an input tocreate a more accurate research output. According to Cone and Feldman (2003), public relations practice can make the brand image stronger. Image gives clients a clear picture of the organisation (Stefco, 1999); thus, image should be one of the O-PR criteria as outcome variable (Broom et al., 1997).

Oh and Kim (2004) found a significant positive correlation between O-PR and image. According to the perceptions of 423 respondents in an empirical study conducted to explore the relationship between the practices of public relations and image, both components affect each other.

2.5.2 Organisation and Public Relation Practices and Identity

According to Albert and Whetten (1985), organisational identity is defined as "that which members believe to be central, enduring, and distinctive about their organisation" (p. 272). Similarly, Elsbach and Kramer (1996) described organisational identity as the reflection of organisational, central and distinctive features, as well as interior values, organisational type, and service provided by the organisation. Organisational identity has been found to have a powerful impact on interpretation processes within organisations (Dutton & Dukerich, 1991, p. 550). According to Van Riel and Balmer (1997), "identity refers to an organisation's unique characteristics which are rooted in the behavior of members of the organisation" (p. 340). This notion suggests that organisational identity is the personality of the organisation, the feature that makes it unique. Organisational identity is "what the organisation is, what it does and how it does it and is linked to the way an organisation goes about its business and the strategies it adopts"

(Markwick & Fill, 1997, p. 397). Moreover, Keller (1993) says image is what is gained in client's memory toward the organisation whether it's good or bad.

Organisations will increase their effectiveness as identity is enhanced. To develop organisational identity, ways should be provided in which the organisation can help cultivate its relationships with internal and external publics. These types of activities require consensus building, which helps to create trust and connections between the organisation and its public. Although numerous studies have been conducted to assess the features of O-PRs and their influence on organisational effectiveness in the West and other parts of the world, mainly in south Asia, virtually no previous studies have focused on measuring and managing the factors of O-PRs in the Arab world, and Jordan is no exception. In the present study, the researcher aims to fill this research gap by empirically investigating O-PRs and the types of relationship functioning among patients of public hospitals in Jordan, who are the respondents of this study.

2.5.3 Organisation and Public Relation Practices and Reputation

Grunig and Hung (2002) define reputation as the distribution of cognitive representation that members cooperatively seize an organisation, representations that possibly will, but do not for all time, take account of evaluation components. Reputation research is very important in some fields, such as public relations, economics, and management (Brammer & Pavelin, 2006; Rindova, Williamson, & Sever, 2005). Recently, many public organisation sectors have started to understand the importance and benefits of reputation to organisations (Fombrun & van Riel, 2003; Tyler, 2006). Reputation in the present research is referred to as a general

image of the organisation among the stakeholders, as reputation is associated with trust (Boorstin, 1975).

Reputation is the representation of sensitive assets, which are composed of staff dedication, customer confidence, loyalty, trust, and organisational image. In addition, reputation includes the factors of responsibility, credibility, and accountability. In other words, positive reputation is created or damaged through personality or organisational activities (Gibson, Gonzales, & Castanon, 2006).

Reputation is distinct from other notions, such as identity, image, and brand (Broomley, 2002; Goodman, Zammuto, & Gifford, 2001; Gruning & Hung, 2002; Hon & Gruning, 1999). The emotional appeal of customers toward the organisation is directly influenced by the client's perception of the organisation more than the organisational financial or performance. When customers are satisfied with the product or services provided by the organisation and have good feelings about the organisation in general, the product/service is admired, trusted, and respected.Satisfaction with the product or service will hold a good reputation in the memory of consumer about the organisation (Alsop, 2001).

Grunig and Hung (2002) suggested that the O-PR affects reputation. Moreover, Yang (2005) contended that the practices of O-PR (trust, commitment, satisfaction, and control mutuality) were significantly and strongly correlated with reputation based on the results of the correlation analysis between O-PR and reputation as follows: trust ($r=.47$), commitment ($r=.41$), satisfaction ($r=.50$), and control mutuality correlated with reputation ($r=.46$). Results from the same study with different respondents and different organisations showed that the corresponding

correlations were higher: trust (r=.67), commitment (r=.64), satisfaction (r=.64), and control mutuality (r=.65).

2.6 Relationship Theory in Organisation-Public Relationship

The role of public relations is to manage the communication between an organisation and its public (Grunig & Hunt, 1984). Public relations provide some value to the society and organisations. The value of the organisation is represented in the accomplishment of organisational objectives and effectiveness; whereas, the value for the public is represented in the resolution of conflicts between the organisation and its publics to enhance organisational relationships (Grunig et al., 1992).

In other words, public relations practice maintains mutually beneficial relationships between an organisation and its key publics, on whom its success and failure depend (Cutlip et al., 1985). Ledingham (2003) provided the best approach used in the present study, relationship theory, which is extensively used for the whole research. Managingtherelationship perspective captures the public relations practices of the organisation and its key public by practicing O-PR. Kim (2001) indicated that awareness for these kinds of relationship has been promoted since the 1980s. The organisation has to deal with the public to maintain its existence and survival; therefore, the organisation should direct its focus on the role and position of public relations, as their activities eventually affect the organisation (Grunig & Hunt, 1984).

Bruning and Ledingham (1999) stated that "Despite the difficulty of documenting cause-and-effect relationships when dealing with complicated human behavior, public relations practitioners who used quantified relationship measures can effectively argue for the organisation-public relationship as part of the mix of

complex interactions that combine to influence human perceptions and behavior" (p. 159).

Hazleton and Botan (1989) maintained that "a theory consists of at least two concepts and a statement explaining or predicting the relationship between those concepts" (p. 7). In this study, three dimensions were correlated:O-PR and organisational effectiveness and the correlation between O-PR and types of relationships. Moreover, Hazleton and Botan (1989) predicted O-PRs with organisational effectiveness, as well as the types of relationship with organisational effectiveness. Littlejohn (1995) suggested that "the scholar attempts to define, to describe and explain, to make judgments" (p. 9).

Grunig, Grunig, and Ehling (1992) showed the relevance of auseful framework for the organisational effectiveness concept in O-PR practices. Gruning et al. (1992) argued that the role of public relations practice is to maintain productive relationships between the organisation itself and the public. Moreover, clarifying public relations practices in the organisation will definitely lead to organisational effectiveness. Grunig et al. (1992) emphasized that individually exploring the real contribution of public relations practices toward organisational effectiveness is never useful. Moreover, Ledingham and Bruning (2000) also posited that the appearance of relationship theory is the essence of O-PR practices between the organisation and its publics. The relationship theory not only helps predict outcomes, but it also provides sub theories as Prior–Miller (1989) suggested about the term "middle-range" (p. 68). Broom et al (2000) noted that "What we need is a theory that tells us when and how to build toward a two-way symmetrical exchange between organisations and publics" (p. 335). Ledingham (2003) pointed out that "the building and sustaining of

organisation-public relationships requires not only communication, but organisational and public behavior, a concept central to the relationship management perspective" (p. 194). In addition to that, relationships support the organisation in dealing with its interdependence with the environment. Whereas, communication plays an essential role between the organisatin and its public which it does not produce and maintain these relationships. As a result the organisation may receive the entire benefit of these relationships because they have the capacity to both limit and enhance the organisation's autonomy within its enviroment. (Grunig et al., 2002).

The relationship theory is used in this research to communicate, negotiate with the public, resolve conflicts, support mutual understanding, and balance the interests of the organisation with its publics and the respect of the organisation and its publics. The relationship theory is integrated to cover the whole research, the O-PR factors (i.e., trust, commitment, community involvement, openness, and satisfaction with organisational effectiveness), and the types of relationship practices between the organisation and its key publics (Grunig, 1992; Grunig et al., 1992; Pauchant & Mitroff, 1988). Relationship theory is concerned with the practice and research of public relations in organisations as the most important practice between the organisation and its key publics. Investigating public relations theory in practice is also important (Hung, 2005). Markel (2010) showed, in a case study, that relationship management theory can be used to better understand managed communication between an organisation and its publics. The result of his research suggested that public perceptions of relationships in organisationswas composed of smaller relationships, leading to a new model of relationship. The new

pathconstitutes an interesting research subject on the relationship management perspective of public relations.

Grunig (1992) offered three propositions related to symmetrical communication between the organisation and the public that are important for organisational success. These propositions are represented in an excellent system of internal communication, building open, trusting, and credible relationships with strategic employees, and having good relationships with employee constituencies. The success of internal public relations through the mutual trust between the employees and management will facilitate public relations practice with the external public.

According to Infante, Rancer, and Womack (1993), a system is a "set of interdependent units which work together to adapt to a changing environment" (p. 81). Dozier and Grunig (1992) believed that the public relations function can be understood. Organisations normally have vertical as well as horizontal structures. The former reflects hierarchical location, whereas the latter reflects the appropriation of responsibilities within a function or a department. Basing their study on these concepts, Dozier and Grunig (1992) indicated that public relations should be considered to be an adaptive subsystem. They argued that to participate in strategic decision making that affects the organisation's internal and external relationships with publics, public relations should be givenhigh status in the organisational hierarchy. In addition, for a strong presence, public relations should also be integrated into a single department to help use the resources efficiently.

Overall, many previous studies used an alternative approach in predicting practices, intentions, and behavior that is widely used in public relations research (Cutlip,

Center, & Broom, 1994; Center & Jackson, 1995; Ledingham & Bruning, 2001). This study used the relationship theory as the most suitable theory to explain the behavior of patients toward public hospitals in Jordan.

2.7 Theoretical Framework

A theoretical framework is a necessary guide for research. In this study, concepts related to one another were used to guide the researcher in measuring the variables and to investigate the significance of the relationships among the concepts (Nachmias & Nachmias, 1996). The framework of this study addresses the independent variables of the degree of organisation-public relationship (O-PR) practices (trust, community involvement, commitment, openness, and patient satisfaction), which decide the types of relationships (professional, personal, and community relationships) and their impacts on organisation effectiveness (image, identity, and reputation) as a dependent variable.

The variables related to the framework adopted in this study consist of the following: organisation image and identity (Aaker & Blanco, 1995) and reputation (Kim, 2001; Nguen & Leblanc, 2001) in public hospitals; trust, commitment, and community involvement (Kim, 2001); patient satisfaction (Hon & Grunig, 1999; Hon & Brunner, 2001); openness (Burchfield, 1997); and professionalismand personal and community relationships (Bruning & Ledingham, 1999). The O-PR practices of trust, commitment, community involvement, satisfaction, and openness were formulated as the independent variable, whereas the types of relationships, image, identity, and the reputation of organisation effectiveness were refered to as the dependent variables. Based on relationship theory, this study proposes that O-PR practices and the types of relationships affect the organisation's image, identity, and

reputation. A good O-PR is said to be important for achieving a hospital's effectiveness by maintaining and enhancing its image, identity, and reputation, given that this study was conducted in a hospital context.

Some scholars have used reputation as a dependent variable while others have used reputation as independent variable. In this research, reputation was used as a dependent variable. Reputation is very important in public relations fields, and many scholars such as (Brammer & Pavelin, 2006; Rindova et al, 2005; Fombrun& van Riel, 2003; Tyler, 2006; Boorstin, 1975; Gibson et al, 2006; Kim, 2001) have studied it.

Many scholars have argued that good O-PR practices should be based on various features and characteristics. Bruning and Ledingham (1998) proposed the features of trust, openness, involvement, investment, and commitment. Kowalski (1996) proposed the features of honesty, openness, fairness, continuous communication, and continuous image analysis. Grunig and Ehling (1992) suggested that reciprocity, trust, mutual legitimacy, openness, mutual satisfaction, and mutual understanding as potential indicators of the quality of the relationship were the dimensions of O-PRs. Concerning the types of O-PRs, Bruning and Ledingham (2000) found that public relations practice involves three types of relationships, namely, professional, personal, and community relationships. These types of relationship were treated as aides to organize the strategies and the programmes of the organisation based to create mutually beneficial relations between the organisation and its public.Most researchers have found strong support relationship theory usage as a strong predictor for O-PR practices (Hung, 2005; Ledingham, 2003; Kim, 2001; Cutlip et al., 1994; Ledingham & Bruning, 2000; Prior–Miller, 1989). Most previous studies have used

relationship theory to explain the behavior and practices of public relations between an organisation and its publics. Moreover, they found that the relationship theory offers strong approach for predicting O-PRs. Therefore, relationship theory is suitable for explaining the O-PRs in this study (Hung, 2005; Ledingham, 2003; Kim, 2001).

The present study proposes a new model for measuring the effects of independent variables with a dependent variable.(See Figure 2.1, on page 65).

This study adopted Kim's (2001) model because the model has been used consistently for describing and illustrating O-PRs. In this respect, Kim's model was extended in the present study by adding the factors that influence organisation effectiveness on O-PRs in Jordanian public hospitals. More dimensions were added to Kim's model of O-PRs after reviewing previous studies in literature. Various studies (Bruning & Galloway, 2003; Bruning et al., 2006; Jahansoozi, 2007; Stephenet al., 2007; Yang, 2005; Grunig, 1992; Huang, 1997; Ledingham, 2003; Ledingham & Bruning, 1998; Grunig et al., 1992; Huang, 2001; Hon &Grunig, 1999) have been consulted toward this end. Bruning and Galloway (2003) indicated that understanding the elements that affect commitment toward the organisation was important for managing O-PR, and thus the addition of extra dimensions of O-PR was important. Research on public relations and O-PRs is still rare (Dougall, 2006). Moreover, Leichty and Springston (1993) noted that if the relationship management metaphor were to be taken seriously, we need to develop a theory of how relationships between organisations and publics develop, change and are maintained. Moreover, O-PR practices of trust, commitment, community involvement, openness and satisfaction will determines types of relationship practices, i.e., professional

relationship, personal relationship, and community relationship and their impacts on organisational image, identity and reputation.

This studyalso intends to extend Kim's model by incorporating the measures of organisational output. Scholars have been particularly concerned with measuring organisation input instead of concentrating on measuring organisation output in the context of O-PRs (Bruning & Galloway, 2003). However, this study argues that the external public should be given as much focus as the internal public, because organisations are constructed to serve the public in the best way possible. Determining whether the organisation has managed to do a good job is done by examining its image, identity and reputation as perceived by the public.

The theoretical perspective mentioned in this study was based on the theoretical framework of the study to investigate the influence of trust, commitment, community involvement, openness, and satisfaction on the organisation's image, identity, and reputation. Moreover, the theoretical perspective could also determine the types of relationships between an organisation and its public, whether professional, personal, or community relationship.

Figure 2.1 (below) depicts the theoretical framework that will guide the whole scientific inquiry.

```
┌─────────────────────────────────────────────────────────────────────────┐
│  ┌──────────────────────────────┐                                        │
│  │   Organisation-Public        │                                        │
│  │      Relationship            │                                        │
│  │                              │                                        │
│  │  • Trust                     │                                        │
│  │  • Commitment                │                                        │
│  │  • Community Involvement     ├──┐                                      │
│  │  • Openness                  │  │   ┌──────────────────────────────┐  │
│  │  • Patient Satisfaction      │  │   │ Organisation Effectiveness   │  │
│  └──────────────┬───────────────┘  │   │                              │  │
│                 │                   ├──►│ Image                        │  │
│                 ▼                   │   │ Identity                     │  │
│  ┌──────────────────────────────┐  │   │ Reputation                   │  │
│  │   Types of Relationships     │  │   └──────────────────────────────┘  │
│  │                              │  │                                      │
│  │ Professional Relationship    ├──┘                                      │
│  │ Personal Relationship        │                                        │
│  │ Community Relationship        │                                        │
│  └──────────────────────────────┘                                        │
└─────────────────────────────────────────────────────────────────────────┘
```
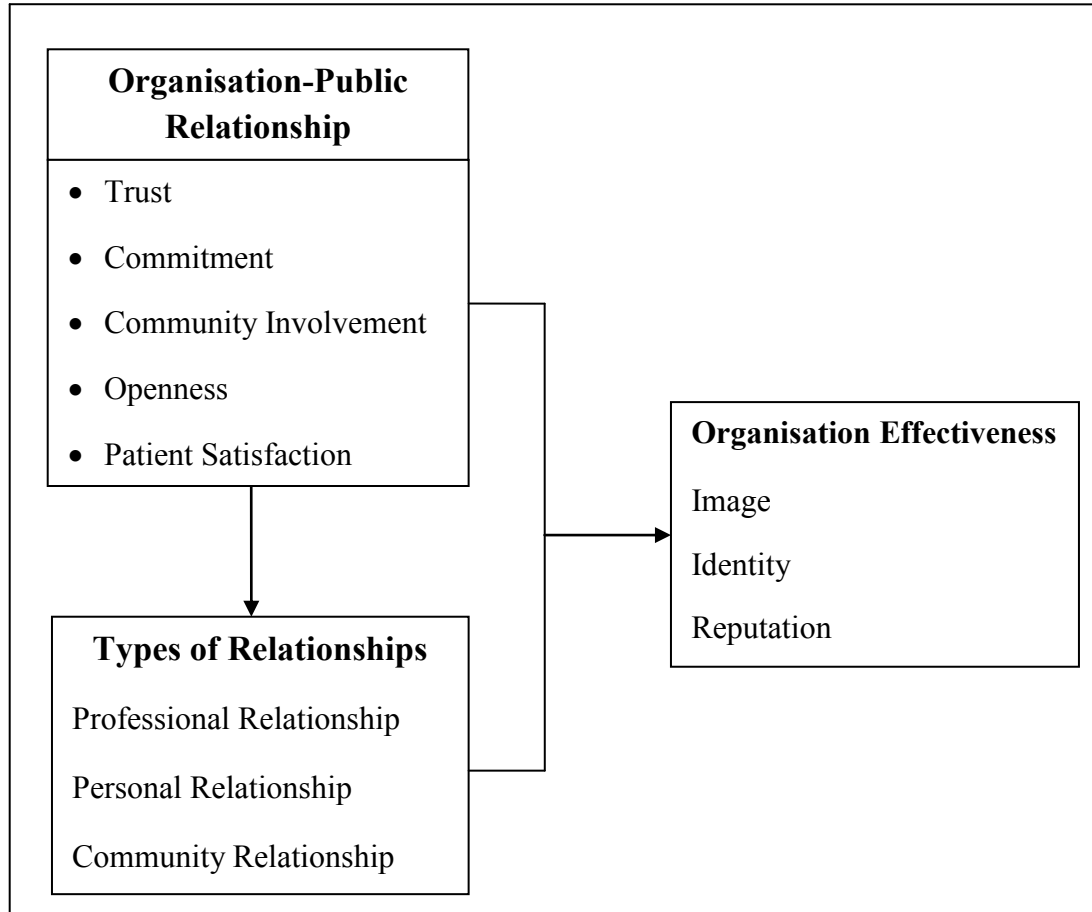
Figure 2.1: Theoretical framework

2.8 Hypothesis and Research Framework

This study examines the influence of trust, openness, involvement, and commitment as a practiced in developing relationship between an organisation with its public (Bruning & Ledingham, 1998, 2000; Ledingham & Bruning, 1998, 2000), on organisation effectiveness to enrich the best practice toward the building of organisation image, identity and reputation. Organisation effectiveness will be measured by looking at organisational image, identity and reputation. In this research, reputation was added as an outcome of the organisation-public practices. Hence, based on Figure 2.2, refer to page 71, the following hypotheses are formulated:

Hypothesis 1: There is a significant relationship between organisation-public relationship and organisation effectiveness.

Hypothesis 1(a) will look in the relationship between O-PR and image. Previous studies have shown that O-PR and image have a positive relationshipin the practices between the organisation with its strategic public to enhance the best practices (Kim, 2001; Hsieh & Kai Li, 2008; Poisz, 1989). In this study, the linkage between O-PR and image was found to be significant in the health care industry.Thus, the present research hypothesizes the following:

Hypothesis 1(a): There is a significant relationship between organisation-public relationship and image.

Hypothesis 1(b) will look at the relationship between O-PR and identity. Previous studies conducted have shown a positive relationship between O-PR and identity(Marguiles, 1977; Albert &Whetten, 1985; Albert, Ashforth & Dutton, 2000; Aakar & Blanko, 1995). Thus, the present study hypothesizes the following:

Hypothesis 1(b):There is a significant relationship between organisation-publicrelationship and identity.

Hypothesis 1(c) will test the relationship between O-PR and reputation. Previous studies have been conducted under different settings, reputation was one of the practiced by the management, but in this research reputation turned to be as an outcome of organisational effectiveness (Kim, 2001; Nguen & Leblanc, 2001; Shapiro, 1983; Wilson, 1985; Herbig & Milewicz, 1995; Fombrun & Shanley, 1990; Hall, 1993; Rae, 1994; Yoon, Guffey & Kijewski, 1993; Aaker, 1996).

Hypothesis 1(c): There is a significant relationship between organisation-public relationship practices and reputation.

2.9 Organisation-Public Relationship Practices and Types of Relationships

The second hypothesis is the linkage between public relations practices and types of relationships. The inclusion of the types of relationships is a major issue in this study. This study will identify types of relationships utilized with respect to public relation practices by organizations. Many previous studies have been conducted under different settings (Bruning & Ledingham, 1999; Ledingham & Bruning, 1999, 2000; Ledingham, 2001), and most of these studies have found a significant relationship between OPR practices and types of relationships. Previous studies have found a positive and significant relationship between O-PR and community relationship, personal relationship and professional relationship (Jo, 2006; Cummings & Bromley, 1996; Bruning & Ledingham, 1999). Thus, based on the findings above, this research hypothesizes the following:

Hypothesis 2: There is a significant relationship between the factors of organisation-public relationship practices and types of relationships.

Hypothesis 2(a): There is a significant relationship between the factors of organisation-public relationship practices and professional relationship.

Hypothesis 2(b): There is a significant relationship between organisation-public relationship and personal relationship.

Hypothesis 2(c): There is a positive relationship between organisation-public relationship and community relationship**.**

2.10 Types of Relationships on Organisation Image, Identity and Reputation

The third hypothesis in this study is the linkage between the types of relationships and organisational effectiveness on image, identity and reputation. The types of relationships were included in this study mainly because of the lack of research with

respect to the health care settings, and because most previous studies have been conducted under non-healthcare settings (Marguiles, 1977; Albert & Whetten, 1985; Albert, Ashforth & Dutton, 2000; Aaker & Blanco, 1995). The types of relationships and the image are very important aspects in the health industry, and thus they should be considered in relevant studies (Dichter, 1985; Finn, 1961; Dobni & Zinkham, 1990; Kotler, 1982; Aaker, 1991; Stanton, 1994; Kotler & Armstrong, 1996; Rodriguez & Bergantions, 2001). Previous studies have been conducted in different settings, but no studies have been conducted in the Jordanian healthcare settings. According to past studies and the relationship theory, the types of relationships have a positive relationship with image.The types of relationships and reputation are important components in the healthcare industry, whether international or regional. However, the linkage between the types of relationships and reputation was investigated in this research mainly because only a few studies have examined the relationship between the types of relationships and reputation in the healthcare settings (Kim, 2001; Nguen & Leblanc, 2001; Shapiro, 1983; Wilson, 1985; Fombrun & Shanley, 1990; Hall, 1993; Rae, 1994; Aaker, 1996; Dowling, 1986; Herbig & Milewicz, 1995; Yoon, Guffey & Kijewski, 1993) Thus, this study hypothesizes the following:

Hypothesis 3: There is a positive relationship between the types of relationships and organisation effectiveness.

Hypothesis 3(a): There is a positive relationship between the types of relationships and image.

Hypothesis 3(b): There is a positive relationship between the types of relationships and identity.

Hypothesis 3(c): There is a positive relationship between the types of

relationships and reputation.

2.11 Organisation-Public Relationship Positively Influences Organisation Effectiveness

In the past few decades, public relations has significantly developed in the West and has been recognized as an integral part of any organisation's attempt to communicate with various persons, both within and outside an organisation, and achieve its goals and objectives (Zayany, 2008). Broom and Dozier (1990) have argued that public relations programs affect the relationships between organisations and the key publics, but the impact of the programs on the relationships themselves is rarely measured. In addition, over the years, many researchers have realized the importance of measuring the impact of public relations practices on an organisation and its effectiveness.

Organisation effectiveness is necessary for protecting the existence of an organisation, and the effectiveness of an organisation spills over onto the community and the public (Aydogan, 2003), leading to increased patient motivation and consequently to an effective organisation.

To test the relationship between O-PR and organisation effectiveness, the following hypothesis is proposed:

Hypothesis 4: There is a significant influence between the factors of organisation public relationship and organisation effectiveness.

2.12 Types of Relationships Positively Influence Organisation Effectiveness

Previous studies, such as those by Grunig, Grunig, and Ehling (1992), have suggested that relationships are the centre of O-PRs, and good relationships make an organisation more effective because they allow the organisation to achieve more for the public. Measuring the relationship between an organisation and its key publics is difficult. Nevertheless, this difficulty should make practitioners and researchers desire to understand that the role of professional, personal, and community relationships in helping define patient behaviour, which helps practitioners and researchers in developing, promoting, and improving the relationship between the organisation and its key publics. Furthermore, managing the relationship helps create a larger and more comprehensive inventory of an organisation's effectiveness in the public relations field. To test the relationship between the types of relationships and organisation effectiveness, the following hypothesis is proposed:

Hypothesis 5: There is a significant positive influence between the types of relationships and organisation effectiveness.

The hypothesis and framework of this study analyzed the perceptions of the patients based on theoretical framework and on the O-PR practices, which decide the types of relationship practices and their impact on organisation effectiveness created by image, identity, and reputation. Figure 2.2 shows the hypothesis and framework of this study.
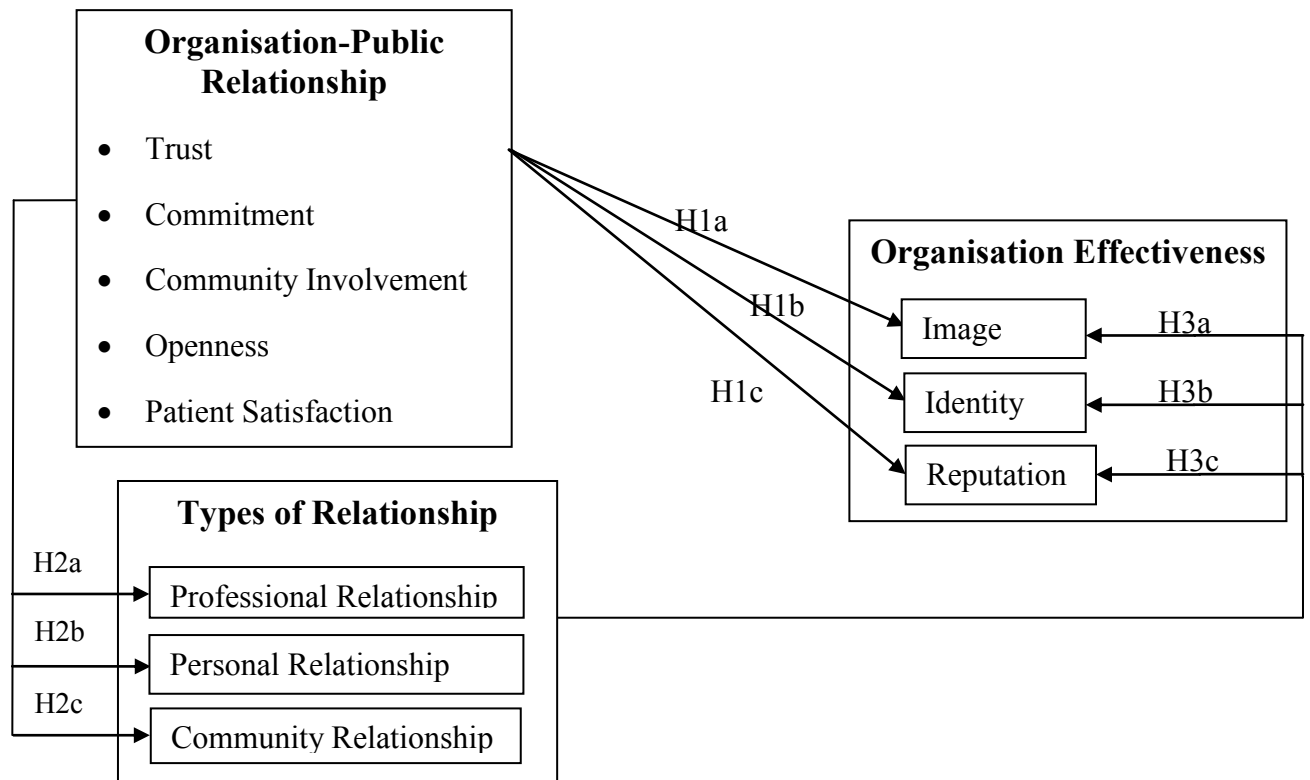
Figure 2.2: Hypothesis and Theoretical Framework Development

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research design, population, and the research sample, and the tools that were used for data collection. This chapter also highlights the statistical tests that were used to analyze the collected data.

3.2 Population and Sample

3.2.1 Population

The population in the present study represents the patients of Al-Basheer Hospital in Jordan. In the study, 13 patients with serious cases were excluded due to their health situations. Two more patients were excluded because they were from Indonesia and Egypt (only local patients are included in the study). Appendix D shows that Jordan had a population of six million in 2008 (Department of Statistics, 2009). Jordan is geographically divided into three regions, namely, the northern, middle, and southern regions. The middle and northern regions have the largest population and density. More than 80% of the Jordanian citizens receive their medical care through public sector hospitals (Jordanian Ministry of Health, 2008). Appendix D shows the distribution of population over governorates of the Kingdom and the size of population in the three geographical regions, including the distribution of males and females in different governorates and geographical regions.

According to the Jordanian Ministry of Health (MOH) (2008), Jordan has 30 public working hospitals. Appendix D shows the distribution of public hospitals over the three geographical regions. Statistical data show that the northern, middle, and southern regions have 13, 13, and 4 public hospitals, respectively. Appendix D

shows the number of patients and number of beds of all hospitals in the three regions. Statistical data on the patients show that large numbers of patients exist in the middle region, which serves about 61.22% of Jordanian citizens.

The data in this study were initially collected from all three regions of the country, with special consideration given to a public hospital in the middle region. That was the Al-Basheer Hospital. Al-Basheer Hospital, which was established in 1954, was selected as the hospital at which to draw the sample for this study because covering all public hospitals throughout Jordan was impossible in the present study due to time limitations. Therefore, the study only focused on the patients of Al-Basheer Hospital, which was representative of the whole population because of the similar characteristics of all patients of all public hospitals in all regions of the Hashemite Kingdom of Jordan. In addition, public hospitals in Jordan have similar responsibilities and provide similar services to their patients. Thus, Al-Basheer Hospital could be considered as representative of all public hospitals across Jordan. Al Basheer had the highest number of beds, the highest number of visitors, and covered the biggest geographical. The number of patients and the characteristics of the hospitals are introduced in Table 3.1.

Table 3.1: The six Biggest Hospitals in Jordan

Hospital	No. of beds	No. of employees	No. of doctors	No. of in-patients	No. of visits
Al-Basheer	928	2215	615	73467	530426
Prince Hamzah	379	1113	240	21155	115286
Zarqa	300	769	219	28607	273651
Princess Basma	202	1001	245	18028	328504
Alhussein	152	665	170	15705	174754
Karak	152	576	101	1156	67601

3.2.2 Sample

In this study, a representative sample was taken to generalize the results on the population because of the difficulty in including the entire population. Gay and Diehl (1992) said that the "selection of a sample is a very important step in conducting research study because the quality of the sample determines the generalizability of the result. Conducting a study generally requires a great deal of time and energy, so results that are not generalizable are extremely wasteful. If the results are true only for the group on which they were based, every study would have to be replicated for almost infinite number of times, and managers would never benefit from anyone else's work. Imagine how slow the progress of science would be if every scientist had to reconfirm Newton's law" (p. 128).

In the present study, a simple random sampling method was used to draw respondents from all the lists of the patient names, which were obtained from the hospital management. The collected names of the patients who were admitted in Al-Basheer Hospital were entered in a computer to ensure that the samples were truly randomly selected. The computer was programmed to choose the required respondents from all sections of the hospital from the list, and then procedure questionnaires were distributed among the selected patients for their feed back on the O-PR practices and the types of relationships that function to know the image, identity and reputation of the hospital and to see the degree of organisational effectiveness.

The simple random sampling method was used because of the similarities in the characteristics of the respondentsand to ensure that the chosen sample represented the entire population. The main benefit of the simple random sampling method is its

guarantee that the sample chosen is representative. Another benefit is that all individuals have the same probability of being selected as part of the sample, ensuring that statistical conclusion will be valid. The simple random sampling method is deemed as the most appropriate method, because all members of the population have an equal chance of being selected as part of the sample (Sekaran & Bougie, 2010; Gay & Diehl, 1992). Another reason for choosing simple random sampling in this study is that this type of sampling is ideal for gathering data to generalize the findings of the present research (Nardi, 2003; Judd, Smith & Kidder, 1991; Sekaran & Bougie, 2010). Moreover, Kim (2001) suggested that future researchers use the random-sample design to validate the scale further.

The sample size was determined using simple a random sample calculator based on 95% confidence level and 5% error, and the population size represented the number of inpatients in the selected hospitals in the three geographical regions. The desired sample size (n) of 384 was obtained using the simple random sample formula. Thus, the minimum number of sample consisted of 384 respondents (Connolly, 1971; Jackson, Laikhtman & Rohrer, 1999; Sekaran, 2003). Based on the low response rate of similar research, 600 questionnaires were distributed among the respondents of Al-Basheer Hospital to increase the response rate and avoid receiving less than the require minimum number. According to the Ministry of Health Annual Report (2008), the Al-Basheer Hospital had 73,467 inpatients in 2008. However, only 1203 inpatients were available during the sampling time of the present study.

3.3 Research Design

This study used the quantitative method to achieve the research objectives. Babbie (2001) defined survey as "the administration of questionnaires to a sample of respondents selected from a population" (p. 282). Moreover, Stacks (2002) stated that "a survey is a method of gathering relatively in-depth information about respondent attitudes and beliefs" (p. 175). In particular, a survey was used as the main research design in the present study. Survey is a sample of many respondents giving answers to the same questions to measure various variables and test multiple hypotheses (Neuman, 2007). Survey is appropriate in this study because it enables the researcher to obtain snapshot views and attitudes of the respondents with respect to the social phenomenon under investigation (Sekaran, 2003). Furthermore, survey is a common research design employed in many social science studies (Neuman, 2007). A survey that contains questionnaires was used as the main data collection technique in the present study.

The questionnaires consisted of 55 items, and used a five-point Likert scale of choices for measurement, ranging from 1 ("Strongly disagree") to 5 ("Strongly agree") (Sekaran, 2003). The questionnaires were divided into four parts: Part One consisted of five questions on demographic information; Part Two consisted of questions on the O-PR practices; Part Three consisted of questions on the types of relationship practices; and Part Four contained items on the dimensions of organisation effectiveness.

3.3.1 Data Collection Technique

A questionnaire is the most popular data collection technique in social science studies (Sekaran, 2003). Questionnaires were used in this study because they are the

most appropriate method for data collection. Many ways can be applied to administer questionnaires, such as mailing the questionnaires to the selected respondents. In this study, the questionnaires were administered personally.

The Ministry of Health (MOH) approved a cover letter for formality to get more support and cooperation from the respondents. (See Appendix C.) The top managers of Al-Basheer Hospital decided that 10 am, which was when the medical staff finished their rounds, was the best time to distribute the questionnaires among the patients. The administrators of Al-Basheer Hospital oriented the nursing staff to help in distributing the questionnaires and collecting them after they were completely filled by all respondents. The surveys in this study included complete instructions on the cover page of the questionnaire to show the respondents how to complete the questionnaire. The confidentiality of the participants was protected. (See Appendix A, English version, or Appendix B, Arabic version).

The survey was conducted between 18 and 26 April, 2010. Many respondents completed the questionnaires in the presence of the researcher, immediately after listening to the instructions and hearing about the purposes of filling the questionnaire, which reduced the rejection by the respondents. Six hundred questionnaires were distributed among the patients of the Al-Basheer Hospital, and 569 questionnaires were filled in correctly with complete answers (94.8% response rate). In the other 31 cases, 13 cases (2.2%) were excluded due to their serious health conditions, and two other foreigner respondents from Indonesia and Egypt, respectively, were also excluded. Sixteen questionnaires (2.7%) were not returned. Considering that the response rate was quite high and met the requirements for data analysis, choosing additional respondents was unnecessary.

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The survey was distributed among the inpatients of the Al-Basheer Hospital within seven working days. One thousand two hundred and three patients were admitted to the hospital during the time when the survey was run. A few serious cases were excluded from the sample due to their medical conditions. The researcher followed up each case for completion without forcing any patient to fill the questionnaire. A high response rate was obtained because of the following reasons. First, the researcher has a good relationship with most of the ministries and public organisations in Jordan, especially with the MOH (the researcher worked with them from 2000 to 2007 as counterpart). Second, the researcher received support from relatives and friends who work in Al-Basheer Hospital. Third, the patients seemed interested in giving feedback. Fourth, when the researcher introduced himself and discussed the background and purpose of this research, the patients mostly replied positively to filling the questionnaires in their leisure time, instead of sitting in bed and getting bored. Finally, the patients were very cooperative and helpful, especially when they realized that the data collection was solely intended for academic purposes. The duration of filling in the questionnaire was approximately 22 minutes. Thus, the researcher rechecked the sections of the hospital to collect the questionnaires 30 minutes after the distribution of the questionnaires. Moreover, the nursing staff helped in collecting the filled questionnaires. Most patients looked for the researcher to personally deliver the filled questionnaire and to talk about many things related to the topic; some patients talked about Malaysia, where the researcher is occupied in study. This chapter shows the demographic structure of the random sample taken from the inpatients of a major public hospital in Jordan, namely, Al-Basheer Hospital.

3.3.2 Data Analysis Technique

First, a few procedures, such as checking all answered questions in the questionnaires, were undertaken after data collection. Then, the items were encoded to enable data analysis using the Statistical Packages for the Social Science (SPSS) version 12.

Second, the analysis was performed using the reliability test. Cronbach's alpha was used for checking reliability (Sekaran, 2003). The results of Cronbach's alpha were based on the following: reliability of less than 0.6 was considered poor, reliability within the range of 0.7 was considered acceptable, and reliability of above 0.8 was considered good.

Third, the researcher described all variables based on mean M, standard deviation SD, frequency F, and percentage. Finally, a Pearson correlation analysis was used to determine if the independent variables had significant relationships with the dependent variable. Davies (1971) contended that the relationship between independent variables and dependent variables was based on the scale shown in Table 3.2.

Table 3.2: Pearson Correlation Coefficient Scale

R	Level
Above 0.70	Very strong relationship
0.50 to 0.69	Strong relationship
0.30 to 0.49	Moderate relationship
0.10 to 0.29	Low relationships
0.01 to 0.09	Very low relationship

Source: Davies (1971)

3.3.3 Research Hypothesis

The researcher examined the relationship of the O-PR with image, identity, and reputation. Moreover, the relationship of O-PR with the types of relationship practices also was investigated. The relationship of the types of relationships with image, identity, and reputation was investigated as well.

H1 (a), H1 (b), and H1(c) were analyzed using the Pearson correlation. The Pearson correlation examined the relationship between the perceptions of the relational factors of O-PR practices (trust, commitment, community involvement, patient satisfaction, and openness) and organisation effectiveness (image, identity, and reputation).

H2 (a), H2 (b), and H2 (c) were analyzed using the Pearson correlation. The Pearson correlation examined the relationship between the perceptions of the relational factors of O-PR practices (trust, commitment, community involvement, patient satisfaction, and openness) and types of relationship practices (professional, personal, and community relationship).

H3 (a), H3 (b), and H3 (c) were analyzed using the Pearson correlation. The Pearson correlation examined the relationship between the perceptions of the relational factors of the types of relationship practices (professional, personal, and community relationship) and organisation effectiveness (image, identity, and reputation).

H4 was analyzed using multiple regression to predict the most important O-PR practice (trust, commitment, community involvement, openness, and patient satisfaction) and to determine the predictor practice with the greatest influence on organisation effectiveness.

H5 was analyzed using multiple regression to predict the most important practice of the types of relationships (professional, personal, and community relationships), and to determine the predictor practice with the greatest influence on organisation effectiveness.

Multiple regression was used to determine the best variable from among the independent variables that influenced the dependent variable. Sekaran (2005) stated that regression shows the percentage of explanation of the variance in the relationship between independent and dependent variables. Moreover, the strongest contributing predictor among the independent variables is the one that explains the highest and best predictor of the relationship. Regression also shows how much of the variance in the dependent variable is explained when several independent variables are theorized to influence the dependent variable.

3.3.4 Questionnaire Design

In this study, the whole thesis and all measurements, including the questionnaires, were originally constructed in the English language. However, given that all respondents in this study were local and that all of them spoke Arabic, the questionnairewas translated into Arabic via the back-translation technique to ensure its validity. (See Appendix A.) Academic professional translators translated the English version of the questionnaire into the Arabic version and then a different professional translator back-translated the Arabic version to an English version to validate the fact that both versions still had the same simple, short, comprehensible, and equivalent meanings (Brislin, 1980). (See Appendix B.)

The questionnaire was divided into four parts. Part one was devoted to collecting demographic information. Part Two of the public relations practice was designed to collect information about the practiced of O-PR, including trust, community involvement, commitment, patient satisfaction, and openness. Part Three of the public relations practice was designed to collect data about the types of relationships, including professional, personal, and community relationships. Part Four was designed to determine organisation effectiveness by measuring the respondent perception about image, identity, and reputation of the hospital.

3.4 Instruments

The instrument began by asking five demographic factors related to each respondent, namely, the age, gender, occupation, educational level, and marital status. In the study, organisation effectiveness was the dependent variable, the types of relationships were the first dependent variables, and O-PR was the independent variable. This section discusses how each variable was measured. Grunig (1993)

described symbolic and behavioural relationships as follows: "Symbolic relationship can improve a behavioural relationship, but a poor behavioural relationship can destroy attempts to use communication to build a symbolic relationship or to improve a behavioural relationship" (p. 121). This study deals with the influences of O-PR practices on organisation effectiveness in Jordanian hospitals on both perceptions and behavioural dispositions toward an organisation. Many scholars have used the dimensions of O-PRs, such as those used in the present study (e.g., Kim, 2001; Ledingham & Bruning, 1998; Bruning & Galloway, 2003; Bruning, Dials & Shirka, 2008; Jahansoozi, 2007; Stephen et al., 2007; Bruning et al., 2006; Yang, 2005; Grunig, 1992; Huang, 1997; Grunig et al., 1992; Huang, 2001; Hon & Grunig, 1999; Ledingham et al., 1997; Bruning & Ledingham, 1999).

Many scholars have used the five-point Likert scale for data collection (e.g., Bruning et al., 2008; Yang, 2007; Bruning & Ledingham, 1999). The scale used in the instrument was a five-point Likert scale with scores ranging from 1 to 5 (Sekaran, 2003). Each score is shown as follows:

1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree

Table 3.3 below shows the variables and number of items (55 items) utilized in this research.

Table 3.3: Measurement Items

Variable	No. of Items	Scale	Source/Year
Trust	5	Five-point Likert scale	Kim, 2001; Hon & Grunig, 1999
Commitment	5	Five-point Likert scale	Kim, 2001
Community Involvement	5	Five-point Likert scale	Kim,2001; Ledingham & Bruning, 1999
Patient Satisfaction	5	Five-point Likert scale	Hon & Brunner, 2001
Openness	5	Five-point Likert scale	Burchfield, 1997
Professional Relationship	5	Five-point Likert scale	Bruning & Ledingham, 1999
Personal Relationship	5	Five-point Likert scale	Bruning & Ledingham, 1999
Community Relationship	5	Five-point Likert scale	Bruning & Ledingham, 1999
Image	5	Five-point Likert scale	Aaker & Blanco, 1995
Identity	5	Five-point Likert scale	Aaker & Blanco, 1995
Reputation	5	Five-point Likert scale	Kim, 2001; Nguen & Leblanc, 2001

3.5 Validity and Reliability

Two committees of experts, one from Malaysia and another from Jordan, validated the instrument in October 2009. The judgments indicated the suitability of each item in the questionnaire, and only a few spelling and grammar mistakes in the instrument were noted.

The reliability of the instrument used in this study was tested using Cronbach's alpha through the SPSS 12 model. The reliability analysis conducted on the variables of

the research was extracted using the recommendation (Hair, Black, Babin, Anderson & Tatham, 2006). The reliability tests the internal consistency of the measuring instruments and can be thought of as the consistency in measuring the variables. The reliability of the instrument aims to obtain similar results when the study is repeated under similar conditions (Pallant, 2001). In the present study, Cronbach's alpha was used to determine the degree of reliability. The reliability coefficient (Cronbach's alpha) was verified to establish the reliability of all variables used in the survey instrument in the study. Therefore, the reliability of tests on all items was accomplished.

In this study, a reliability estimate of more than 0.60 was accepted to test the internal consistency of the measuring instrument (Hair et al., 2006). Construct reliabilities were also checked and they yielded satisfactory scores of more than 0.5 (Hair Anderson, Tathman & Black, 1998). The construct reliabilities revealed an advantage for conducting a pilot study before collecting the real data (Bryman, 2004; Saunders, Lewise & Thronhill, 2003). According to Pallent (2001), the purpose of a pilot study is to make sure that the items, instructions, and scale items are obvious. A pilot study should be conducted on the population similar to that for the real study.

A pilot study is used more formatively to assist a researcher in developing relevant lines of questioning (Yin, 1994). The questionnaire should be tested first on a small sample of the subjects to detect any flaws in the questioning and correct them prior to the main survey. A researcher may also perform a trial analysis on a pilot sample and test out all analysis procedures to obtain a good chance of modifying the weak parts of the questionnaire prior to the main data collection. After completing a pilot

survey, a researcher can then make amendments that will help maximize the response rate and minimize the error rate on the answers.

In the present research, after completing the validity of the instrument in October 2009, a pilot study was conducted for three days, November 23–25, 2009, by distributing 120 questionnaires among patients of public hospitals in Amman, Jordan. Out of the 120 questionnaires, only 84 questionnaires were returned with complete answers, and the response rate for the pilot test was 70%. Table 3.4 shows the Cronbach's alpha of 84 respondents for each variable based on the pilot study.

Table 3.4: Cronbach's Alpha for 84 Respondents

Variable name	No. of items	Cronbach's coefficient alpha Pilot 84 case
Trust	5	.651
Commitment	5	.850
Community Involvement	5	.760
Openness	5	.763
Satisfaction	5	.825
Professional Relationship	5	.821
Personal Relationship	5	.830
Community Relationship	5	.743
Image	5	.854
Identity	5	.675
Reputation	5	.649

3.6 Operational Definition
3.6.1 Organisation Effectiveness
Organisational effectiveness is the ability of public relations to achieve the aims of the organisation to maximize its profit and interact with its surrounding public (Jo, 2006). Effectiveness can be measured by receiving information from them, advising

management of attitudes and responses, and helping set policies that will demonstrate responsible attention to the said attitudes and responses. In other words, effectiveness is the inclusive role that embraces all activities related to ascertaining and influencing the opinions of a group of people toward organisational practices in building a firm's image, identity, and reputation (Newsom & Scott, 1985).

In this study, organisation effectiveness was measured using three dimensions, namely, image, identity, and reputation. The following paragraphs will explain the operational definitions and measures of the three dimensions.

3.6.1.1 Image

Image is described as the overall impression made on the minds of the public about the organisation (Dichter, 1985; Finn, 1961; Dobni & Zinkham, 1990; and Kotler, 1982). Image is related to the various physical and behavioural attributes of the firm, such as business name, architecture, variety of products/services, tradition, ideology, and the impression of quality communicated by each person interacting with the firm's clients. Image is the distinguishing name and symbol of services provided by an organisation benefiting its public (Aaker, 1991; Stanton, 1994; Kotler & Armstrong, 1996).

The items used to measure image in the present research are described in Table 3.5, and the instrument developed by Aaker and Blanco (1995) was used to measure image. The instrument is very operative in measuring five items. The instrument was chosen because measuring organisational image has been performed in subsequent studies. Successive researchers have used this measurement (Rodriguez & Bergantions, 2001). The instrument has five items measured on a five-point Likert

scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The five items are

as follows: "This hospital is a brand that I trust," "The brands of this hospital are

admirable," "It gives me satisfaction to buy or to be associated with this hospital,"

"The relationship between the value and price of treatment in the hospital is good,"

and "There is a reason to be treated in this hospital instead of others."

Table 3.5: Scale for Image

Items
1. This hospital is a brand that I trust.
2. The brands of this hospital are admirable.
3. It gives me satisfaction to buy or to be associated with this hospital.
4. The relationship between the value and price of treatment in the hospital is good.
5. There is a reason to be treated in this hospital instead of others.

Source: Aaker and Blanco (1995)

3.6.1.2 Identity

Identity is the sum of all procedures that the organisation may use to identify itself

for its public (Marguiles, 1977). Albert and Whetten (1985) reported that

organisational identity embodies the characteristics of an organisation that its

members perceive to be central, distinctive, and enduring (or continuing), when the

past, the present, and the future are taken into account. Each organisation needs an

identity for internal and external stakeholders to build a sense of how it is located

and treated between the organisation and its public (Albert, Ashforth & Dutton,

2000).

The items used to measure identity in the present study are described in Table 3.6,

and the instrument developed by Aaker and Blanco (1995) was used to measure

organisation identity. The instrument was chosen to seek respondents' perspectives

toward dealing with the Al-Basheer Hospital. The instrument contained five items that can be measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The five items in the instrument are as follows: "This hospital has personality, given that it provides symbolic and emotional benefits to the patients," "This hospital is interesting," "I have a clear impression of the kind of persons who consume the hospital services," "This hospital has a rich history," and "The hospital has emotional benefits to the patients."

Table 3.6: Scale for Identity

Items
1. The hospital has personality, given that it provides symbolic to the patients.
2. This hospital is interesting.
3. I have a clear impression of the kind of patients who consume the hospital services.
4. The hospital has a rich history.
5. The hospital has emotional benefits to the patients.

Source: Aaker and Blanco (1995)

3.6.1.3 Reputation

Various researchers in different fields, such as economics, organisational theory, public relations, and marketing, have investigated reputation. Economists analyze issues of reputation in relation to product quality and price (Shapiro, 1983; Wilson, 1985). Organisational researchers examine reputation as being a social identity, and reputation is portrayed as an important and intangible resource that may significantly contribute to an organisation's performance, and even to its survival (Fombrun & Shanley, 1990; Hall, 1993; Rae, 1994). Aaker (1996) explored reputation under the rubric of "brand equity," and associated reputation with the credibility of the firm. Although various vocabularies make the definition of terms difficult (Dowling, 1986), the consensus on the essence of the concept of corporate reputation can be

observed as the result of the past actions of a firm. Reputation may be viewed as a mirror of the firm's history, which serves as the firm's communication to its target groups' information regarding the quality of its products or services in comparison to those of its competitors (Yoon, Guffey & Kijewski, 1993). Herbig and Milewicz (1995) defined reputation as "an estimation of the consistency over time of an attribute of an entity" (p. 7).

The items used to measure reputation are described in Table 3.7, and reputation was measured using a five-item instrument. Kim (2001) developed the first four items, and Nguyen and Leblanc (2001) developed the fifth item. The items are as follows: "This hospital has the ability to attract, develop, and keep talented people," "This hospital uses corporate visible and invisibles assets very quickly," "This hospital is financially sound enough to help others," "This hospital is innovative in its corporate culture," "I believe that the reputation of this hospital is better than others." The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.7: Scale for Reputation

Items
1. The hospital has the ability to attract people.
2. This hospital use corporate visible and invisibles assets very effectively.
3. This hospital is financially sound enough to help others.
4. This hospital is innovative in its corporate culture.
5. I believe that the reputation of this hospital is better than others

Source: 1-4 items by Kim (2001) $\alpha = .83$, and item 5 by Nguyen & Leblanc (2001)

3.6.2 Organisation-Public Relationships (O-PRs)

Ledingham and Bruning (1998) defined O-PR as "the state that exists between an organisation and its key publics in which the actions of either entity impact the economic, social, political and/or cultural well-being of the either entity" (p. 62). Ledingham and Bruning (1998) recommended the task of relationship dimensions inside the organisation as follows: "Relationship dimensions can be viewed as part of an integrated mix that includes variables such as product characteristics, perceptions of quality, service, price, levels of technology, demographics, and predispositions that impact the behavior of members of an organisation's significant publics" (p. 63). Bruning and Ledingham (1999) asserted that trust, openness, involvement, and commitment characterize good O-PR. The measurement of each dimension is discussed in the following paragraphs.

3.6.2.1 Trust

Hon and Grunig (1999) defined trust as "one party's level of confidence in and willingness to open oneself to the other party" (p. 14). Trust is a multi-layered concept primarily consisting of a cognitive element (based on rational and instrumental judgments) and an affective dimension (based on relationships and effective bonds generated through interaction, empathy, and identification with others) (Gambetta, 1998; Gibson, 2003; Lewicki & Bunker, 1996; Mayer et al., 1995). Trust is essentially necessary when there is an element of uncertainty and a level of risk, but this level of risk seems to be derived from an individual's uncertainty regarding the motives, intentions, and future actions of another on whom the individual is dependent (Mayer et al., 1995; Mishra, 1996).

In the health care sector context, the concept seems to embrace confidence in competence (skills and knowledge), as well as whether the trustee is working in the best interests of the trust. The latter covers honesty, confidentiality, caring, and showing respect (Hall, Dogan, Zheng & Mishra, 2001; Mechanic & Meyer, 2000), whereas the former may include both technical and social/communication skills. The vulnerability associated with being ill may specifically lead trust in a medical setting to have a stronger emotional and instinctive component (Hall et al., 2001). Trust relationships are characterized by one party, namely, the trust or, having positive expectations regarding the competence of the other party, the trustee, and that they will work in their best interests (intentional trust).

Hon and Grunig (1999) and Bruning and Galloway (2003) used these items to measure trust. The items are described in Table 3.8, in which the first four items of trust were measured based on the work of Kim (2001), and the fifth item was measured based on the work of Hon and Grunig (1999). The five items are as follows: "This hospital treats people fairly and justly," Does the hospital make important decisions regarding me? Does the hospital take my opinion when it makes decisions? "Sound principles seem to guide this hospital's behavior," and "I feel that I can trust this hospital to do what it says it will do." Kim's trust measurement was chosen in this study because it refers to whether the public trusts the organisation to do what the organisation tells them to. The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.8: Scale for Trust

Items
1. This hospital treats people fairly and justly.
2. Does the hospital make important decisions regarding me?
3. Does the hospital take my opinion when it makes decisions?
4. Sounds principles seem to guide this hospital's behaviour.
5. I feel that I can trust this hospital to do what it says it will do.

Source: 1-4 items by Kim (2001) α = .78, and item 5 by Hon & Grunig (1999)

3.6.2.2 Community Involvement

Community involvement indicates that organisations become the "neighbours of choice" (Burke, 1999), that is, public relations should consider the needs of the community and build its practices according to the well-being of the community. Community involvement requires the recognition of community attitudes and opinions concerning the procedure of management applied by the Al-Basheer Hospital and the medical care quality required by the community.

Moreover, Bruning and Ledingham (1999) pointed out that "When an organisation is managing a community relationship it is important that the organisation be open with community members, that the organisation engage in activities that can be used to improve social and economic aspects of the community, and that the organisation take an active role in community development" (p. 165).

The items used to measure community involvement are described in Table 3.9, and community involvement practices were measured using the instrument developed by Kim (2001) for the first three items, and the instrument developed by Ledingham and Bruning (1999) for the other two items. Kim's instrument was chosen because it explains the importance of a valid and reliable public relations scale. According to

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Kim (2001), "By using a unified instrument for measuring the relationship, public relations practitioners and scholars can accumulate consistent data for measuring the bottom line impact of public relations" (p. 810). Moreover, Ledingham and Bruning (1999) used the same items to measure community involvement.

The instrument contained five items, namely, "This hospital seems to be the kind of company that invests in the community," "I am aware that this hospital is involved in my community," "I think this hospital is very dynamic in maintaining a good relationship with the community," "The hospital is involved in the welfare of the community," and "The hospital has a responsibility to serve the community." The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.9: Scale for Community Involvement

Items
1. The hospital seems to be the kind of company that invests in the community.
2. I am aware that the hospital is involved in my community.
3. I think that this hospital is very dynamic in maintaining a good relationship with the community.
4. The hospital is involved in the welfare of the community.
5. The hospital has a responsibility to serve the community.

Source: 1-3 items by Kim (2001) $\alpha = .85$, and 4-5 items by Ledingham & Bruning (1999)

3.6.2.3 Commitment

Commitment focuses on attitudes attributed to commitment. The present research defines commitment as a state in which an individual identifies with a particular organisation and its goals, and wishes to maintain membership in the organisation to facilitate its goals (Reichers, 1985).

The items used to measure commitment are described in Table 3.10. Commitment is measured using a five-item instrument developed by Kim (2001). The items are as follows: "I can see that this hospital wants to maintain a relationship with people like me," "There is a long-lasting bond between this hospital and people like me," "Both this hospital and people like me benefit from the relationship," "Generally, I am pleased with the relationship this hospital has established with people like me," and "I feel people like me are important to this hospital." The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.10: Scale for Commitment

Items
1. The hospital wants to maintain relationship with me.
2. There is a long-lasting bond between this hospital and people like me.
3. Both the hospital and people like me benefit from the relationship.
4. Generally, I am pleased with the relationship this hospital has established with people like me.
5. I feel people like me are important to the hospital.

Source: Kim (2001) $\alpha = .85$

3.6.2.4 Openness

Canary and Stafford (1994) defined openness as the "direct discussions about the nature of the relationship and setting aside times for talks about the relationship" (p. 12). According to Burchell and Cook (2006), openness differentiates the process of debate from negotiations, or mediates the aim to inquire, not to advocate; to explore, not to argue; to discover, not to convene.

Openness is one of the important concepts in O-PR. Openness involves and discovers the feelings and beliefs of the relationships between an organisation and its clients (Hon & Grunig, 1999). Openness is usually predicted by collecting customer

complaints toward the organisation. Decision makers need to take action regarding these complaints. In addition, customer complaints are used to make improvements in the organisation's relationships with the public and build openness, which leads to more trust between the two groups (Grunig & Huang, 2000).

The items used to measure openness are described in Table 3.11. Openness was measured using a five-item instrument developed by Burchfield (1997). This instrument was chosen to determine whether the organisation allows the public to give their opinions about what is going on. These perspectives allow the organisation and public to understand each other easily, and show the degree to which organisations share information with public. The items are as follows: "I ask the hospital staff when I do not understand something," "I ask the hospital staff when I think something is wrong," "I make suggestions to the hospital about how work could be done," "The hospital asks for my suggestion about how work tasks could be done," and "I tell the hospital about the problems I face." The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.11: Scale for Openness

Items
1. I ask the hospital when I do not understand something.
2. I ask the hospital when I think something is wrong.
3. I make suggestions to the hospital about how work could be done.
4. The hospital takes my suggestions into account about how work tasks could be done?
5. I tell the hospital about the problems I face?

Source: Burchfield (1997)

3.6.2.5 Patient Satisfaction

Boudreaux (2005) defined patient satisfaction as "the extent each group feels favorably toward the other group as positive potential about the relationship imposed." According to Stafford and Canary (1991), satisfaction occurs when "the distribution of rewards is equitable and the relational rewards outweigh costs" (p. 225).

The items used to measure patient satisfaction are described in Table 3.12. Satisfaction was measured using a five-item instrument developed by Hon and Brunner (2001). The instrument aims to discover the standard for patient satisfaction in public hospitals in Jordan. The items are as follows: "Generally, I am pleased with the relationship this hospital has established with me," "Most patients like me are happy with their interactions with this hospital," "Patients like me are very important to this hospital," "I am happy with this hospital," and "Both this hospital and patients like me benefit from their relationship." Participants rated each item on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.12: Scale for Patient Satisfaction

Items
1. Generally, I am pleased with the relationship this hospital has established with me.
2. Most patients like me are happy with their interactions with the hospital.
3. Patients like me are very important to this hospital.
4. I am happy with this hospital.
5. Both this hospital and patients like benefit from their relationship.

Source: Hon and Brunner (2001)

3.6.3 Types of Relationships

Patients and hospitals generally have a desirable relationship for many reasons. First, the adopted relationship management allows practitioners to use the qualitative method for evaluation to track changes in the relationships over time. The relationship perceptions and behaviors of consumers are used to evaluate the program's success or failure against the benchmark. The results allows practitioners to go beyond the simple clip in Bruning and Ledingham (1999).

There are three types of relationships: professional, personal, and community relationships (Bruning & Ledingham, 1999). Each type is discussed as follows.

3.6.3.1 Professional Relationship

Professional relationship refers to the extent to which an organisation engages in the welfare of its customers (Bruning & Ledingham, 1999). In other words, an organisation that wants to maintain a professional relationship should deliver its services in a businesslike manner that meets the business needs of its customer. Bruning and Ledingham (1999) further noted that the management of an organisation's professional relationships with the public ensures the efficient delivery of services to meet the business needs of customers.

Ledingham and Bruning (1999, 2000), and Ledingham (2001) utilized the same items to measure professional relationships. These items are described in Table 3.13. Professional relationship is measured based on the instrument developed by Bruning and Ledingham (1999), and uses the following five items: "The hospital is involved in activities that promote the welfare of its patients," "This hospital acts in a socially responsible manner," "This hospital takes care of my interests and the organisation's

interests in the same way," "I think that this hospital is honest in dealing with patients," and "This hospital is willing to devote resources to maintain its relationship with me." The items were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Table 3.13: Scale for Professional Relationship

Items
1. The hospital is involved in activities that promote the welfare of its patients.
2. The hospital acts in a socially responsible manner.
3. The hospital takes care of my interests and organisation's interests in the same way.
4. I think that this hospital is honest in dealing with patients.
5. The hospital is willing to devote resources to maintain its relationship with me.

Source: Bruning and Ledingham (1999)

3.6.3.2 Personal Relationship

Personal relationship deals with the organisation's effort to build personal relationships (Bruning & Ledingham, 1999). The items used to measure personal relationship are described in Table 3.14. Personal relationship is measured using an instrument developed by Bruning and Ledingham (1999). Using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"), the instrument has five items as follows: "I feel I can trust this hospital to do what it says it will do," "This hospital seems to be the kind of organisation that invests in its patients," "I think this hospital takes into account my convenience in all our interactions," "This hospital demonstrates an interest in me as a person," and "This hospital understands me as a patient."

Table 3.14: Scale for Personal Relationship

Items
1. I feel I can trust the hospital to do what it says it will do.
2. The hospital seems be the kind of organisation that invests in its patients.
3. I think this hospital takes into account my convenience in all our interactions.
4. The hospital demonstrates an interest in me as a person.
5. The hospital understands me as a patient.

Source: Bruning and Ledingham (1999, α = .84)

3.6.3.3 Community Relationship

Community relationship refers to the extent to which an organisation interacts with the communities where it is located (Jo, 2006). Community relationship considers a two-way information flow. First, information about the institution's activities and services flows to the community. Second, information from the community flows toward the institution (Cummings & Bromley, 1996). Bruning and Ledingham (1999) argued that community relationship with the public entails an open relationship with the society by providing more support and help, and developing the society based on the type of organisational function, such as medical services, educational institutes, and financial organisations.

A five-item instrument developed by Bruning and Ledingham (1999) is used to measure community relationship. The items, described in Table 3.15, are as follows: "This hospital is open about its plans for the future," "I feel that this hospital supports events that are of interest to its patients," "I think that this hospital strives to improve the communities of its patients," "This hospital shares its plans for the future with patients," and "I think that this hospital actively plays a role in the lives of the communities it serves." A five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree") is used to measure the items.

Table 3.15: Scale for Community Relationship

Items
1. This hospital is open about its plans for the future.
2. I feel that this hospital supports events that are of interest to its patients.
3. I think that this hospital strives to improve the communities of its patients.
4. This hospital shares its plans for the future with patients.
5. I think that this hospital actively plays a role in the lives of the communities it serves.

Source: Bruning and Ledingham (1999, $\alpha = .88$)

3.7 Data Analysis

The collected data were entered into the SPSS. Descriptive analysis was used to describe the characteristics of the sample. Descriptive analysis was used to measure the sample trend for public relations practice, status, and hospital image. Multiple regression analyses were used to test the hypotheses for appropriateness. Multiple regression analysis was employed in order to understand the relationship and its influence between the variables of interest in this research. In addition this tool was used to explain how the dependent variables were associated with changes in the dependent variable. Specifically, in this research multiple regression analysis was used to estimate the effect of the practices of the organisation public relations (O-PR) that influence organisational effectiveness in Jordanian public hospitals especially in Al-Basheer Hospital.

3.7.1 Reliability

Cronbach's alpha was used to test the reliability of the questionnaire and each dimension of measurement. Cronbach's alpha ranging from 0.786 to 0.911 showed that the questionnaire was reliable. This result is more than the accepted Cronbach's

alpha for such studies (0.6) (Sekaran, 2003, p. 174). Moreover, the result of the present research is consistent with that by Nunnally (1978). The reliability test for the real data (n = 569) was matched side by side with a pilot test conducted in the early stages of this study to ensure the reliability of the items in the research. Table 3.16 shows the Cronbach's alpha for all variables in the study.

Table 3.16: Reliability Test (n= 569)

Concepts	Variables	Number of items	Reliability
Organisation-Public Relationship	Trust	5	.887
	Commitment	5	.894
	Community Involvement	5	.893
	Openness	5	.884
	Patient Satisfaction	5	.916
Types of Relationship	Professional Relationship	5	.920
	Personal Relationship	5	.910
	Community Relationship	5	.903
Organisation Effectiveness	Image	5	.907
	Identity	5	.886
	Reputation	5	.863

3.8 Summary

This chapter has explained in depth how the present study will be carried out practically. By and large, a survey will be used as the main research design. Questionnaires will be distributed randomly among the patients. The patient's family members may fill out the questionnaire if the patient is illiterate. They should ask the respondent each question. The demographic questions included the patients' location, gender, maritul status, educational level, and age. Additionally, this chapter has elaborated on the instruments used to measure each variable in the present study. Lastly, the kinds of statistical tests used to test the research hypotheses formulated

earlier have been described briefly. In the next chapter, the results of the present research will be presented according to the data gathered and analyzed.

CHAPTER FOUR
FINDINGS

4.1 Introduction

This chapter presents the results of the data analysis. First, this chapter describes an overview of the data collection, and presents the profile of the respondents. The hypotheses developed in this research are also tested as an attempt to achieve the objectives.

4.2 Data Management

According to Hair et al. (2006), data must be examined by checking the data file for errors and then removing those errors. The next step is to examine and clean the data using missing data analysis and outlier detection. Finally, the assumptions are tested.

4.2.1 Missing Data

Missing data are a common problem in data findings. According to Hair et al. (2006), the missing data should be removed to prevent the occurrence of mistakes, such as the breakdown of tools, respondents dropping out, respondents disregarding some items or making personal mistakes, and so on. Hair et al. (2006) stated that missing data in an analysis reduce the sample size and essential perspectives. According to Hair et al. (2006), cases with 50% or more missing data have to be removed. They added that 20% to 30% missing data could often be repaired. No missing data were found in this study.

4.2.2 Outliers

According to Hair et al. (2006), the value of a variable that is uncommonly high, low, or a unique combination of values across several variables makes the observation stand out. The identifing outliers indicates population characteristics that would not be discovered in the normal course of analysis. Hair et al. (2006) said that problematical outliers counter the objectives of the findings and could seriously misrepresent the running data, rather than represent the population of this research.

The researcher identified outlier cases in this research. According to Hair et al. (2006), outliers can be identified based on the observations for each variable. Twenty-five cases of outliers were identified in this study, as described in Table 4.1.

Table 4.1: Outlier List (Case Number and Count of Outliers)

Case Number	Count of Outliers	Case Number	Count of Outliers
29	2	307	2
39	1	314	1
46	1	322	2
51	2	356	1
52	2	369	2
116	1	470	1
126	1	502	2
151	2	522	1
192	1	537	2
225	2	540	1
243	1	566	2
251	2	569	1
285	1		

4.2.3 Normality

Normality assessment was used. According to Hair et al. (2006), the purpose of normality is to show the distributed normal data to gain a proper assumption. Skewness and kurtosis were used to validate an assumption in assessing normality. Tabachnick and Fidell (2001) demonstrated that skewness referred to the regularity of a distribution properly, whereas kurtosis was related to the peak of a distribution. When the skewness and kurtosis values are equal to zero, the distribution is considered normal. A few guidelines clarify the problem of non-normality. Some authors, such as Chou and Bentler (1995), suggested that the total values of the univariate skewness index are greater than 3.0. Kline (1998) proved that the absolute

values of the kurtosis index greater than 10.0 or greater than 20.0 may suggest a serious problem.

All variables in this study were tested using the skewness and kurtosis level for normality. The results indicated that the data were normally distributed.

4.3 Descriptive Analysis

The minimum and maximum values, means, standard deviations (SDs), and variance for the interval-scaled variables are presented in this research. The mean values for all variables ranged from 2.80 to 3.61. This result proved that most patients of Al-Basheer Hospital shared almost similar opinions regarding the factors that could lead to the O-PR practiced between the organisation and its key publics. Most of the SDs were less than 1.28, indicating a small variation in the patients' opinions.

Descriptive statistics provides an abstract description of the summary statistics. This analysis was utilized to determine the characteristics of the patients of Al-Basheer Hospital. The data were converted into a set of factors in a situation for better comprehension and easier deduction (Sekaran, 2000). This analysis clarified the meaning of data through frequency distribution, mean, and SD for all the variables of interest in this research.

4.4 Profile of Respondents

For the respondent profile frequency distributions were obtained for all demographic variables. Each column summarizes the total number of cases and displays the frequency in percentage form.

The demographic and background variables used in this study were: age, gender, job, educational level, and maritul status.

4.5 Response Rate

The researcher assured the respondents that the questionnaire design was correct, and the language of the questionnaire remained neutral. In addition, the researcher and the respondents agreed on a time framework that was appropriate for both the researcher and respondents.

In the process of conducting the main study, 600 questionnaires were distributed to Al-Basheer patients. Out of this number, 31 were excluded; 13 cases excluded for their serious health conditions, 16 questionnaires were incomplete/ not returned and 2 respondents were non-Jordanian national. Thus, a total of 569 responses were usable for subsequent analysis, giving a response rate of 94.8 %. Table 4.2 provides a summary on the response rates for this research. This rate was due to the fact that the questionnaires were personally distributed by hand.

Table 4.2: Summary of Response Rates

Questionnaire administrated	600	Percentage
Uncompleted/ Not returned	16	2.6%
Serious health conditions	13	2.2%
Foreigner respondents	2	0.33%
No. of responses	569	94.8%
Response rate (569/ 600)	94.8 %	

The sample size appears to be sufficient, and the response rate obtained was comparable to several studies in the same area.

4.5.1 Age of Respondents

Table 4.3 shows that the ages of the sample were concentrated in the 21- to 30-year-old category with a frequency of 243, which made up 42.71% of the sample. The frequency of respondents aged 31 to 40 years was 146, which made up 25.66%. More than two-thirds of the sample belonged to these two age categories. The third largest age group consisted of those who were less than 20 years old, with a frequency of 69 (12.1%). The last two groups consisted of those between 41 and 50 years old, with a frequency of 60 (10.5%), and those who were 51 years old and above, with a frequency of 51 (9%).

Table 4.3: The Frequency of Respondent's Age (n= 569)

Age	Frequency	Percentage %
Less than 20 years	69	12.1
21 - 30 years	243	42.7
31 - 40 years	146	25.7
41 - 50 years	60	10.5
51 years and above	51	9.0
Total	569	100

4.5.2 Gender of Respondents

Table 4.4 shows a higher percentage of female respondents (71.5%) than males (28.5%). The inpatients in the hospital at the time of this research consisted of 407 females and 162 males. Moreover, the hospital had more medical sections that cater solely to female treatment, which is the reason for the lower number of male inpatients.

Table 4.4: The Frequency of Fespondent's Gender (n=569)

Gender	Frequency	Percentage %
Male	162	28.5
Female	407	71.5
Total	569	100.0

4.5.3 Jobs of Respondents

Table 4.5 shows the respondents to be mostly housewives (302), who made up 53.1% of the sample. This number was followed by that of private sector employees, with a frequency of 89 (15.6%), and public sector employees, with a frequency of 73 (12.8%).

Table 4.5: The Frequency of Respondent's Job (n= 569)

Job	Frequency	Percentage %
Public sector employee	73	12.8
Privet sector employee	89	15.6
Pension	24	4.2
Student	51	9.0
Housewife	302	53.1
Unemployed	30	5.3
Total	569	100

4.5.4 Educational Level of Respondents

Table 4.6 shows the concentration of educational level in the sample to be in secondary school, with a frequency of 239 (42%), followed by primary school, with a frequency of 186 (32.7%).

Table 4.6: The Frequency of Respondent's Educational Level (n= 569)

Educational Level	Frequency	Percentage %
Primary	186	32.7
Secondary	239	42.0
College Diploma	73	12.8
Bachelor Degree	63	11.1
Postgraduate	8	1.4
Total	569	100

4.5.5 Marital Status of Respondents

Table 4.7 shows that majority of the sample were married. The number of married individuals had a frequency of 434 (76.3%). Single individuals had a frequency of 113 (19.9%) of the total sample.

Table 4.7: The Frequency of Respondent's Marital Status (n= 569)

Marital status	Frequency	Percentage %
Single	113	19.9
Married	434	76.3
Divorced	9	1.6
Widowed	13	2.3
Total	569	100

4.6 Factor Analysis

According to Pallant (2001), "factor analysis allows you to condense a large set of variables or scale items down to a smaller, more manageable number of dimensions or factors. It does this by summarizing the underlying patterns of correlation and looking for 'clumps' or groups of closely related items. This technique is often used when developing scales and measures, to identify the underlying structure" (p. 91).

1. The factor analysis technique was applied to measure the utilized reliability and validity of the measuring instruments in this study. Hair et al. (2006) described factor analysis as an interdependent technique to determine the basic structure between variables used in this study to summarize the original variables into a smaller set of new, composite dimensions or factors. As suggested by Hair et al. (2006), the following guidelines are meaningful for interpretation to have an appropriate work. A five-point Likert scale suits this type of research, with a minimum sample size of not less than 50 observations. This research had a total of 569 cases. According to Hair et al. (2006), Bartlett's test of sphericity (p-value < 0.05) shows sufficient correlations between the variables. Bartlett's test of sphericity was (p < 0.05) in this study. The values of each variable were acceptable. Therefore, none of the variables were eliminated. Items loaded with another item were removed, and the factor matrix of loadings between the items and factors was used.

Factor loadings of ±0.30 to ±0.40 possess the bare minimum, whereas values greater than ±0.50 are considered for practical purposes. Items in the this study with loadings less that 0.3 were eliminated.

4.6.1 Factor Analysis on O-PR Practices

Exploratory factor analysis (EFA) was conducted on O-PR, which included five dimensions: trust, commitment, community involvement, openness, and patient satisfaction. Five items were used for trust, four items for commitment, four items for community involvement remains after factor analysis, four items for openness remains after factor analysis, and two items for patient satisfaction out of five items remains after factor analysis. The results of the EFA on O-PR are presented in Table 4.8. The table presents the factor loadings of five dimensions of O-PR practices after deleting the items that showed either low factor loading (<0.50) or double loading. The results indicated that the loadings of the remaining items were from 0.50 to 0.90.

Table 4.8:Summary of Factors and Reliability Analysis on O-PR Practices

Items	Factor Loading	Cronbach's Alpha
Trust 1	.685	
Trust 2	.771	
Trust 3	.727	.887
Trust 4	.755	
Trust 5	.661	
Commitment 1	.709	
Commitment 2	.809	
Commitment 4	.649	.892
Commitment 5	.592	
Community Involvement 1	.780	
Community Involvement 2	.808	
Community Involvement 3	.679	.879
Community Involvement 5	.639	
Openness 1	.734	
Openness 2	.775	
Openness 3	.743	.858
Openness 5	.632	
Patient Satisfaction 3	.562	
Patient satisfaction 5	.771	.786

Note: Items with factor loading less than 0.5 or double loading were deleted.

Partial correlations among the variables were tested using Kaiser–Meyer–Olkin (KMO) to determine whether they were small or not. In this study, KMO was tested on O-PR practices. The KMO measure for all items was 0.955, as shown in Table 4.9, which is within the acceptable level. In other words, the KMO value above 0.50 indicates a definite level of appropriateness (Hair et al., 2006). Bartlett's test of sphericity was significant, which indicates a sufficient number of significant inter-correlations for factor analysis. The assumptions for the factor analysis were met. In fact, if the KMO measure was greater than 0.60 and the Bartlett's test of sphericity

was large and significant, then factorability is assumed (Coakes & Steed, 2007; Pallant, 2007).

Table 4.9: KMO and Bartlett's Test (O-PR Practices)

Kaiser–Meyer–Olkin Measure of Sampling Adequacy		0.955
Bartlett's test of sphericity	Approx. Chi-Square	7489.416
	Df	171
	Sig.	0.000

4.6.2 Factor Analysis on Types of Relationships Practices

The EFA was conducted on the types of relationship practices in three dimensions: professional, personal, and community relationships. From the analysis, three items determined professional relationship, five items determined personal relationship, and another five items indicated community relationship.

The results of the factor analysis on professional relationship are presented in Table 4.10. The table presents the factor loading of three dimensions of the types of relationship practices. Items with low factor loading (<0.50) were deleted. The loadings of the remaining items were 0.60 and above. The factor analysis showed 15 items for the three types of relationships (two items were deleted, whereas 13 items remained).

Table 4.10: Summary of Factors and Reliability Analysis on Types of Relationship Practices

Items	Factor Loading	Cronbach's Alpha
Professional Relationship 1	.807	
Professional Relationship 2	.808	
Professional Relationship 5	.736	.872
Personal Relationship 1	.687	
Personal Relationship 2	.683	
Personal Relationship 3	.745	.910
Personal Relationship 4	.774	
Personal Relationship 5	.724	
Community Relationship 1	.743	
Community Relationship 2	.809	
Community Relationship 3	.673	.903
Community Relationship 4	.770	
Community Relationship 5	.652	

Note: Items with factor loading less than 0.5 or double loading were deleted.

The KMO measure of sampling adequacy (MAS) for all items was 0.952, which is within the acceptable level. In other words, the MAS value above 0.50 indicates appropriateness (Hair et al., 2006). Bartlett's test of sphericity was significant, which indicates a sufficient number of significant inter-correlations for factor analysis. The assumptions for the factor analysis were met. The KMO measure for all items of each type of relationship was 0.952, as shown in Table 4.11.

Table 4.11: KMO and Bartlett's Test (Types of Relationship Practices)

Kaiser–Meyer–Olkin Measure of Sampling Adequacy		0.952
Bartlett's test of sphericity	Approx. Chi-Square	5548.790
	Df	78
	Sig.	0.000

4.6.3 Factor Analysis on Organisational effectiveness

Organisational effectiveness was analyzed by EFA. Three dimensions were included: image, identity, and reputation. Two items were used for image, three items for identity, and five items for reputation.

The results of the factor analysis on O–PR are presented in Table 4.12. The factor loading for the three dimensions of organisational effectiveness are presented after deleting items that show low factor loading (<0.50). The results indicate that the loadings of the remaining items were 0.50 and above. The factor analysis for 15 items of organisational effectiveness provided three dimensions with 10 items (five items were deleted).

Table 4. 12: Summary of Factors and Reliability Analysis on Organisational Effectiveness

Items	Factor Loading	Cronbach's Alpha
Image 1	.870	
Image 2	.829	.911
Identity 2	.729	
Identity 3	.790	.846
Identity 5	.748	
Reputation 1	.758	
Reputation 2	.797	
Reputation 3	.721	.863
Reputation 4	.774	
Reputation 5	.608	

Note: Items with factor loading less than 0.5 or double loading were deleted.

Partial correlations among the variables were tested using KMO to determine whether they were small or not. This study used KMO to test organisational effectiveness. The KMO measure for all items was 0.903, as shown in Table 4.13, which is within the acceptable level because KMO value above 0.50 indicates a definite level of appropriateness (Hair et al., 2006). Bartlett's test of sphericity was significant, which indicated a sufficient number of significant inter-correlations for factor analysis. The assumptions for the factor analysis were met. In fact, if the KMO measure is greater than 0.60 and Bartlett's test of sphericity is large and significant, then factorability is assumed (Coakes & Steed, 2007; Pallant, 2007). The KMO MAS for all items was 0.903, which was within the acceptable level. Bartlett's test of sphericity was significant, which indicated a sufficient number of significant inter-correlations for factor analysis. The assumptions for the factor analysis were met. Cronbach's alpha for the items was reliable.

Table 4.13: KMO and Bartlett's Test (Organisational effectiveness)

Kaiser–Meyer–Olkin Measure of Sampling Adequacy		0.903
Bartlett's test of sphericity	Approx. Chi-Square	3429.743
	Df	45
	Sig.	0.000

The above process was created after running the factor analysis with deleted, double, or wrongly loaded items. Table 4.14 presents the dropped items and the reason why they were dropped.

Table 4.14: Items Dropped After Exploratory Factor Analysis

Variables	**Item Dropped**	**Reason Dropped**
Trust	None	None
Commitment	Commitment 3	Loaded in wrong factor
Community Involvement	Community Involvement 4	Double loaded
Openness	Openness 4	Loaded in wrong factor
Patient Satisfaction	Patient Satisfaction 1, 2, 4	Loaded in wrong factor and double loaded
Professional Relationship	Professional Relationship 3, 4	Double loaded and loaded in wrong factor
Personal Relationship	None	None
Community Relationship	None	None
Image	Image 3, 4, 5	Loaded in wrong factor
Identity	Identity 1, 4	Double loaded
Reputation	None	None

The researcher carried out the EFA to examine deeply the factor structure of the 55-item instrument. Before identifying the factors that could lead to the O-PR practices and the types of relationships to see the impact on organisational effectiveness, the 569 responses were extracted using factor analysis. All items loaded on the appropriate factor with loading were typically above 0.60 (greater than the recommended 0.50 minimum), according to Hair et al. (2006). After factor analysis, 13 out of 55 items were deleted, resulting in a final instrument of 42 items that represents 11 factors. Table 4.15 summarizes the factor loadings for the condensed 42-item instrument. Moreover, no cross loading items were initiate, which supports the discriminant validity of the instrument.

Finally, the following factors that could lead to the adoption of O-PR practices were used: trust, commitment, community involvement, openness, patient satisfaction, professional relationship, personal relationship, community relationship, image, identity, and reputation. These factors may be used to find the types of relationships that determine the patients' behavior toward Al-Basheer Hospital after the factor analysis.

Table 4.15: Exploratory Factor Loading

Factors	1	2	3	4	5	6	7	8	9	10	11
Trust 1	.685										
Trust 2	.771										
Trust 3	.727										
Trust 4	.755										
Trust 5	.661										
Commitment 1		.709									
Commitment 2		.809									
Commitment 4		.649									
Commitment 5		.592									
Community Involvement 1			.780								
Community Involvement 2			.808								
Community Involvement 3			.679								
Community Involvement 5			.639								
Openness 1				.734							
Openness 2				.775							
Openness 3				.743							
Openness 5				.632							
Satisfaction 3					.562						
Satisfaction 5					.771						
Professional Relationship 1						.807					
Professional Relationship 2						.808					
Professional Relationship 5						.736					
Personal Relationship 1							.687				

Personal Relationship 2							.683				
Personal Relationship 3							.745				
Personal Relationship 4							.774				
Personal Relationship 5							.724				
Community Relationship 1								.743			
Community Relationship 2								.809			
Community Relationship 3								.673			
Community Relationship 4								.770			
Community Relationship 5								.652			
Image 1									.870		
Image 2									.827		
Identity 2										.729	
Identity 3										.790	
Identity 5										.748	
Reputation 1											.758
Reputation 2											.797
Reputation 3											.721
Reputation 4											.774
Reputation 5											.608

Note: Items with factor loading less than 0.5 or double loading were deleted.

4.7 Reliability Test

Table 4.16 shows that Cronbach's alpha was considerably more than the accepted

limit. According to Hair et al. (2006), Pallant (2001), and Nunnally (1978), an ideal

Cronbach's alpha coefficient should be above 0.70. Based on this evidence, the coefficient alphas for all variables in this study were acceptable within a minimum range of 0.786 to a maximum of 0.911.

Table 4.16: Reliability Coefficients for all Variables

Concepts	Variables	Number of items	Reliability
	Trust	5	.887
	Commitment	4	.892
Organisation-Public	Community Involvement	4	.879
Relationship	Openness	4	.858
	Patient Satisfaction	2	.786
	Professional	3	.872
Types of Relationship	Relationship		
	Personal Relationship	5	.910
	Community Relationship	5	.903
	Image	2	.911
Organisational	Identity	3	.846
effectiveness	Reputation	5	.863

Table 4.17 shows the coefficient alphas for the new set of variables after factor analysis.

Table 4.17: Reliability Coefficients for the New Set of Variables

The Items	Cronbach's Alpha (α)
Trust 1	
Trust 2	
Trust 3	0.887
Trust 4	
Trust 5	
Commitment 1	
Commitment 2	
Commitment 4	0.892
Commitment 5	
Community Involvement 1	
Community Involvement 2	
Community Involvement 3	0.879
Community Involvement 5	
Openness 1	
Openness 2	
Openness 3	0.858
Openness 5	
Satisfaction 3	
Satisfaction 5	0.786
Professional Relationship 1	
Professional Relationship 2	0.872
Professional Relationship 5	
Personal Relationship 1	
Personal Relationship 2	
Personal Relationship 3	.910
Personal Relationship 4	
Personal Relationship 5	

Community Relationship 1	
Community Relationship 2	
Community Relationship 3	.903
Community Relationship 4	
Community Relationship 5	
Image 1	
Image 2	.911
Identity 2	
Identity 3	.846
Identity 5	
Reputation 1	
Reputation 2	
Reputation 3	
Reputation 4	.863
Reputation 5	

4.8 Descriptive Analyses of O-PR

4.8.1 Perceptions toward the Practice of Trust in O-PR

Trust is one of the O–PR factors measured by five items in this study. Table 4.18 shows 283 respondents (49.7%) agreed that the hospital makes important decisions regarding the patients' welfare, whereas 107 (18.8 per cent) strongly agreed. In addition, 73 respondents (12.8%) neither agreed nor disagreed with this statement, whereas 64 respondents (11.2%) disagreed. Only 42 respondents (7.4%) strongly disagreed with this statement. The mean for this item was rated as the highest one of this dimension with M = 3.61, with SD = 1.13. Moreover, 234 respondents (41.1%) believed that the hospital does what it says it will do, 87 respondents (15.3%) strongly agreed with this statement, and 101 respondents (17.8%) neither agreed nor disagreed. Moreover, 78 respondents (13.7%) disagreed with the statement, and only

69 (12.1%) strongly disagreed. The mean for this item was rated as the second item of this dimension, with M = 3.34 and SD = 1.24. Furthermore, 215 respondents (37.8%) agreed that the doctors consider the patients' opinion when making decisions, only 63 respondents (11.1%) strongly agreed, and 112 respondents (19.7%) disagreed. One hundred twelve respondents (19.7%) neither agreed nor disagreed with this statement. Only 67 respondents (11.8%) strongly disagreed with this statement. The mean for this item was rated as the lowest item of this dimension, with M = 3.17 and SD = 1.21.

As a conclusion for this section, the majority of respondents agreed or strongly agreed with most of the items. Thus, trust may positively affect O-PR and influence organisational effectiveness. However, the hospital still has to consider the patients' opinion when making decisions concerning the patients.

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
Treating people fairly	70 (12.3)	79 (13.9)	94 (16.5)	254 (44.6)	72 (12.7)	3.31	1.22
Making important decisions regarding patients	42 (7.4)	64 (11.2)	73 (12.8)	283 (49.7)	107 (18.8)	3.61	1.13
Considering patients opinion when making decisions	67 (11.8)	112 (19.7)	112 (19.7)	215 (37.8)	63 (11.1)	3.17	1.21
Sound principles seem to guide the hospital behaviour	45 (7.9)	69 (12.1)	165 (29.0)	227 (39.9)	63 (11.1)	3.34	1.08
The hospital does what it says it will do	69 (12.1)	78 (13.7)	101 (17.8)	234 (41.1)	87 (15.3)	3.34	1.24

4.8.2 Perceptions toward the Practice of Commitment in O-PR

The second factor for O-PR used in this research is commitment, which is measured by four items. As shown in Table 4.19, 258 respondents (45.3%) agreed and 59 respondents (10.4%) strongly agreed that the relationship between hospital and patients benefited both, whereas 78 respondents (13.7%) disagreed and 52 respondents (9.1%) strongly disagreed. Moreover, 122 respondents (21.4%) rated neither agree nor disagree toward the same statement. The mean for this rated item was the highest one in this dimension, with M = 3.34 and SD = 1.12. The respondents also believed that the hospital wants to maintain a relationship with patients, with M = 3.30 and SD = 1.15. A total of 251 (44.1%) inpatients at Al-Basheer Hospital agreed, and 61 respondents (10.7%) strongly agreed with this statement. However, 93 respondents (16.3%) disagreed, and 55 respondents (9.7%)

strongly disagreed. Moreover, 109 respondents (19.2%) neither agreed nor disagreed. The item that received the lowest perception among hospital inpatients was that hospitals had a long-lasting bond with them. A total of 121 respondents (21.3%) disagreed and 65 respondents (11.4%) strongly disagreed, whereas 130 said they neither agreed nor disagreed. Meanwhile, 199 respondents (35.0%) agreed and 54 respondents (9.5%) strongly agreed.

Table 4.19: Patients Perceptions of Hospital Commitment (n= 569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
Al-Basheer hospital wants to maintain relationship with patients	55 (9.7)	93 (16.3)	109 (19.2)	251 (44.1)	61 (10.7)	3.30	1.15
There is a long-lasting bond between Al-Basheer with patients	65 (11.4)	121 (21.3)	130 (22.8)	199 (35.0)	54 (9.5)	3.10	1.18
Hospital and people benefit from relationship	52 (9.1)	78 (13.7)	122 (21.4)	258 (45.3)	59 (10.4)	3.34	1.12
I feel I am important to the hospital	74 (13.0)	107 (18.8)	108 (19.0)	211 (37.1)	69 (12.1)	3.17	1.24

4.8.3 Perceptions toward the Practice of Community Involvement in O-PR

Community involvement was measured by four items in this study. Table 4.20 shows that 262 respondents (46.0%) agreed that the hospital was kind to invest in the community and 110 respondents (19.3%) strongly agreed with this statement. In addition, 74 respondents (13.0%) neither agreed nor disagreed, whereas 75 respondents (13.2%) disagreed. Only 48 respondents (8.4%) strongly disagreed. The mean for this item was rated as the highest one in this dimension, with M = 3.55 and SD = 1.19. Moreover, 257 of the respondents (45.2%) believed they were aware of

the hospital's community involvement, and 78 of the respondents (13.7%) strongly agreed. One hundred twenty-two respondents (21.4%) neither agreed nor disagreed with this statement. Furthermore, 71 respondents (12.5%) disagreed, and only 41 respondents (7.2%) strongly disagreed. The mean for this item was rated as the second highest item in this dimension, with M = 3.46 and SD = 1.10.

Generally looking at the descriptive items of community involvement, the result of the whole items ranged almost similarly to each other, especially the mean and SD for the four items measured in community involvement.

As a conclusion for this section, majority of the respondents are satisfied with the hospital in its efforts in involving the community with its O-PR, which in turn, has an excellent effect onorganisational effectiveness. Generally, community involvement does not reach the expected level in public hospitals, according to the perceptions of inpatients.

Table 4.20: Patients Perceptions of the Hospital Involved in Community (n=569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
The hospital seems to be the kind to invest in the community	48 (8.4)	75 (13.2)	74 (13.0)	262 (46.0)	110 (19.3)	3.55	1.19
Patients are aware that the hospital is involved in community	41 (7.2)	71 (12.5)	122 (21.4)	257 (45.2)	78 (13.7)	3.46	1.10
The hospital is very dynamic in maintaining good relationship with the community	47 (8.3)	91 (16.0)	143 (25.1)	227 (39.9)	61 (10.7)	3.29	1.11
The hospital has a responsibility to serve the community	49 (8.6)	69 (12.1)	116 (20.4)	262 (46.0)	73 (12.8)	3.42	1.12

4.8.4 Perceptions toward the Practice of Openness in O-PR

Openness is one of the O-PR factors measured by four items in this study. Table 4.21 shows 230 respondents (40.4%) who agreed, and 101 respondents (17.8%) who strongly agreed that the patients could tell the hospital about their problems. A total of 75 respondents (13.2%) disagreed and 60 respondents (10.5%) strongly disagreed with this statement. In addition, 103 respondents (18.1%) neither agreed nor disagreed. The mean of this item was rated as the highest among five items, with M = 3.42 and SD = 1.22. The second highest item for openness was perception on whether the patient could ask the hospital to clarify anything not understood, rated at M = 3.26 and SD = 1.25. A total of 224 respondents (39.4%) agreed and 81

respondents (14.2%) strongly agreed with this statement. A total of 88 respondents (15.5%) disagreed and 74 respondents (13.0%) strongly disagreed. Moreover, 102 respondents (17.9%) neither agreed nor disagreed with this statement.

Table 4.21: Patients Perceptions of being Open with Hospital (n=569)

| Perception | Number of responses (%) | | | | | Mean | SD |
	SD	D	N	A	SA		
I ask the hospital when I do not understand something	74 (13.0)	88 (15.5)	102 (17.9)	224 (39.4)	81 (14.2)	3.26	1.25
I ask the hospital when I think something is wrong	67 (11.8)	110 (19.3)	112 (19.7)	210 (36.9)	70 (12.3)	3.19	1.22
I make suggestions to the hospital about how work could be done	88 (15.5)	96 (16.9)	135 (23.7)	192 (33.7)	58 (10.2)	3.06	1.24
I can tell the hospital about what problems I face	60 (10.5)	75 (13.2)	103 (18.1)	230 (40.4)	101 (17.8)	3.42	1.22

4.8.5 Perceptions toward the Practice of Patient Satisfaction in O-PR

Patient satisfaction was the fifth and last dimension of O-PR used in this research. Patient satisfaction was supposed to be measured by five items. However, only two items remained after factor analysis to measure patient satisfaction. Table 4.22 shows 253 respondents (44.5%) who agreed, and 63 respondents (11.1%) who strongly agreed that the patients are very important to the hospital. A total of 83 respondents (14.6%) disagreed and 59 respondents (10.4%) strongly disagreed. Moreover, 111 respondents (19.5%) neither agreed nor disagreed with this statement.

The overall mean of this item was M = 3.31 and SD = 1.16, which is the highest item in the patient satisfaction factor.

The second remaining item after factor analysis for patient satisfaction was the perception that Al-Basheer Hospital and its patients benefit from their relationships, with M = 3.29 and SD = 1.16. A total of 224 respondents (39.4%) agreed and 69 (12.1%) strongly agreed with this statement. A total of 78 respondents (13.7%) disagreed and 60 respondents (10.5%) strongly disagreed. Moreover, 138 respondents (24.3%) neither agreed nor disagreed with this statement.

Table 4.22: Patients Satisfaction Perceptions toward Hospital (n=569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
Patients are very important to the hospital	59 (10.4)	83 (14.6)	111 (19.5)	253 (44.5)	63 (11.1)	3.31	1.16
Both the hospital and patients have benefits from their relationship	60 (10.5)	78 (13.7)	138 (24.3)	224 (39.4)	69 (12.1)	3.29	1.16

4.9 Descriptive Analyses of Types of Relationships

4.9.1 Professional Relationship

Professional relationship is one of the types of relationship dimensions measured by three items in this study. Table 4.23 shows the inpatient perception that the hospital acts in a socially responsible manner. A total of 233 respondents (40.9%) agreed and 58 respondents (10.2%) strongly agreed with this statement. In addition, 95 respondents (16.7%) disagreed and 62 (10.9%) strongly disagreed. One hundred

twenty-one respondents (21.3%) neither agreed nor disagreed. The mean for this item was rated as the highest in this dimension, with M = 3.29 and SD = 1.17. The second highest perception was the statement that the hospital is willing to devote resources to maintain its relationship with patients. A total of 221 respondents (38.8%) agreed and 67 respondents (11.8%) strongly agreed with this statement. A total of 82 respondents (14.4%) disagreed and 57 (10.0%) strongly disagreed, whereas 142 respondents (25.0%) neither agreed nor disagreed. The mean for this item in this dimension was M = 3.28 and SD = 1.15. The lowest perception was the statement that the hospital is involved in activities that promote the welfare of its customers. One hundred eighty-five respondents (32.5%) agreed and 53 respondents (9.3%) strongly agreed with this statement. A total of 107 respondents (18.8%) disagreed and 73 respondents (12.8%) strongly disagreed, but 151 respondents (26.5%) neither agreed nor disagreed. The mean for this item was rated as the lowest item in this dimension, with M = 3.01 and SD = 1.18.

Table 4.23: Patients Perceptions of Professional Relationship (n= 569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
The hospital is involved in activities that promote the welfare of its patients	73 (12.8)	107 (18.8)	151 (26.5)	185 (32.5)	53 (9.3)	3.10	1.18
The hospital acts in a socially responsible manner	62 (10.9)	95 (16.7)	121 (21.3)	233 (40.9)	58 (10.2)	3.23	1.17
The hospital is willing to devote resources to maintain its relationship with me	57 (10.0)	82 (14.4)	142 (25.0)	221 (38.8)	67 (11.8)	3.28	1.15

4.9.2 Personal Relationship

Personal relationship is one of the types of relationships measured by five items in this study. Table 4.24 shows the highest inpatient perception is the statement that the hospital understands the patients as a customer. A total of 286 respondents (43.2%) agreed and 65 respondents (11.4%) strongly agreed, whereas 93 respondents (16.3%) disagreed and 60 (10.5%) strongly disagreed. In addition, 105 respondents (18.5%) neither agreed nor disagreed. The mean for this item was rated as the highest item in the personal relationship dimension, with M = 3.29 and SD = 1.18. Moreover, the second highest perception was the statement that the patient can trust the hospital to do what it says it will do. A total of 229 respondents (40.2%) agreed and 66 respondents (11.6%) strongly agreed with this statement. A total of 85 respondents (14.9%) disagreed and 70 respondents (12.3%) strongly disagreed, whereas 119 respondents (20.9%) neither agreed nor disagreed. The mean for this item in this dimension was M = 3.24 and SD = 1.21. The lowest perception was the statement that the hospital takes into account the patients' convenience in all their interactions. A total of 195 respondents (34.3%) agreed and 61 respondents (10.7 per cent) strongly agreed. Among them, 105 respondents (18.5%) disagreed and 71 respondents (12.5%) strongly disagreed, but 137 respondents (24.1%) indicated that they neither agreed nor disagreed. The mean for this item was rated as the lowest for personal relationship, with M = 3.12 and SD = 1.20.

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
I feel I can trust the hospital to do what it says it will do	70 (12.3)	85 (14.9)	119 (20.9)	229 (40.2)	66 (11.6)	3.24	1.21
The hospital seems kind to invest in its patients	51 (9.0)	101 (17.8)	149 (26.2)	217 (38.1)	51 (9.0)	3.20	1.11
The hospital takes into account my convenience in all our interactions	71 (12.5)	105 (18.5)	137 (24.1)	195 (34.3)	61 (10.7)	3.12	1.20
The hospital demonstrates interests in me as a person	50 (8.8)	103 (18.1)	143 (25.1)	221 (38.8)	52 (9.1)	3.21	1.11
The hospital understands me as a patient	60 (10.5)	93 (16.3)	105 (18.5)	246 (43.2)	65 (11.4)	3.29	1.18

4.9.3 Community Relationship

Community relationship is the third type of relationship measured by five items in this research. Table 4.25 shows that the highest perception was that the hospital actively plays a role in the lives of the communities it serves. A total of 207 respondents (36.4%) agreed and 63 (11.1%) strongly agreed. A total of 94 respondents (16.5%) disagreed and 63 respondents (11.1%) strongly disagreed, whereas 142 respondents (25.0 per cent) indicated that they neither agreed nor disagreed with the same statement. The mean of this item was M = 3.20 and SD = 1.17.

The second highest perception was that the hospital strives to improve the communities of its customers. This perception is quite similar to the highest one due to similar results/answers. For this statement, M = 3.16 and SD = 1.15. The lowest item among the community relationship was that the hospital shares its plans for the future with its customers. A total of 132 respondents (23.2 per cent) agreed and 45 respondents (7.9 per cent) strongly disagreed. A total of 132 respondents disagreed (23.2%) and 102 respondents (17.9 per cent) strongly disagreed. The highest response rate in this item was 158 (27.8 per cent), which belonged to those who indicated they neither agreed nor disagreed with the statement.

This factor had the least effect on the organisation compared to the other two types of relationships measured below the optimal level. Based on this result, the hospital still has to take a few steps toward the patients. The hospital needs to be open about future plans and involve the patients and support events that are important to the patients.

Table 4.25: Patients Perceptions of Community Relationship (n= 569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
The hospital is open about its plans for the future	79 (13.9)	119 (20.9)	184 (32.3)	139 (24.4)	48 (8.4)	2.93	1.16
The hospital support events which are important to its patients	81 (14.2)	128 (22.5)	169 (29.7)	152 (26.7)	39 (6.9)	2.89	1.15
The hospital strives to improve the communities of its patients	60 (10.5)	101 (17.8)	152 (26.7)	201 (35.3)	55 (9.7)	3.16	1.15
The hospital shares its plans for the future with patients	102 (17.9)	132 (23.2)	158 (27.8)	132 (23.2)	45 (7.9)	2.80	1.21
The hospital actively plays a role in the lives communities it serves	63 (11.1)	94 (16.5)	142 (25.0)	207 (36.4)	63 (11.1)	3.20	1.17

4.10 Descriptive Analyses of Organisational effectiveness

4.10.1 Perceptions toward the Image

Image is the first dimension of organisational effectiveness measured by two items.

Table 4.26 shows that the patients trust the hospital's image. A total of 226

respondents (39.7 per cent) agreed and 85 respondents (14.9 per cent) strongly

agreed. Only 69 respondents (12.1 per cent) disagreed and 65 respondents (11.4 per

cent) strongly disagreed. Those who neither agreed nor disagreed made up 124 of the

respondents (21.8 per cent). This item was denoted as the highest in image, with M =

3.35 and SD = 1.21. The second item for image was that the hospital brand is

admirable. A total of 210 respondents (36.9 per cent) agreed with the statement and

75 respondents (13.2 per cent) strongly agreed. Eighty-eight respondents (15.5 per cent) disagreed and 61 respondents (10.7 per cent) strongly disagreed. Moreover, 135 respondents (23.7 per cent) neither agreed nor disagreed. For this item, M = 3.26 and SD = 1.19.

Table 4.26: Patients Perceptions of Hospital Image (n= 569)

| Perception | Number of responses (%) | | | | | Mean | SD |
	SD	D	N	A	SA		
The hospital is a brand that I trust	65	69	124	226	85	3.35	1.21
	(11.4)	(12.1)	(21.8)	(39.7)	(14.9)		
The hospital brand is admirable	61	88	135	210	75	3.26	1.19
	(10.7)	(15.5)	(23.7)	(36.9)	(13.2)		

4.10.2 Perceptions toward the Identity of Hospital

Identity is a dimension of organisational effectiveness measured by three items. In Table 4.27, the perception that patients have a clear impression of the kind of persons who consume the hospital services is the highest item. A total of 231 respondents (40.6 per cent) agreed and 61 respondents (10.7 per cent) strongly agreed. A total of 75 respondents (13.2 per cent) disagreed and 54 respondents (9.5 per cent) strongly disagreed. Additionally, 148 respondents (26.0 per cent) neither agreed nor disagreed with this statement. For this item, M = 3.30 and SD = 1.12. The second highest item was that the hospital provides much emotional benefit to the patients. A total of 178 respondents (31.3 per cent) agreed and 91 respondents (16.0 per cent) strongly agreed. A total of 137 respondents (24.1 per cent) neither agreed nor disagreed, whereas 84 respondents (14.8 per cent) disagreed and 79 respondents (13.9 per cent) strongly disagreed. For the second highest item, M = 3.21 and SD = 1.27. The lowest item scored in identity was that the hospital is interesting. Only 150

respondents (26.4 per cent) agreed, whereas 61 respondents (10.7 per cent) strongly disagreed. Moreover, 119 respondents (20.9 per cent) disagreed and 101 respondents (17.8 per cent) strongly disagreed. A total of 138 respondents (24.3 per cent) neither agreed nor disagreed. For this item, M = 2.91 and SD = 1.28.

Table 4.27: Patients Perceptions of Identity (n= 569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
The hospital is interesting	101 (17.8)	119 (20.9)	138 (24.3)	150 (26.4)	61 (10.7)	2.91	1.28
I have a clear impression of the kind of persons who consume the hospital services	54 (9.5)	75 (13.2)	148 (26.0)	231 (40.6)	61 (10.7)	3.30	1.12
The hospital has emotional benefits to the patients	79 (13.9)	84 (14.8)	137 (24.1)	178 (31.3)	91 (16.0)	3.21	1.27

4.10.3 Perceptions toward the Hospital Reputation

Last, but not the least, reputation is a dimension of organisational effectiveness measured by five items. Table 4.28 explains that patients believe that public hospitals have a better reputation than other hospitals. A total of 235 respondents (41.3 per cent) agreed and 99 respondents (17.4 per cent) strongly agreed. Only 63 respondents (11.1 per cent) disagreed and 68 respondents (12.0 per cent) strongly disagreed. However, 104 respondents (18.3 per cent) neither agreed nor disagreed. The second highest item for reputation was obtained by the hospital's very rapid use of corporate visible and invisible assets. A total of 213 respondents (37.4 per cent)

agreed and 65 respondents (11.4 per cent) strongly agreed. Meanwhile, 110 respondents (19.3 per cent) disagreed and 54 respondents (9.5 per cent) strongly disagreed. Those who chose to neither agree nor disagree comprised 127 of the respondents (22.3 per cent).

At this point, the researcher found low items for reputation. The first item was that the hospital is innovative in its corporate culture, and the second item was that the hospital has the ability to attract people. However, the most critical item was that the hospital is financially sound to help others. A total of 180 respondents (31.6 per cent) agreed and 40 respondents (7.00 per cent) strongly agreed. One hundred fifty-five respondents (27.2 per cent) neither agreed nor disagreed. The patients who disagreed consisted of 122 respondents (21.4 per cent), and those who strongly disagreed consisted of 72 respondents (12.7 per cent). This item had a total M = 3.00 and SD = 1.15.

Table 4.28: Patients Perceptions of Reputation (n=569)

Perception	Number of responses (%)					Mean	SD
	SD	D	N	A	SA		
The hospital has the ability to attract people	77 (13.5)	113 (19.9)	109 (19.2)	192 (33.7)	78 (13.7)	3.14	1.27
The hospital uses corporate visible and invisibles assets very quickly	54 (9.5)	110 (19.3)	127 (22.3)	213 (37.4)	65 (11.4)	3.22	1.17
The hospital is financially sound enough to help others	72 (12.7)	122 (21.4)	155 (27.2)	180 (31.6)	40 (7.0)	3.00	1.15
The hospital is innovative in its corporate culture	61 (10.7)	102 (17.9)	155 (27.2)	203 (35.7)	48 (8.4)	3.13	1.13
I believe that the reputation of this hospital is better than others	68 (12.0)	63 (11.1)	104 (18.3)	235 (41.3)	99 (17.4)	3.41	1.24

4.11 Hypotheses Testing

Five hypotheses were produced for this study. Correlation was used to test the first three hypotheses, and multiple regression was used to test hypotheses four and five. The results of these tests were discussed based on the data collected from the field. Testing of the hypotheses was done, whereas the research questions linked with the hypothesis were answered as follows:

4.11.1 Analysis of Respondent's Perception of O-PR with Organisational effectiveness

H1(a): There is a significant relationship between organisation-public relationship practices and image.

H1(a) in this study predicts a significant relationship between O-PR and image. The Pearson correlation is 0.619. The results showed a strong relationship between O-PR and image. The significant effect of O-PR (p < 0.05) indicated that the probability of O-PR improvement will improve the image of public hospitals in Jordan. Among the O-PR practices, patient satisfaction had the highest correlation with image (r = 0.588). Openness was the lowest practice correlated with image (r = 0.486). As the results in Table 4.29 suggests, a significant positive relationship exists; therefore, H1(a) is supported.

Table 4.29: Pearson Correlation of (H1a) (n= 569)

		Image
Organisation-Public Relationship Practices	**Pearson Correlation**	.619**
	Sig. (2-tailed)	
Trust		.514**
Commitment		.545**
Community involvement		.566**
Openness		.486**
Satisfaction		.588**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H1(b): There is a significant relationship between organisation-public relationship practices and identity.

H1(b) predicts a significant relationship between O-PR practices and identity. The Pearson correlation was 0.737. The significant effect of O-PRs (p < 0.05) indicated that O-PR improvement will improve the identity of public hospitals in Jordan. Commitment had the highest correlation with identity among the O-PR practices (r =

0.702). The practice with the trust (r = 0.599). As the result in Table 4.30 suggests, a significant positive relationship exists; therefore, H1(b) is supported.

Table 4.30: Pearson Correlation of (H1b) (n= 569)

		Identity
Organisation-public relationship practices	**Pearson Correlation**	.737**
	Sig. (2-tailed)	
Trust		.599**
Commitment		.702**
Community involvement		.621**
Openness		.621**
Patient satisfaction		.638**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H1(c): There is a significant relationship between organisation-public relationship practices and reputation.

H1(c) predicts that a significant relationship exists between O-PR and reputation. The Pearson correlation was 0.807. The significant effect ($p < 0.05$) indicated that O-PR improvement will improve the reputation of public hospitals in Jordan. The highest practice correlated with reputation was commitment (r = 0.746). The lowest O-PR practice was trust (r = 0.656). As the result in Table 4.31 suggests, a significant positive relationship exists; therefore, H1(c) is supported.

Table 4.31: Pearson Correlation of (H1c) (n= 569)

		Reputation
Organisation-public relationship practices	**Pearson Correlation**	.807**
	Sig. (2-tailed)	
Trust		.656**
Commitment		.746**
Community involvement		.705**
Openness		.665**
Patient satisfaction		.728**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

4.11.2 Analysis of O-PR Practices and Types of Relationships

H2: There is a significant relationship between organisation-public relationship practices and types of relationships.

H2(a) There is a significant relationship between organisation-public relationship practices and professional relationship.

H2(a) predicts a signifcant relationship between organisation-public relationship practices and professional relationship as indicated through the analyzed data results uzing correlation to examined the relationship between perceptions of O-PR practices (trust, commitment, community involvement, openness and patient satisfaction) to determine the types of relationship. In order to perform these correlations, a scale was utilized to examine perceptions of the patients toward the hospital, the hypothesis stated that a significant relationship existed between O-PR and professional relationship. The Pearson correlation was 0.822. Patient satisfaction is the best O-PR practice among the five variables correlated with professional relationship (r= .779). Trust had the lowest correlation with professional relation (r = 0.657). As the result in Table 4.32 suggests, a significant positive relationship exists; therefore, H2(a) is supported.

Table 4.32: Pearson Correlation of (H2a) (n= 569)

		Professional Relationship
Organisation-Public Relationship Practices	**Pearson Correlation** Sig. (2-tailed)	.822**
Trust		.657**
Commitment		.744**
Community involvement		.685**
Openness		.716**
Patient satisfaction		.779**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H2(b): There is a significant relationship between organisation-public relationship practices and personal relationship.

H2(b) predicts that significant relationship exists between O-PR and personal relationship. The Pearson correlation is 0.792. The significant effect ($p < 0.05$) indicated that O-PR improvement will improve the personal relationship of public hospitals in Jordan. Commitment and personal relationship had the highest correlation among the O-PR practices ($r = 0.728$). Therefore, commitment practices determine personal relationship. Openness and personal relationship had the lowest practices ($r = 0.647$). As the result in Table 4.33 suggests, a significant positive relationship exists; therefore, H2(b) is supported.

Table 4.33: Pearson Correlation of (H2b) (n= 569)

		Personal Relationship
Organisation-Public	**Pearson Correlation**	.792**
Relationship Practices	Sig. (2-tailed)	
Trust		.687**
Commitment		.728**
Community involvement		.652**
Openness		.647**
Patient satisfaction		.704**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H2(c): There is a significant relationship between organisation-public relationship practices and community relationship.

H2(c) predicts that states that a significant relationship exists between O-PR and community relationship. The Pearson correlation was 0.719 (indicating a large correlation). The results show a strong relationship between O-PR and community relationship. The significant effect ($p<0.05$) indicated that the improvement of O-PR will improve the community relationship of public hospitals in Jordan. Commitment was the best correlated practice of O-PR with the highest correlation ($r = 0.661$) with community relationship, whereas trust had the lowest correlation ($r = 0.591$). As the result in Table 4.34 suggests, a significant positive relationship exists; therefore, H2(c) is supported.

		Community Relationship
Organisation-Public Relationship Practices	**Pearson Correlation** Sig. (2-tailed)	.719**
Trust		.591**
Commitment		.661**
Community involvement		.601**
Openness		.621**
Patient satisfaction		.631**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

4.11.3 Analysis of Types of Relationships Practices and Organisational Effectiveness.

H3: There is a significant relationship between the types of relationships practiced and organisational effectiveness.

H3 (a) There is a significant relationship between the types of relationships practiced and image.

H3 (a) predicts that a significant relationship exists between the types of relationships and image. The Pearson correlation was 0.708. The significant effect of the types of relationships and image (p<0.05) indicates that the improvement of types of relationships will improve the image of public hospitals in Jordan. The highest practice of the types of relationships with image was personal relationship (r = 0.683), whereas, the lowest practice of the types of relationships with image was professional relationship (r = 0.573). As the result in Table 4.35 suggests, a significant positive relationship exists; therefore, H3 (a) is supported.

Table 4.35: Pearson Correlation of (H3a) (n= 569)

		Image
Types of Relationship Practices.	**Pearson Correlation**	.708**
	Sig. (2-tailed)	
Professional relationship		.573**
Personal relationship		.683**
Community relationship		.657**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H3 (b): There is a significant relationship between the types of relationships practiced and identity.

H3 (b) predicts that a significant relationship exists between the types of relationships and identity. The Pearson correlation was 0.804. The significant effect of the types of relationships ($p<0.05$) indicates that the improvement of the types of relationships will improve the identity of public hospitals in Jordan. The best type of relationship practice with identity was personal relationship ($r = 0.765$), whereas professional relationship was the lowest type of relationship practice with identity ($r = 0.670$). As the result in Table 4.36 suggests, a significant positive relationship exists; therefore, H3 (b) is supported.

Table 4.36: Pearson Correlation of (H3b) (n= 569)

		Identity
Types of Relationship Practices.	**Pearson Correlation**	.804**
	Sig. (2-tailed)	
Professional relationship		.670**
Personal relationship		.765**
Community relationship		.743**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

H3(c): There is a significant relationship between the types of relationships practiced and reputation.

H3(c) predicts that a significant relationship exists between the types of relationships and reputation. The Pearson correlation was 0.759. The significant effect of types of relationships (p<0.05) indicates that the improvement of the types of relationships will improve the reputation of public hospitals in Jordan. Based on the findings result of this research shows that the hospital practices more in professional relationship as a highest type of relationship practice correlated with reputation was professional relationship (r = 0.735), while personal relationship stands second practice toward the hospital based on patients perceptions correlated with reputation (r = 0.709). Whereas the lowest relationship practice correlated with reputation was community relationship (r = 0.653). This result indicated that the patients prefer practicing more on professional relationship in dealing with them.

Studies have suggested that reputation is positively produced or damaged through personality or organisational performance and effectiveness (Gibsonet al., 2006). Therefore, reputation has an important role in enhancing a relationship between the hospital and its patients. The relationship practices between the organisation and its patients are influenced by the patients' perception of the organisation. When the patients are satisfied in dealing with the hospital and have good feelings about the organisation in general and services are admired, trusted, and respected the organization will have a good reputation in the memory of patients about the hospital (Alsop, 2001). The findings of this research show that patients do believe that the reputation of Al-Basheer hospital is better than that other hospitals. Additionally, the hospital uses corporate visible and invisibles assets very quickly to maintain a hospital reputation. Moreover, the hospital has the ability to attract the patients to deal with the hospital based on patient's perceptions. Therefore, hospitals should concentrate more on the community relationship practiced toward the patients. As

the result in Table 4.37 suggests, a significant positive relationship exists; therefore, H3(c) is supported.

Table 4.37: Pearson Correlation of (H3c) (n= 569)

		Reputation
Types of Relationship Practices.	**Pearson Correlation** Sig. (2-tailed)	.759**
Professional relationship		.735**
Personal relationship		.709**
Community relationship		.653**
		.000

*** Correlation is significant at the 0.01 level (2-tailed).*

4.11.4 Regression Analysis on the O-PR Practices on Organisational Effectiveness

H4: There is a significant influence between organisation-public relationship practices with organisational effectiveness.

Based on Pallant (2001), multiple regressionwas utilized to answer the fourth research question. Standard regression was used in this research to see the relationship between factors practices of trust, commitment, community involvement, openness and patient satisfaction in its relationship with their public. Regression is considered to be a powerful test to predict the best relationship between the variables used in this study (Tabachnick & Fidell, 2007; Hair et al., 2006).

To answer the fourth research question (Which dimensions of organisation-public relationships best predict organisational effectiveness?), multiple regression analyses were conducted to test H4.

Table 4.38 shows the significance of trust, commitment, community involvement, patient satisfaction, and openness, as the P-value was less than 0.05. Based on P-value and Beta values among the independent variables, commitment is the strongest contributing predictor and explains 26.3% of the variance in the relationship with organisational effectiveness. Patientsatisfaction stands as the second predictor explains (23.5%), and community involvement is the third predictor explains (18.5%). While openness and trust practices are low contributed toward the hospital in developing its identity, image and reputation. The R-square value was 73.8%.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.859(a)	.738	.736	.46509

a Predictors: (Constant), trust, commitment, community involvement, openness, satisfaction

Table 4.38: The Result of Regression between O-PR Practices and Organisational Effectiveness (n=569)

Model	B	Std. Error	Beta	t	Sig.
(Constant)	.312	.079		3.973	.000
Trust	.087	.031	.094	2.793	.005
Commitment	.263	.033	.300	7.957	.000
Community involvement	.185	.032	.198	5.783	.000
Openness	.105	.029	.120	3.656	.000
Patient satisfaction	.235	.030	.274	7.948	.000

a. Dependent Variable: Organisational effectiveness

4.11.5 Regression Analysis on the Types of Relationships that Predict Organisational Effectiveness

H5: There is a significant interactive influence between the types of relationships practiced and organisational effectiveness.

This research shows that the three types of relationships are professional, personal, and community relationships.

Table 4.39 shows the significance of professional, personal, and community relationships as the P-value of less than 0.05. Based on P-value and Beta values, personal relationship was the strongest contributing predictor and explained 35.7% of the variance in the relationship with organisational effectiveness. The second predictor was professional relationship, which explained 26.6%, and the last predictor was community relationship, which accounted for 23.2%, whereas the R-square value was 75.7%.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.870(a)	.757	.755	.44736

a Predictors: (Constant) professional relationship, personal relationship, community relationship

Table 4.39: The Result of Regression between Types of Relationships and Organisational Effectiveness (n=569)

Model	B	Std. Error	Beta	t	Sig.
(Constant)	.501	.067		7.487	.000
Professional relationship	.266	.027	.307	9.708	.000
Personal relationship	.357	.034	.393	10.409	.000
Community relationship	.232	.032	.254	7.247	.000

a. Dependent Variable: Organisational effectiveness

4.12 Summary of Findings

The results of this research show that all O-PR factors justify the effect on the effectiveness of public hospitals. The model of this effect was significant. The highest effect on the effectiveness of public hospitals is O-PR correlated with professional relationship, with a Pearson correlation of 0.822. This finding was followed by O-PR correlated with reputation, with a Pearson correlation of 0.807. The third highest correlation was the types of relationships and identity, with a Pearson correlation of 0.804. The fourth highest correlation was O-PR correlated with personal relationship, with a Pearson correlation of 0.792. The lowest effect was found in O-PR with image, with the lowest Pearson correlation of 0.619, and the types of relationships correlated with image are the second lowest, with a Pearson correlation of 0.708. The results indicate that there is a need for hospitals in Jordan to improve and become more effective.

Exploratory factor analysis (EFA) was conducted on five O-PR practices (trust, commitments, community involvement, openness and patient satisfaction) with 25 items reduced to 19 items after running factor analysis to measure organisation-public relationship practices. Moreover, 15 items were used to measure the types of relationship (professional, personal and community relationship). Thirteen items remained to measure the types of relationship after factor analysis. The 10 out of 15 items remains after factor analysis to measure the organisation (image, identity and reputation).

Cronbach's alpha coefficient for O-PR practices, types of relationship and organisational effectiveness were acceptable, ranging between 0.786 for the patient satisfaction to 0.911 for the image.

Regression was conducted to find the best predictor of organisation-public relationship shows that commitment was the strongest contributing predictor, explaining 26.3% of the variance in the relationship with organisational effectiveness. Patient satisfaction stands as the second predictor explaining 23.5%), and community involvement was the third predictor explaining (18.5%).Personal relationship was the strongest contributing predictor, explaining 35.7% of the variance in the relationship with among the types of relationship. The second predictor was professional relationship, which explained 26.6%, and the last predictor was community relationship with 23.2%. The R-square value was 75.7%.

4.13 Conclusion

Chapter Four provided an overview of the demographic factors. Descriptive analysis was performed in the three sections of the research. The first section described the O-PR factors, types of relationships, and organisational effectiveness. These descriptions were concerned with the first three research questions. The fourth and fifth research questions were covered by the regression of the obvious predictors of O-PR factors on organisational effectiveness. The types of relationships that mostly predict organisational effectiveness were then discussed. Chapter Five will present a discussion and contextualize the findings based on literature review about O-PR and its influence on organisational effectiveness. The chapter will also present a clear picture of the types of relationship practice between the patients and the hospital to achieve an effective organisation.

CHAPTER FIVE
DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter will discuss the results and findings that explain the justification of respondents' perceptions for the different variables of this research. Descriptively, the chapter will also explain the effect of O-PR practices and the types of public relationships established with public hospitals in Jordan, and the relationship with the effectiveness of hospital image, identity and reputation. This chapter will also discuss the limitations, draw conclusions, and propose recommendations for future scholars investigating O-PR practices, types of relationships, and organisational effectiveness among patients.

5.2 The Relationship between Organisation-Public Relationship Practices, Types of Relationships and Organisational Effectiveness.

Consistent with the findings of Ledingham and Bruning (1998), this study indicates that the O-PR practices of trust, commitment, community involvement, openness, and satisfaction with the organisation and its public can establish a positive relationship with patients, making the practice of good public relations crucial in achieving this goal. In the following paragraphs, the researcher will discuss the impact and effects of intention of O-PR practices and how the relationship theory can be used to explain types of relationship and organisational effectiveness.

5.3 Relationship between O-PR on Organisational Image, Identity, and Reputation

The results of this study point out that there is a significant relationship between O-PR practices and organisational effectiveness as shown in the relationship between

O-PR and image in general; the correlation is positively related to reputation as the highest correlation. The correlation between commitment and reputation was the highest among O-PR practices, patient satisfaction was the second practice correlated with reputation.

Moreover, there is a significant relationship between O-PR practices and organisational effectiveness as shown in the relationship between O-PR and identity in general; the correlation is positively related to identity. The correlation between commitment and identity was the highest among O-PR practices; patient satisfaction was the second practice correlated with identity.

Meanwhile, there is a significant relationship between O-PR practices and organisational effectiveness as shown in the relationship between O-PR and image in general; the correlation is positively related to image. The correlation between patient satisfaction and image was the highest among O-PR practices, community involvement was the second practice correlated with image.

The practices are important to enhance O-PR with image, identity and reputation based on the result obtained by the respondents, especially O-PR practices with reputation as the most important practice. Moreover, O-PR practices with identity are a second important part enhancing the relationship based on patients' perceptions.

This result is in line with previous studies such as, Ledingham and Bruning (1998) defined O-PR as the status of the existing relationship between the organisation and its key publics. The result of their research proved that the clients prefer to maintain

a relationship with the organisation. Through their work with students who provided good feedback on their relationships with their university, Ki and Hon (2007) illustrated the perceptions of O-PR toward an organisation. Moreover, the analysis of data revealed that there is a significant relationship between O-PR practices, types of relationships, and organisational effectiveness in relation to image, identity, and reputation. The findings of the study supported the contention that O-PR practices contribute to organisational image, identity, and reputation, whereas the types of relationships between image, identity, and reputation have been found to be significant. The study also revealed that there was a significant relationship between O-PR practices and organisational effectiveness.

5.3.1 Relationship between the Practices of Trust in O-PR

As shown in the result, the relationship between trust and organisational effectiveness was positively significant. If the patients become satisfied with the hospital, obviously, they will have a positive attitude and a strong intention to deal with the hospital in a trust manner. Here, the result shows that increasing the possibility of trust leads to improved organisational effectiveness.

Throughout this research it was demonstrated that trust plays a crucial role in organisational activities. This finding is consistence with previous studies argued that trust is particularly important in managerial and organisational effectiveness (Davis et al., 2000; McAllister, 1995). The results of this study have important implications for decision makers and managers because a need exists to improve the perceived quality of trust, which is the basis of good O-PR practices (Bruning et al., 2006; Kim & Chan–Olmsted, 2005; Bruning & Galloway, 2003; Kim, 2001; Huang, 2001). The findings also reveal that trust can elevate organisational effectiveness and

that building trust between the organisation and the public will assist both parties to have the best public relations practices and enable them to cultivate the best relationship possible and rely on each other. Eventhough the relevant literature indicated the important role that trust plays in developing such organisations, similar research unfortunately has been neglected in Jordan and Middle East is neglected. With regard to this, the study found that the selected sample of the study "patients of Al-Basheer Hospital" perceived that while making their decisions the hospital does not pay due attention to the opinions of their patients while formulating hospital decisions. Moreover, it was found that there was variation in the patients' treatments indicating that the patient who knows or is acquainted with any member of the hospital staff receives special treatment. Additionally, the patients were dissatisfied with the hospital decisions even if they were consulted while making decisions and this was due to the fact that the hospital has limited resources and the patients' opinions are disregarded during the decision-making process as well. The findings indicate that there is a low level of trust perceived by the respondents. This was probably because of the hospital management limited resources and patients unequal treatment.The hospitals are very much eager to develop, maintain and improve the O-PR practices through encouraging patients to trust the hospitals and involve all parties to participate in the successes.

5.3.2 Relationship between the Practices of Commitment in O-PR

The results of this study pointed out that there is a significant relationship between commitment and organisational effectiveness, the correlation is positively related to image, identity, and reputation as the highest correlation.

This study examined the relationship between commitment and organisational effectiveness. The findings revealed that there was a positive and significant relationship between commitment and organisation. This result aligns with some prior studies like those of Hon and Grunig (1999) who said that commitment is a degree of believing and feeling of the relationship between the organisation and public. Bruning and Galloway (2003) explained that commitment is one of the O-PR practices that affects how the public perceives and behaves toward the organisation. Ledingham and Bruning (1998) stated that commitment is a continuation of the relationship between the organisation and its public, whereas Ananto (2005) observed that commitment is practiced commonly between the organisation and public. According to Jahansoozi (2007), commitment is a very important factor that must be built between the organisation and its public to achieve a productive relationship. Bruning et al. (2006) pointed out that organisational effectiveness is the outcome of practicing commitment. In their study, 87% of the respondents were satisfied with the benefits they received from the organisation, indicating a high level of commitment toward the organisation. Bruning et al. (2008) treated commitment as one of the important factors of O-PR. Patients' perceptions and feeling about the hospital have a positive relationship through practices of O-PR and reputation made them satisfied. Therefore, there is a positive and significant link between O-PR practices and reputation that accelerates organisational effectiveness in Jordan.

Moreover, the results showa high level of commitment practices in the hospital management relationship with the patients. The hospital ceases to consider the types of relationships being built with patients, focusing instead on the number of patients to be served and on meeting the high demand for medical services. The practice of commitment among the management with their publics, especially with the patients

cannot be dealt with or prioritized because their major purpose is to satisfy the needs of the hospital's top management. The research shows that patients have a high perception of the hospital's commitment to its patients. Moreover, the patients themselves feel that they are important enough to the hospital to be treated with some care.

Moreover, based on the regression conducted in this study, commitment stood as the highest among O-PR practices compared with trust and openness, which usually achieve the highest values especially in the West. While in Arab countries and in Jordan as well the environment is different which oppose the value of commitment based on the findings of this research that leads the researchers to one of the contributions for this research. Moreover, practices of satisfaction and community involvement achieved the second highest predictors of the organisation-public relationship. While openness and trust came at the end of predictors all among O-PR practices. This research is valuable for the scholars to see the differences between the West and the East for this type of studies.

5.3.3 Relationship between the Practices of Community Involvement in O-PR

The study is necessary to identify the existence and the effect of the dimensions of community involvement to provide an understanding of the current public relations departments at the Jordanian hospitals. Individuals in an organisation, especially the top managers with the authority to implement different strategies for the organization, should develop a better understanding of the community and the part that their involvement could play in advancing the hospitals' practices so that implemented practices could become efficient without wasting any of the resources.

Larrabee (2007) suggested that the activities of the organisation, which focus on the community and engage with the community would result a good impression of the organisation. Bruning et al. (2006) proved that caring more for the community and serving them properly will lead to organisational effectiveness. Schwartz (1991) argued that community involvement is an important source of support for the organisation. Dolence (1998) asserted that supporting the community is not limited only to providing services, but could include other things, such as gifts, goods, or anything benefiting the community based on its needs and wants.

Al-Basheer Hospital, as the largest hospital in Jordan, has improved its medical services in the last several years, but it appears that the hospital has been unable to implement any community involvement strategies. Community involvement requires having the human and financial capital to meet the needs of the community. Most public hospitals lack these two major components, resulting in less community involvement.

Based on a study of how the hospital contributes to the community within its vicinity, it appears that the hospital is not completely involved in the welfare of the community. The hospital is taking some steps to maintain a good relationship with the community, but it must be emphasized that public hospitals have a responsibility to serve them. The results of this research show that community involvement as a factor of O-PR had M = 3.43 and SD = .97. Community involvement was found to be reliable in this study, with 0.879. This result is consistent with the findings of Bruning and Galloway (2003), who found that the reliability for community involvement was 0.890.

5.3.4 Relationship between the Practices of Patient Satisfaction in O-PR

The patients of Al-Basheer Hospital were really happy with their interactions as patients in the hospital. These results with respect to the hospital show a high level of care toward the patients who are mostly happy with this relationship. Moreover, the relationship between hospital and the patients has reached the point at which they are both able to enjoy mutual benefits. Based on the regression test performed to identify the best factors of O-PR, patient satisfaction was found to be the best predictor affecting organisational effectiveness. This result is consistent with previous studies such as those of Ki and Hon (2007), who found that satisfaction, is the best predictor of positive perceptions to support the relationship between the organisation and the public. This conclusion was reached after measuring the perceptions of students who provided positive feedback about their relationships with the university. Jabnoun and Al–Rasasi (2005) found a similar result, who showing that the patients of the hospitals were somewhat satisfied with the services they received.

The results show that the public relations efforts done by the public hospital mainly take the side of the hospital, as indicated by the low level of public relationship factors. Public relations in large government hospitals concentrate primarily on managing the issues of the hospital's management rather than the needs of the patients. The results suggest that the hospital's public relations efforts do not establish an open relationship with its patients, resulting in the patients' lack of information about the public hospital system. Additionally, these efforts also fail to provide patients with any means of providing feedback and suggestions for improvement. This could possibly be due to the high volume of patients in the

hospital, as well as the lack of medical and trained public relations staff to manage and solve such problems.

5.3.5 Relationship between the Practices of Openness in O-PR

Improvement is always connected with business risk which requires the organisations to create a risk plan targeted to eliminate wasted effort, automating processes and the identification and implementation of the best organisation practices. Openness, or the sharing of ideas, is one of the most important factors of O-PR (Mount & Barrick, 1995). Whitener, Brodt, Korsgaard, and Werner (1998) contended that an organisation becomes more efficient when it is open with the public. Ledingham et al. (1997) confirmed that openness shows the degree of the relationship between the organisation and its public, suggesting that openness is a real factor that facilitates O-PR. Bercerra and Gupta (2003) showed that if the organisation were open with the public, the problems between the two groups would be reduced. In this study, the patients' perceptions indicate that the patients can tell the hospital about the problems they have encountered. Moreover, the patients can also ask the hospital for clarifications when they do not understand something related to their care and treatment. The results of the study show a weak correlation between openness and image ($r = 0.486$), and a low correlation between openness and community relationship ($r = 0.621$), and again weak correlation between openness and personal relationship ($r = 0.647$). These results indicate that when the hospital is more open with patients, the degree of trust between the patients and Al-Basheer hospital increases.

5.4 Relationship between O-PR Practices and the Types of Relationships

This strong relationship between O-PR and professional relationship indicates that improving O-PR will improve the professional relationship of public hospitals with patients. The strong relationship between O-PR and personal relationship as well as the strong relationship between O-PR and community relationship indicate that improving O-PR will enhance both personal relationship and community relationship. Among the overall factors of O-PR, the factor that had the best correlation with professional relationship was patient satisfaction ($r = 0.779**$), indicating that improving patient satisfaction will improve the professional relationship. In other words, the patient satisfaction practices of O-PR will improve professional relationship the most among the three types of relationships.

The results of this study were supported by those in Bruning and Ledingham (1999) and Bruning et al. (2006). Bruning and Ledingham (1999) found O-PR was multidimensional (professional, personal, and community relationships). The organisation and its relationship with the public could be supported by anticipated by the type of relationship that is functioning between them. Their results indicated that there is professional, personal, and community relationship between the organisation and public. Bruning et al. (2006) proved that the organisation must have a good relationship with the public and ensure that this relationship will be a long-standing one, particularly if it is not possible for the public to stay in a place without having any contact with the organisation. Stephen et al., (2007) contended that the types of relationships were classified as long-term relationships between the organisation and its key publics.

This study analyzed three types of relationships: professional, personal, and community relationships. Bruning and Ledingham (1998) stated that these types of relationships function between the organisation and the public. These types were measured using 13 items in a five-point Likert scale. Professional relationship means that the organisation has an efficient public relations strategy to meet its needs, leading to a beneficial relationship between the organisation and its public. Professional relationship is central to an organisation's capability to provide good and efficient services to the patients and to satisfy their needs and wants (Ledingham & Bruning, 1999). This study is consistent with previous research showing a strong relationship between O-PR and professional relationship, as well as with the other types of relationships. The result of this research is consistent with previous research. The Cronbach's alpha was 0.910 for personal relationship, 0.903 for community relationship, and 0.872 for professional relationship in (Stephen et al., 2007). Ledingham (2001) reported that the Cronbach's alpha of professional relationship was 0.76, community relationship was 0.79, and personal relationship was 0.712. The results do not differ significantly from the Cronbach's alpha in Bruning and Ledingham (1999), which was 0.85 for professional relationship, 0.84 for personal relationship, and 0.88 for community relationship. Therefore, the second research objective was achieved in this study.

5.5 Relationship and Influence between theO-PR Practices and Organisation Effectiveness

This research explained the degrees of O-PR practices to determine the types of relationships and the impact on organisational image, identity, and reputation. The third research objective was achieved in the study, supporting the relationship between the types of relationships and organisational image, identity, and reputation.

The analysis in the study showed a strong relationship between the types of relationships and image. The significant effects of types of relationships with image indicated that improving the types of relationships would develop the image of public hospitals. Furthermore, the result showed a strong relationship between the types of relationships and identity. The significant effect of types of relationships indicated that improving the types of relationships would improve the identity of public hospitals among the patients. Moreover, the result shows a strong relationship between the types of relationships and reputation, which suggests that improving the types of relationships, will develop the reputation of public hospitals. Overall, the best predictor of the types of relationships was personal relationship, due to patient's perspective toward the hospital in practicing good understanding, demonstrating interests of the patients and treating patients in a kind manner. Therefore, personal relationship had the strongest relationship with organisational effectiveness among all three types of relationships. Professional relationship was the second predictor, and community relationship the third and last predictor among the three types of relationships. The result was consistent with previous research such as in (Bruning & Ledingham, 1999). The fifth research objective was achieved in the study because personal relationship was identified as the best predictor of organisational effectiveness.

Based on the fourth research objective of the study, regression was conducted to identify the best predictor factor of O-PR with organisational effectiveness. Among patients' perception of Al-Basheer Hospital the best predictor among the O-PR factors was commitment (B = 26.3%) significant = .000. However, commitment still does not reach the expected level in public hospitals, according to patients'

perceptions. This indicates that elements other than those mentioned by Hon and Brunner (2001) can encourage the patients to commit to the services provided by the hospital. The second predictor of O-PR with organisational effectiveness was satisfaction, based on the statements of patients, such as "Patients like me are very important to this hospital" and "Both this hospital and patients like me benefit from their relationship." The third strongest predictor was community involvement, the fourth predictor was openness, and trust was the last predictor among the O-PR practices, indicating that trust has not reached the standard level in building organisational effectiveness. In this case, focusing more on developing commitment, trust, and openness would have a positive effect on the image, identity, and reputation of the hospital.

The results of this research are consistent with previous findings, such as those of Dwyer et al. (1987), who proved the benefits of the public's satisfaction with the organisation and their relationship. Moreover, Jabnoun and Al–Rasasi (2005) asserted that the patients of the hospital were satisfied with the quality of services they received. In this study, the fourth research objective was achieved, having found the strong influence of O-PR practices on organisational effectiveness.

5.6 Influence ofthe Types of Relationshipswith Organisational Effectiveness
Regression was utilized in this study to achieve the fifth research objective. Among the types of relationships, the study identified personal relationship as the best predictor of organisational effectiveness and in building image, identity, and reputation. Bruning and Ledingham (1999) found solid evidence for establishing O-PR. Moreover, Ledingham and Bruning (1999) explained that the success of personal relationships depends on how organisations develop the best practice of

personal relationship with the public. This indicates that the results of the research are consistent with previous studies, such as those conducted by Bruning et al. (2008), Stephenet al., (2007), and Ledingham (2001).

Given the important role of the relationship between the organisation and its publics, Jordanian public hospitals should consider focusing on the types of relationship between the hospital and its patients. Personal relationship has been identified as the type of relationship that should be practiced between the hospital and the patients to ensure success. Based on the findings of this research, personal relationship (B = 35.7%, p = .000) is the most important factor to be practiced between the hospital and patients. Professional relationship (B = 26.6%, p = .000) is the second most important type of relationship between both groups, and community relationship (B = 23.2%, p = .000) is the least important type. Grunig and Ehling (1992) stated that when the organisation manages personal relationships, it is cultivating a sense of trust with the public, which helps an organisation and its publics deal with each other more efficiently.

5.7 Research Implications

It is worth mentioning that theories are generated through practice influence the development of new practices, which in turn, act as the foundation for the development of new theories and new practices. Based on an understanding of the context of Jordan, the researcher used the relationship theory. This was the first time that the relationship theory was used in the Jordanian context in particular, and in Arab world in general. The researcher revealed that the relationship theory was an effective theory that could be used in the public health sector, especially in examining the actual practices of the O-PR of Al-Basheer Hospital. The use of the

relationship theory provided a unique contribution to the community of knowledge, practitioners, and experts.

The use of relationship theory in this study could be considered as a big contribution and strongly suggests that the variables used will improve the important of the theory in studying organisation relationship with its public. In this respect, (Markel, 2010; Hung, 2005; Ledingham, 2003; Kim, 2001; Grunig, 2001; Bruning & Ledingham, 1999) pointed out that the variables could provide insight into factors to help predict behavior, but when using another external variable (antecedents of O-PR practices with types of relationship and its impact to organisation image, identity and reputation) with relationship theory. Additionally, the results of this study contribute to understanding patient perceptions and O-PR practices more than concentrating on relationship theory in particular. In addition, this is the first study conducted in the Arab world especially in healthcare sector concerning Jordan using antecedents of relationship theory. The contribution of the study can be clarified in the following sessions:

5.8 Research Contributions

This study aimed to make certain contributions. From a theoretical perspective, the contributions of this research are shown in the factors used in O-PR related with the types of relationships to organisational effectiveness in building image, identity, and reputation, which have all been established to have a strong relationship with one another.

The study helps create best O-PR practices between the organisation and its publics. The best practice will increase the efficiency and performance of the organisation,

especially when they have good practices of trust, commitment, community involvement, patient satisfaction, and openness in enhancing the relationship with their public, especially with the patients. The best types of relationships will also improve organisational effectiveness, which enhances the building of organisational image, identity, and reputation among the stakeholders.

Based on previous research reviewed that which is most practiced in an organisation-public relationship in the West was trust and openness. Based on the results of this research that which is most practiced in an organisation-public relationship in Jordan between the organisation and its public was patient satisfaction and commitments.

In addition, the study seeks to highlight the importance of public relations practices in public hospitals to build up the organisation's image and improve the way in which they relate to the patients.

This research also provides an opportunity for public relations practitioners to improve their strategies to ensure that the best public relations practices are used to facilitate relationships between the organisation and its publics. Types of relationship practices are a main contribution in this study, particularly because they have not been done before, in health care sectors in Jordan. Additionally, O-PR practices and types of relationship with organisational effectiveness have not been tested together in previous studies.

5.8.1 Theoretical Contribution

This research investigated the degree of O-PR practices to determine the type of relationship practiced between the organisation and its public whether the

relationship is professional, personal, or community and its impact on organisational image, identity, and reputation. Even though modest successive research was conducted with an emphasis on organisation-public relationship (O-PR) and practices as the focal variable for public relations theory. In public relations, relationship theory is the second most commonly used perspective in public relations scholarship (Ledingham, 2003).

In addition, to the main investigation in this research the literature that was reviewed indicated that the main aim of public relations is to build jointly useful relationships between an organisation and its publics, so measuring the practices and outcomes of those relationships provides an important indicator of public relations effectiveness.

The study contributes knowledge concerning the O-PR practices with image, identity, and reputation, as well as the types of relationships that are in effect in different environments such as Jordan. This study could provide a focal point that researchers could investigate more thoroughly. Having the best public relations practices with the public, especially the patients of public hospitals in Jordan, is also important for top management. The study supports what has been examined in previous research, which deals with the factors of O-PR practices, the types of relationships, and image, identity, and reputation. This study went a few steps further by using quantitative measurements of the patients' perspective to support the factors of O-PR practices with the types of relationships to produce organisation effectiveness by enhancing organisational image, identity, and reputation.

This study was supported by the relationship theory, which was developed in 1990's, guided by five research questions after reviewing literature based on relationship

theory. Different scholars used the relationship theory such as (Grunig, 1999; Ledingham & Bruning, 2000; Kim, 2001). Therefore, a new approach was achieved in the relationship in a line with the relationship theory and constituted a contribution of this research. One importance of using relationship theory from among similar theories is that many of those theories described an individual concept. However, relationship theory considers communicating, negotiating with the public, resolving conflicts, and balancing the relationship between the organisation and its public. Hon and Grunig, (1999) noted that relationship theory changed the focus from the communication specifically to looking at practicing the relationship between the organisation and its strategic publics. Therefore, the researcher utilized the relationship theory as the most suitable theory to explain the behavior of patients toward the hospital.

5.8.2 Managerial Contribution

Aside from the theoretical contribution of this study, managerial contributions can be provided to demonstrate how top management can extend more support to public relations staff in public hospitals. Enhancing the O-PR can take place by increasing the level of trust, commitment, community involvement, openness, and patient satisfaction, which in turn, improves the efficiency of public hospitals. In addition management and practitioners should use these as guidelines to focus their improvements on these key points to enhance public relations practices in public hospitals. Top management can motivate and encourage practitioners to use the best strategies for the good of the organisation. According to Kirat (2005), the situation is critical in Jordanian public hospitals. Most public hospitals in Jordan function without a public relations unit to help strengthen O-PR. Moreover, the variable that affected organisational effectiveness most was commitment; the type of relationship

that affected organisational effectiveness most was personal relationship. These findings are consistent with previous research. An effective organisation cannot be achieved without a good image, identity, and reputation. These three outputs can be achieved by practicing excellent O-PR by combining a healthy level of trust, commitment, community involvement, satisfaction, and openness with a good type of personal, professional, and community relationship with the public.

The findings of this study provided a tool by which hospitals can practice effective public relations. Furthermore, the findings of this study assist the managers to appreciate the centrality of public relations practices in projecting and promoting the image, identity, and reputation of their organisation. This study suggests that empathy should be used in a public hospital in Jordan, which can in turn ease the emotional, physical, and psychological stress of their publics, especially the patients and their families. The improvement of PRP will significantly improve the provided service quality. The introduced methodology can be employed for improving the practices of public relations in Jordanian public hospitals.

5.9 Limitations of the Study

Given certain limitations, future research is undertaken to investigate the relationship between O-PR (trust, community involvement, commitment, patient satisfaction, and openness) and organisational effectiveness, as well as to examine the different types of relationships. The limitations of this research include the following:

1. It is the first study on this matter conducted in Jordan and the Middle East. Other researchers are required to confirm the results related to this topic.

2. This research is still limited because of a lack of studies related to this topic.

3. Research data were collected from the patients of Al-Basheer Hospital in Jordan. It would be more productive if the sample in future research covered more hospitals to generalize this research.

4. The sample of patients was taken from one public hospital in Jordan, and this may affect the generalization of the results. The results would be more comprehensive if the study were able to cover more places. It would be more productive to include more public hospitals in future research. However, the response rate of the study was quite high: n = 569 out of 600, or a rate of 94.8%, which is satisfactory for this type of research. Nevertheless, the researcher recommends that future studies include all public hospitals in Jordan. Furthermore, future research may also take into consideration any patients coming from abroad for treatment in Jordanian public hospitals. The respondents of this study were the patients. Future investigation may also include employees, top managers, outpatients, service providers, and other companies dealing with public hospitals to obtain more respondents and gather more information to reduce any potential bias of the result. A quantitative approach was utilized in this study to investigate the factors of O-PR practices to identify the relationship between the organisation and its publics. It is advisable for future research to utilize both quantitative and qualitative techniques. Future research should examine this relationship with another audience, such as the hospital's medical staff or the nursing staff. The researcher focused on a public hospital. Private hospitals must be included in future studies for a clearer comparison and to identify any weaknesses of public relations practices in both private and public sectors.

5.10 Conclusion

The previous results indicated that the public hospitals in Jordan lack effective public relations. The following can be concluded from this research.

In accordance to the obtained results in this research, public hospitals in Jordan are not taking suggestions into account while dealing with the patients. The hospitals do not work openly with their publics. The researcher maintains that identifying and removing the obstacles facing public relations practices development will be reflected in providing effective O-PR practices in hospitals that satisfies the patients in terms of the provided service quality. The number of dissatisfied patients in the public hospitals in Jordan indicates that an immense need for service improvement and this could be achieved by the role that the hospital should play in solving financial and staff problems. Furthermore, patients' satisfaction with public hospitals could be achieved by implementing good public relations strategies and establishing a public relations division in each hospital. Moreover, the patients' perceptions indicated that they were not satisfied with the hospital. By motivating the staff of the hospital, a strong relationship could be constructed between staff and patients who in turn reflect on the hospital image. The findings indicate a need for conducting promotional activities by the hospitals to announce their plans, as well as employing methods to improve their image and openness to society by increasing trust, commitment, community involvement, satisfaction, and openness with the patients. Public hospitals in Jordan should establish effective public relations departments or empower existing ones to play a more active role in maintaining a good relationship with the patients and to implement the best public relations practices. Bruning et al. (2006) suggested that maintaining a good relationship between the organisation and its publics relies on an effective public relations unit.

Public relations practices in Jordan, particularly in the public sector, are still below the level of the rest of the Arab world. There is also a gap between the top management and the public, with public relations problems remaining unsolved and the practices remaining weak. Most public organisations still have unclear public relations practices, especially compared to those of private organisations. Based on the results of this study, Jordanian public organisations, especially public hospitals, have a long way to go in improving public relations practices. There is therefore an urgent need for effective public relations practices in Jordanian organisations to meet various challenges, keep up with developments, and achieve their objectives.

Overall, the results in this study suggest that practicing public relations between the organisation and its publics is a significant task. The types of relationships are key components of O-PR. More variables that impact the perceptions of clients can be included, such as investment, mutual understanding, reciprocity, and mutual legitimacy. The combination of these variables can have a significant contribution to the dimensions of O-PR.

5.11 Recommendations for Further Research

One gap encountered by this research is the lack of scientific references concerning the effect of public relations factors on organisational effectiveness and their effect on professional, personal, and community relationships. In this respect, the researcher recommends that studies be conducted, applying the same methodology to private hospitals in Jordan, to compare public relations practices between public and private hospitals in Jordan. Such studies will help form more recommendations, enabling the public sector to work hard to improve the efficiency of public relations.

In this study, the researcher extracted the data from the patients of Al-Basheer Hospital. The researcher recommends that a study be undertaken to include more hospitals and to cover the whole country. The patients who took part in the study are locals. The researcher suggests that patients from outside Jordan who have been admitted to the hospital be investigated to measure their perspectives about public relations practices in public hospitals and to know different patient perceptions.

A quantitative study was performed for this case. Future research should use a combination of other methods, which can include quantitative and qualitative approaches and focus groups, instead of using only one method. Future research must include additional variables to achieve a more thorough insight into O-PRs and identify the best practices that can establish a stronger relationship between the organisation and its clients.

In this study, some O-PR factors have been added to highlight the benefits of a relationship between the organisation and the public. Future researchers need to provide a clarification of this relationship and relevant public relations practices. There is still a need to add more variables to further expand the topic of O-PR and public relations practices. Further research must be undertaken to determine the dimensions of this study. This research can be applied in other circumstances and serve as a reference for other researchers.

Moreover, the researcher suggests the following steps:

1. Conduct regular evaluation of the departments of public relations in each hospital to see if O-PRs are being established and to map out the appropriate practices to implement a work plan for the hospital.

2. Enhance the O-PR practices and involve all the departments of the organisation to ensure that the correct public relations strategies are being done.

3. Empower the O-PR staff to deal with and solve all issues faced by the hospital.

4. Involve the public relations staff in all committees and activities of the hospital to provide them with a background of the hospital's various issues.

5. Build relationships and improve the communication between the public relations staff and all employees and patients to ensure that the latter's suggestions and opinions are heard and considered.

6. Prepare an annual report of the achievements for evaluating the level of trust, commitment, community involvement, satisfaction, and openness between the organisation and the public.

Overall, the results of this study indicate a lack of research conducted to understand the relationships between O-PR and the output of the organisation as perceived by the public, and how public relations plays a role in obtaining and affecting public perceptions.

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APPENDIX A

Research Questionnaire (English Version)

Questionnaire for the Patients of Al-Basheer Hospital

Dear Respondent,

Al Salamoalikum.

This questionnaire was designed to investigate the "Influence of organization-public relationship practices on organization effectiveness in Al-Basheer hospitals". In partial fulfilment of the requirements for the degree of doctoral of philosophy in communication at Universiti Utara Malaysia (UUM). The purpose of this survey is to identify the factors that influence and identify the best public relations practices between Al-Basheer hospital and its patients. You are lucky that have been selected to participate in this research. Your answers are completely confidential and it will be used for academic purposes only, and there will be no attempt made to contact you personally. Your identity will not be included as part of the data. The success of this survey depends on your cooperation as one of the clients of Al-Basheer hospital. The instrument contained items that measured the demographic variables, factors of organization-public relationship, types of relationship and the organization effectiveness. We would like you to spend a little time (approximately 20 minutes) answering questions related to mentioned title above.

Therefore, I highly appreciate your assistance in answering all questions.

This questionnaire consists of three parts. They are:

I- Demographic Information of Respondents

1. Age

1. ( ) less than 20 years   2. ( ) 21 – 30 years   3. ( ) 31 – 40 years

4. ( ) 41 – 50 years   5. ( ) 51 years and above

2. Gender

1. ( ) male   2. ( ) female

3. Job

1. ( ) public sector employee   2. ( ) Privet sector employee   3. ( ) Pension
4. ( ) Student   5. ( ) Housewife 6. ( ) Unemployed

4. Educational Level:
1- ( ) Primary 2- ( ) Secondary 3- ( ) College Diploma 4- ( ) B.Sc. Degree 5- ( ) Postgraduate

5. Maritalstatus:

1. ( ) Single   2. ( ) Married   3. ( ) Divorced   4. ( ) Widowed

Please indicate your response to the following statements according to the scale below.

1	2	3	4	5
Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**

II- Public Relation Practice
A. Dimensions of Organization-Public Relationship
Trust

1. Does Al-Basheer treat people fairly and justly?	1	2	3	4	5
2. Does the hospital make important decisions regarding me?	1	2	3	4	5
3. Does the hospital take my opinion when it makes decisions?	1	2	3	4	5
4. Sounds principles seem to guide the hospital behavior.	1	2	3	4	5
5. I feel that I can trust this hospital to do what it says it will do.	1	2	3	4	5

Commitment

1. The hospital wants to maintain relationship with me	1	2	3	4	5
2. There is a long-lasting bond between Al-Basheer and people.	1	2	3	4	5
3. Both the hospital and people benefit from relationship between them.	1	2	3	4	5
4. I am pleased with the relationship the hospital established with me.	1	2	3	4	5
5. I feel I am important to the hospital.	1	2	3	4	5

Community Involvement

1. The hospital seems to be the kind to investment in the community.	1	2	3	4	5
2. I am aware that the hospital is involved in my community	1	2	3	4	5
3. The hospital is very dynamic in maintaining good relationship with the community.	1	2	3	4	5
4. The hospital being involved in the welfare of the community.	1	2	3	4	5
5. The hospital has a responsibility to serve the community.	1	2	3	4	5

Openness

1. I ask the hospital when I do not understand it	1	2	3	4	5
2. I ask the hospital when I think it is wrong	1	2	3	4	5
3. I make suggestion to the hospital about how work could be done.	1	2	3	4	5
4. Does the hospital take my suggestion into account about how work tasks could be done.	1	2	3	4	5
5. Can I tell the hospital about what problems I face.	1	2	3	4	5

Satisfaction

1. I am pleased with the relationship Al-Basheer has established with me.	1	2	3	4	5
2. Most patients are happy in their interactions with the hospital.	1	2	3	4	5
3. Patients are very important to the hospital.	1	2	3	4	5
4. I am happy with this hospital.	1	2	3	4	5
5. Both the hospital and patients have benefits from their relationship.	1	2	3	4	5

B. Dimensions of the types of relationship
Professional Relationship

1. The hospital is involved in activities that promote the welfare of its patients.	1	2	3	4	5
2. The hospital acts in a socially responsible manner.	1	2	3	4	5
3. Does hospital takes care of my interests and organization interests as the same.	1	2	3	4	5
4. The hospital is not honest in dealing with patients.	1	2	3	4	5
5. The hospital is not willing to devote resources to maintain its relationship with me.	1	2	3	4	5

Personal Relationship

1. I feel I can trust the hospital to do what it says it will do.	1	2	3	4	5
2. The hospital seems kind to invest in its patients.	1	2	3	4	5
3. The hospital takes into account my convenience in all our interactions.	1	2	3	4	5
4. The hospital demonstrates interests in me as a person.	1	2	3	4	5
5. The hospital understands me as a patient.	1	2	3	4	5

Community Relationship

1. The hospital is open about its plans for the future.	1	2	3	4	5
2. The hospital support events which are important to its patients.	1	2	3	4	5
3. The hospital strives to improve the communities of its patients.	1	2	3	4	5
4. The hospital shares its plans for the future with patients.	1	2	3	4	5
5. The hospital actively plays a role in the lives communities it serves.	1	2	3	4	5

III- Organization Effectiveness
Image

1. The hospital is a brand that I trust	1	2	3	4	5
2. The hospital brand is admirable.	1	2	3	4	5
3. It gives me satisfaction to be associated with the hospital.	1	2	3	4	5
4. The relationship between the value and price of treatment is good.	1	2	3	4	5
5. There is a reason to deal with this hospital instead of others.	1	2	3	4	5

Identity

1. The hospital has personality, given that it provides symbolic to the patients.	1	2	3	4	5
2. The hospital is interesting.	1	2	3	4	5
3. I have a clear impression of the kind of persons who consume the hospital services.	1	2	3	4	5
4. The hospital has a rich history.	1	2	3	4	5
5. The hospital has emotional benefits to the patients.	1	2	3	4	5

Reputation

1. The hospital has the ability to attract people.	1	2	3	4	5
2. The hospital use corporate visible and invisibles assets very quickly.	1	2	3	4	5
3. The hospital financially sounds enough to help others.	1	2	3	4	5
4. The hospital is innovative in its corporate culture.	1	2	3	4	5
5. I believe that the reputation of this hospital is better than others.	1	2	3	4	5

End of questionnaire.
Thank you for your cooperation.

Appendix B

Research Questionnaire (Arabic Version)

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جامعة اوتارا ماليزيا

كلية العلوم والآداب

استبانه حول "تأثير تطبيق العلاقات العامة على فعالية المؤسسة في المستشفيات الحكومية الأردنية"

مشرفي البحث:

الدكتور روسلي بن محمد

الدكتور سيد عبد الرحمن سيد زين

الأخوة والأخوات الأفاضل

السلام عليكم ورحمة الله

يقوم الباحث بدراسة دور العلاقات العامة في المستشفيات الأردنية ومدى تأثيرها في توثيق العلاقة بين المستشفى والمراجعين، أرجو التكرم بالإجابة عن جميع فقرات الاستبانة المرفقة، علماً بأن النتائج التي ستخلص إليها الدراسة متوقفة على مصداقية الإجابة عن أسئلة الاستبانة، وأية معلومات ستدلون بها ستعامل بسرية تامة ولأغراض البحث العلمي، شاكرين لكم حسن تعاونكم.

واقبلوا فائق الاحترام ،،،

محمد نورالعدوان

طالب دكتوراة

قسم الصحافة والأعلام

جامعة أوتارا الماليزية

</div>

maladwan2002@gmail.com

maladwan2002@yahoo.com

القسم الأول:

يتعلق هذاالجزء بجمع بيانات حول أفراد عينة الدراسة، لذا أرجو التكرم باختيار الإجابة التي تتفق مع حالتكم.

س1: العمر

(3) 31–40 سنة	(2) 21 –30 سنة	(1) أقل من 20 سنة
	(5) 51 سنة فأكثر	(4) 41–50 سنة

س2: الجنس

(2) أنثى	(1) ذكر

س3. المهنة

(3) متقاعد	(2) قطاع خاص	(1) قطاع حكومي
(6) بلاعمل	(5) ربة بيت	(4) طالب

س4: المؤهل العلمي

(3) دبلوم كلية مجتمع	(2) ثانوي	(1) أقل من ثانوي
	(5) دراسات عليا	(4) بكالوريوس

س5: الحالة الاجتماعية

(3) مطلق	(2) متزوج	(1) أعزب
		(4) أرمل

أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة	أرجو اختيار الأجابه المناسبه حول مدى ثقتك بهذا المستشفى
					1. يعامل المستشفى المرضى بعدل وصدق.
					2. يتخذ المستشفى قرارات هامه تصب في مصلحة المرضى.
					3. يأخذ المستشفى آراء المراجعين بعين الاعتبار عند اتخاذ قراراته.
					4. يتبنى المستشفى مجموعة من المبادئ الواضحة التي تحدد سلوكه تجاه المجتمع
					5. أثق بأن هذا المستشفى يفعل كل ما يقول بأنه سيفعله في مجال تطوير خدمة المرضى

أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة	ما هو مدى التزام المستشفى في تلبية احتياجات مراجعيه
					6. يحرص المستشفى على بناء علاقة متميزة مع المرضى.
					7. يحرص المستشفى على بناء روابط طويلة الأمد وقوية مع المرضى.
					8. تقوم العلاقة بين المستشفى والمراجعين على أساس المنفعة المتبادلة بين الطرفين
					9. أفتخر بتميز العلاقة التي بناها هذا المستشفى مع مراجعيه.
					10. اشعر بأهميتي كمراجع للمستشفى.

					ما هو مدى التزام المستشفى في خدمة المجتمع المحلي المحيط به
					11. يعتبر المستشفى مؤسسة استثمارية رحيمة بالمجتمع المحلي.
					12. يرتبط المستشفى بعلاقة وطيدة بالمجتمع المحلي.
					13. يطور المستشفى علاقاته مع المجتمع المحلي بصورة مرنة.
					14. يشارك المستشفى في رفاهية المجتمع المحلي.
					15. يتحمل المستشفى مسؤولياته في تقديم الخدمة للمجتمع المحلي.

					ما هي مدى سمعة المستشفى في ذهن مراجعيه
					16. يمتلك المستشفى القدرة على جذب المراجعين.
					17. يسخر المستشفى جميع طاقاته لتحسين تعاونه مع المراجعين بسرعة فائقة.

					يمتلك المستشفى القدرة المالية لمساعدة الآخرين.	18.
					يغير المستشفى سياساته لتطوير علاقته بالآخرين.	19.
					سمعة هذا المستشفى أفضل من غيره.	20.
ما هو مدى الانفتاح بين المستشفى ومراجعيه						
					أستطيع أن أناقش المستشفى في أي موضوع بحاجة لإيضاح.	21.
					أستطيع أن استفسر من المستشفى في حال اعتقادي بارتكابه خطأً.	22.
					أستطيع أن أقدم اقتراحات للمستشفى لتحسين تقديم الخدمات الصحية.	23.
					يأخذ المستشفى اقتراحاتي بالحسبان حول آلية تقديم الخدمات.	24.
					أستطيع أن أخبر المستشفى عن المشاكل التي تواجهني.	25.
ما هو مدى رضا المراجعين عن الخدمات الصحية المقدمه من المستشفى						
					أنا مسرور بالعلاقة التي بناها المستشفى معي.	26.
					معظم المرضى سعداء في تفاعلهم مع المستشفى.	27.
					المراجعين يتلقون الخدمة الصحية باهتمام من المستشفى.	28.
					أشعر بسعادة غامره من خلال تعاملي مع هذا المستشفى.	29.
					هناك منفعة متبادلة بين المستشفى و المراجعين.	30.
هل يوجد علاقة مهنية مطبقه بين المستشفى ومراجعيه						
					يعتني المستشفى بالنشاطات التي تحقق راحة المراجعين.	31.
					يتصرف المستشفى مع المراجعين من خلال الحس بالمسؤولية الاجتماعية.	32.
					يوفر المستشفى عناية كافية للمراجعين له.	33.
					يتحلى المستشفى بالصدق في التعامل مع المراجعين.	34.
					يسخر المستشفى موارده المتاحة للحفاظ على علاقة جيدة مع المراجعين.	35.
أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة	**هل يوجد علاقة شخصية بين المستشفى ومراجعيه**	
					أثق بهذا المستشفى لأنه يفي بوعوده لمراجعيه.	36.

200

					يسخر هذا المستشفى استثماراته لخدمة مراجعيه.	37.
					يأخذ المستشفى راحة المراجعين بعين الاعتبار في جميع تعاملاته معهم.	38.
					يبدي المستشفى اهتمامه بالأفراد المتعاملين معه.	39.
					يتفهم المستشفى احتياجات المراجعين.	40.
					هل يوجد علاقه فعاله بين المستشفى والمجتمع المحلي	
					يعرض المستشفى خططه المستقبلية بوضوح وشفافية.	41.
					يدعم المستشفى المناسبات التي تهم مراجعيه.	42.
					يعمل هذا المستشفى جاهداً على تحسين علاقته بالمجتمع الذي يحيط به.	43.
					يشرك المستشفى مراجعيه في وضع خططه المستقبلية.	44.
					يقوم المستشفى بدور فعال في تحسين حياة المجتمع المحلي.	45.
					ما هي صورة المؤسسة في ذهن المراجعين له	
					يعتبر اسم هذا المستشفى علامة تجارية أتقبها.	46.
					تعتبر العلامة التجارية لهذا المستشفى مميزة.	47.
					تعطيني العلامة التجارية لهذا المستشفى الثقة لأقيم علاقة معه.	48.
					تكلفة المعالجة تتناسب مع نوع الخدمة المقدمه للمراجعين.	49.
					لدي أسباب لتفضيل هذاالمستشفى عن غيره.	50.
					كيف يرى المراجعين هوية المستشفى	
					يمتلك المستشفى هوية مميزة له في مجال تقديم الخدمة والمنفعة للمراجعين.	51.
					يعتبر هذا المستشفى ممتعاً.	52.
					أمتلك انطباع واضح لنوعية المراجعين اللذين يتلقون الخدمة في هذا المستشفى.	53.
					يمتلك هذا المستشفى تاريخ عريق.	54.
					لدى المستشفى منافع عاطفية تجاه المراجعين له.	55.

نهاية الأستبانة

مع فائق الشكر والتقدير على صدق البيانات.

Hashemite Kingdom of Jordan

Ministry of Health

Ethics Committee

Research Ethics Committee

المملكة الأردنية الهاشمية

وزارة الصحة

لجنة الأخلاقيات

لجنة أخلاقيات البحث العلمي

الباحث: محمد نور العدوان

لقد استلمنا الأوراق التالية
(بروتكول البحث)

We have received the following documents :
(Research Protocol)

The REC of the MOH has reviewed the above mention
documents

لقد قامت لجنة البحث العلمي في وزارة الصحة
بمراجعة الأوراق المقدمة أعلاه

The REC(IRB) approves the protocol titled

ان لجنة أخلاقيات البحث توافق على إجراء البحث
بعنوان

دور العلاقات العامة في بناء الثقة بين المستشفى
والمراجعين

This is a preliminary approval
Kindly note that if the study extend beyond six months you
have to submit a renewal form.

ان هذه الموافقة مبدئية
يرجى العلم، انه إذا زادت فترة جمع البيانات عن سنة
شهور، يجب عليك تقديم طلب لتجديد الموافقة

The Final Approval will be issued, once the P I submit a
copy of his / her research at the end of study.

الموافقة النهائية، تصدر بعد قيام الباحث
بتقديم نسخه من كامل البحث وبعد نهاية الدراسة

We would like to wish you a successful study.

نتمنى لكم النجاح والتوفيق

REC Chair man

رئيس لجنة أخلاقيات البحث العلمي

الدكتور عبد الهادي البريزات

Date:

Research Ethics Committee

Ministry of Health

MOH REC 09 0018

التاريخ: 05 آذار، 2009

مدير مستشفى البشير

مدير مستشفى الحسين / السلط

مدير مستشفى الشونة الجنوبية

مدير مستشفى الأميرة بسمة التعليمي

مدير مستشفى الأميرة رحمة التعليمي

مدير مستشفى جرش الحكومي

مدير مستشفى الأمير حمزة

مدير مستشفى الأمير فيصل

مدير مستشفى النديم

تحية طيبة وبعد ،،،

أرفق طياً صورة عن الموافقة المبدئية من لجنة أخلاقيات البحث العلمي / وزارة الصحة تاريخ ٥/آذار/٢٠٠٩ على قيام طالب الدكتوراه من جامعة أوتارا في ماليزيا السيد محمد نور العدوان بعمل دراسة بحثية بعنوان (دور العلاقات العامة في بناء الثقة بين المستشفى والمراجعين) وذلك عن طريق إجراء مقابلة مدير المستشفى أو من ينوب عنه بالإضافة إلى إجراء مقابلة مع رئيس قسم العلاقات العامة في المستشفى وتوزيع الإستبيان المرفق صورة عنه على المرضى او المرافقين للمرضى في الأقسام التي من الممكن توزيع الإستبيان فيها .

أرجو التكرم بالإيعاز لمن يلزم تسهيل مهمة الباحث أعلاه في الحصول على المعلومات اللازمة .

واقبلوا الإحترام ،،،

مدير تطوير الموارد البشرية
الدكتور أيوب الصيايدة

نسخة / الملف
ع ش

Appendix D

Population of Jordan Based on Regions

Population of Jordan Based on Governorates and Regions

Governorate	Male	Female	Total	
			No	%
Amman	1142100	1078400	2220500	38.8
Balqa	199100	184300	383400	6.7
Zarqa	441200	411500	852700	14.9
Madaba	73700	69400	143100	2.5
Middle Region (Total)	**1856100**	**1743600**	**3599700**	**62.9**
Irbid	521700	497000	1018700	17.8
Mafraq	139400	129600	269000	4.7
Jarash	88300	83400	171700	3
Ajlun	67000	64600	131600	2.3
North Region (Total)	**816400**	**774600**	**1591000**	**27.8**
Karak	113000	110200	223200	3.9
Tafielah	40800	39300	80100	1.4
Ma'an	57000	51800	108800	1.9
Aqaba	66700	53500	120200	2.1
Southern Region (Total)	**277500**	**254800**	**532300**	**9.3**
TOTAL	**2950000**	**2773000**	**5723000**	**100**

Source: Department of Statistics (2008)

The Distribution of Public Hospitals in Jordan

No.	Hospital name	No. of in-patients	No. of beds	Region
1	Al Basheer	73467	928	Middle
2	Prince Hamzah	21155	402	Middle
3	Al Karamah	4832	167	Middle
4	Totanji	11085	131	Middle
5	Annadeem	10180	98	Middle
6	Princess Salama	3202	38	Middle
7	Zarqa governmental	28607	300	Middle
8	Prince Faysel	15281	171	Middle
9	Alhussein/Salt	15705	152	Middle
10	South Shoona	4141	48	Middle
11	Princess Iman	3994	45	Middle
12	Princess Basma	18028	202	Northern
13	Princess Rahma	9693	109	Northern
14	Princess Badeea	12088	95	Northern
15	Princess Raya	5482	87	Northern
16	Ramtha	6926	104	Northern
17	Yarmook	4656	60	Northern
18	Abee Ubaydeh	4263	46	Northern
19	Mu'ath Bin Jebel	2350	82	Northern
20	Jarash governmental	11957	135	Northern
21	Aliman	10625	105	Northern
22	Mafraq governmental	5001	75	Northern
23	Arrwaished	474	17	Northern
24	Karak	11156	125	Southern
25	Ghor Assafi	6175	82	Southern
26	Maan	6675	131	Southern
27	Queen Rania	4240	72	Southern
28	National Center for Psychology	445	30	Middle
29	Adduct rehabilitation	555	40	Middle
30	Women and children/Mafraq	9415	108	Northern

Source: Ministry of Health, (2008)