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Antecedents and Consequences of Adaptive Behavior of Frontline Employees in The Health Care Service

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Abstract

Frontline employees' adaptive behavior is essential to an interactive and customized service like health care because it contributes significantly to customer satisfaction and loyalty. However, less is known about what factors drive employees to perform adaptive behavior. This research aims to investigate the antecedents and consequences of adaptive behavior (including interpersonal and service offering adaptive behaviors) of frontline employees in the health care service. Based on the data of 418 cases of physicians working at public and private hospitals and clinics, the analysis reveals that interpersonal adaptive behavior is positively affected by employee's work enjoyment, competence, and autonomy, while service offering adaptive behavior is positively influenced by work enjoyment and competence. In addition, both types of adaptive behavior of frontline employees have significant effects on employee's service performance. The findings provide benefits to hospital managers. Since work enjoyment, competence, and autonomy positively affect physicians' adaptive behavior, which then leads to better performance, adequate training on professional knowledge and interpersonal skills for health care practitioners as well as appropriate empowerment practices are highly recommended.

Keywords: Employee adaptive behavior; employee service performance; health care service; work autonomy; work competence; work enjoyment.

1. Introduction

In the service sector, health care is a special industry which is characterized by a high level of customization and interaction between frontline employees (i.e., physicians) and customers (i.e., patients) (Berry and Bendapudi, 2007). In this service, customers are ill people who are often weak in their physical condition. They are also significantly different in terms of the desired level of information exchange and control during interaction and in preference for a physician's communication style (Hack et al., 1994; Levy et al., 1989). In other words, some patients need to be provided with more information and want to play a more active role in decision making, while others prefer less information and refrain from assuming the decision-making role (Kiesler and Auerbach, 2006).

To provide a successful service to customers in such situations requires a great deal of adaptation in the frontline employees (Gwinner et al., 2005). The literature has shown that frontline employees' adaptive behavior is essential to a customized service delivery because it contributes to customer satisfaction and loyalty (Coelho and Henseler, 2012). Despite the importance of the adaptive behavior of frontline employees, less is known about what factors drive employees to perform adaptive behavior in highly interactive and customized services (Leischnig and Kasper-Brauer, 2015).

Given this situation, the current study attempts to examine the issue of frontline employee adaptation in the context of a health care service. To address this issue, this study is based on the conceptual framework suggested by Leischnig and Kasper-Brauer (2015), which is rooted in the motivation and occupation research perspectives. Particularly, the first objective is to investigate the contributions of employee adaptive behavior (including interpersonal adaptive behavior and service offering adaptive behavior) to explain the performance of a frontline service employee. The second objective is to explore the effect of an employee's perception of work-related factors (i.e., work enjoyment, work autonomy and work competence) on his/her adaptive behavior in this service context.

The rest of this paper is organized as follows. The next section presents the theoretical background of key concepts and the development of proposed hypotheses. The research method is then outlined. Results, discussions and implications make up the final sections of the paper.

2. Literature background and hypotheses

2.1. Employee perception of work

The perception of employees about several aspects of their work such as its nature, work environment, work relations, etc. has been deliberated in the field of occupational research (Isen and Reeve, 2005). Among many aspects of work perception, the current study adopts the framework provided by Leischnig and Kasper-Brauer (2015), which focuses on three factors, namely work enjoyment, work competence and work autonomy.

Work enjoyment

Work enjoyment is described as the extent to which the employees think of the nature of their work as intrinsically interesting or pleasurable (Graves et al., 2012). Each employee possesses a set of personal traits and a personal value system (Schwartz, 1992). It is the congruence

between the employee's perception of work attributes and the personal traits and/or value system that determines the extent of work enjoyment (Schwartz, 1999). In turn, Carlson et al. (1988) state that employees with a positive disposition about their work tend to think more positively of others and express greater willingness to perform helping behaviors at work.

Work competence

Work competence implies the extent to which employees think they have the necessary skills and capabilities to perform tasks and duties adequately and efficiently (Spreitzer, 1995). Competent frontline employees would be more likely to accept responsibility as they are more confident in their capabilities to fulfill the customers' demand and accomplish the job in an adequate manner (Fulford and Enz, 1995).

Work autonomy

Work autonomy refers to the extent to which an employee enjoys freedom in carrying out his/her duty and in work-related behaviors and actions. Kirkman and Rosen (1999) find that employees with a higher level of autonomy have a higher power in decision making, work scheduling, and adapting to changing conditions. By empowering employees and giving them a greater degree of autonomy, such employees can exhibit more customer-oriented behaviors as they can be flexible and adaptive in response to changing customer needs (Scott and Bruce, 1994).

2.2. Employee adaptive behavior

In a service context, the concept of (frontline) employee adaptive behavior can be defined as "the deliberate modification of the service offering and/or the employee's interpersonal behavior in a situationally appropriate manner in response to meeting perceived consumer needs" (Gwinner et al., 2005, p.135). This definition implies that the adaptation of frontline employees is demonstrated through the adjustment of communication style and customization of the service offer. As frontline employees exert effort to implement adaptive behavior and intentionally refrain from doing work the same way repeatedly, the service is tailored towards the unique expectation of individual customers (Hartline and Ferrell, 1996). As such, this behavior is crucial in services characterized by a high level of interaction and customization such as health care (Berry and Bendapudi, 2007).

As far as dimension is concerned, the adaptation of frontline employees can be reflected by two dimensions, namely interpersonal adaptive behavior and service offering adaptive behavior (Gwinner et al., 2005).

Interpersonal adaptive behavior

Interpersonal adaptive behavior emphasizes the communicative aspects of the interaction (Clark and Mils, 1993). It is defined as the varying manner of the employee during the personal interaction of the service delivery (Gwinner et al., 2005). Specifically, it reflects the employee's modification of communication approach for a more effective interaction with a certain customer (Weitz et al., 1986) to enhance personal intimacy during the service encounter. In health care, Clark et al. (2008) have shown that proper interpersonal interaction fosters the belief that the patients are well taken care of, and their concerns are carefully listened to, which helps to reduce patients' stress and anxiety.

Service offering adaptive behavior

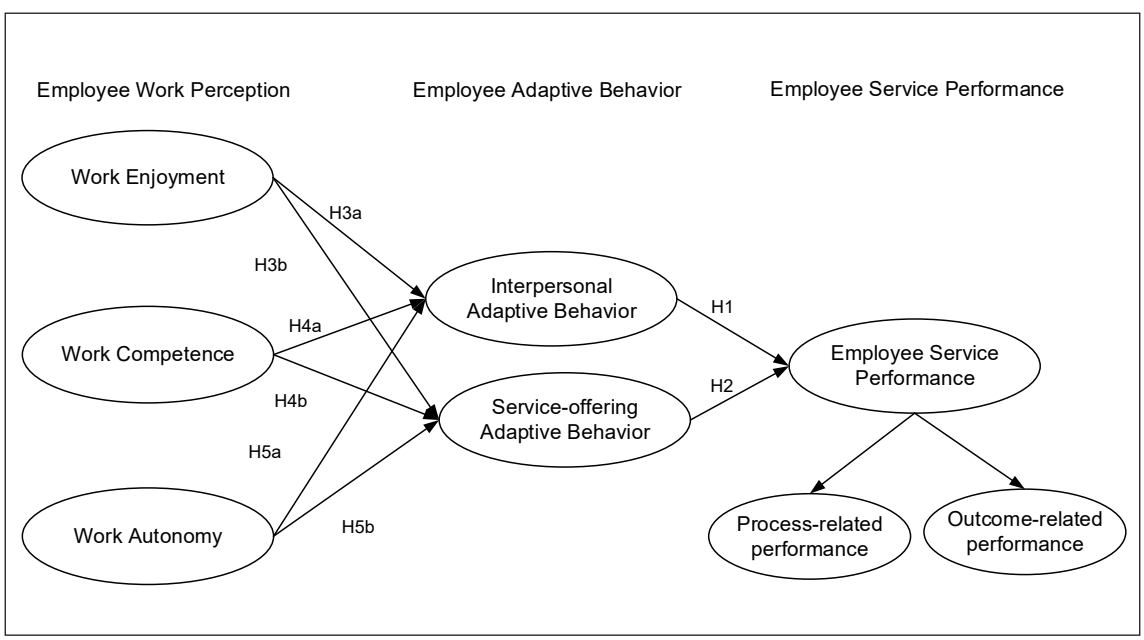
Service offering adaptive behavior refers to the modification of a service offered to a specific customer. Based on the information being gathered during the service communication, employees are able to modify or customize the service offer accordingly (Gwinner et al., 2005). According to Parasuraman et al. (1985), employees are able to customize the service offer at the point of purchase. They may either select or develop the means for accomplishing a task that can change the final outcome of the service offer (Kelley, 1993).

In the marketing literature, employee adaptation behavior has been addressed in a wide range of studies (London and Mone, 1999; Pulakos et al., 2000; Spiro and Weitz, 1990). Employee adaptive behavior has been shown to result in better sales performance (Kara et al., 2013; Spiro and Weitz, 1990) and positive customer evaluations (Bitner et al., 1990). However, empirical study on the connection between an employee's perception of work and his/her adaptation behavior has not been fully understood (Leischnig and Kasper-Brauer, 2015).

2.3. Employee's performance at the service encounter (or service performance, in short)

The performance of a frontline employee at the service encounter refers to the evaluation of service behavior to serve and help customers, which is different from service effectiveness, or the results of service performance (Liao and Chuang, 2004). Employees' service performance is assessed based on whether they exhibit certain behaviors to approach customers in a proper manner, to be helpful to customers, or to provide customers with supportive advice, solutions, and services. Prior studies

Figure 1: Proposed research model



have found that the service performance of a frontline employee (i.e., at an individual level) significantly affects customer satisfaction and/or customer's perceived quality (Barrick and Mount, 1991; Frei and McDaniel, 1998).

2.4. Proposed model and hypotheses

To address the research problem stated in the previous section, a research model has been developed (Figure 1). In this model, the focal concept of employee adaptive behavior is operationalized in terms of interpersonal adaptive behavior and service offering adaptive behavior. These two components are hypothesized (H1 and H2) to have a positive impact on employee's service performance, which is conceptualized as a second-order construct reflected by outcome-related performance and process-related performance. The other side of the model presents work enjoyment, work competence and work autonomy as three proposed antecedents of interpersonal adaptive behavior (H3a, H4a, H5a) and service offering adaptive behavior (H3b, H4b, H5b). The following sections explain these relationships in detail.

Employee adaptive behavior and service performance

Employees with a firm belief that understanding and responding to individual customer needs and trying to satisfy them accordingly are core principles in fulfilling their job tend to perform better (Kennedy et al., 2002). As employees are able to recognize and qualify different customer types and to adapt their approaches appropriately, they can accomplish their task more effectively. Spiro and Weitz (1990) find that adaptive behavior is positively correlated with self-assessment of employees' service performance as the employees would have greater capability to adapt to diverse service circumstances. Robinson et al. (2005) have shown that the employees' adaptability to varying customers' demands improves their sales performance.

In the health care context, some studies have indicated that if the physician is able to adapt to the changing situation, it would be more beneficial to patients (Arora, 2003; Auerbach, 2001; Guadagnoli and Ward, 1998). Research also shows that adjusting physicians' interpersonal behaviors increases patient satisfaction and compliance (Friedman and Churchill Jr, 1987). During the interaction, friendly interpersonal behavior from the physician's side is positively linked with patient satisfaction and treatment outcomes (Frosch and Kaplan, 1999; Kiesler and Auerbach, 2003). Therefore, if the physician is able to establish a good interpersonal relationship with the patient, patient participation in decision-making and information exchange can be facilitated during the interaction (Ong et al., 1995).

By practicing interpersonal adaptive behavior and matching their behavior with a patients' preference for communication style, and desired level of communication and participation in decision making, a physician would be more effective in performing his or her duties. They can help to overcome objections, reduce patient's stress and anxiety, and build a good interpersonal relationship with the patient. In addition, each patient has an idiosyncratic condition, such as their unique circumstance, budget, lifestyle, preference for particular treatment options, and expected outcome of treatment. If the physician understands the need for a customized solution and aims to approach each

patient individually, he/she can offer solutions that better fit each individual patient's expectation. As a result, service performance can be improved. Therefore, it is proposed that:

H1: Interpersonal adaptive behavior has a positive impact on employee service performance.

H2: Service offering adaptive behavior has a positive impact on employee service performance.

Work enjoyment and adaptive behavior

The effect of work enjoyment on adaptive behavior can be justified from occupational or motivational perspectives. From an occupational view, Pittman et al. (1982) advocate that employees who are intrinsically interested in the work itself would try to achieve proficiency in performing their jobs. They also attempt to look for alternative methods to move away from routine ways of doing their jobs and enjoy higher efficiency (Amabile, 1983; Condry, 1977). Work enjoyment also leads to positive emotion, which eventually turns into better interpersonal relationships, a higher tendency to exhibit helping behaviors, and more adaptive strategies (Baron, 2008; Erez and Isen, 2002; Lyubomirsky et al., 2005). Moreover, work enjoyment enhances employees' cognitive processing and creativity at work (Amabile et al., 2005) and improves flexible problem solving (Isen and Daubman, 1984). In addition, work enjoyment is a prerequisite of employee's intrinsic motivation which has been shown to have a high association with adaptive behavior (Jaramillo et al., 2007; Spiro and Weitz, 1990). Intrinsically work-oriented employees are likely to be motivated to learn more about how to best interact with individual customers and vary their behaviors for different customers to adapt more effectively to customer demands (Weitz et al., 1986).

In the health care context, a physician with a high level of work enjoyment would be more likely to engage in interpersonal adaptive behavior as he/she is motivated to alter his/her communication and interaction technique to achieve a better interpersonal relationship. In addition, as a physician enjoys his/her work, he/she would have a tendency to practice adaptation in the service offer since the intrinsic motivation might encourage him/her to strive to improve his/her work performance by varying the techniques to match the needs and expectation of individual patients. Thus, it is hypothesized that:

H3a: Work enjoyment has a positive impact on interpersonal adaptive behavior.

H3b: Work enjoyment has a positive impact on service offering adaptive behavior.

Work competence and adaptive behavior

Employees' abilities and skills have influences on the effectiveness of practicing adaptive behavior (Weitz et al., 1986). In order to personalize courtesy and communication styles to suit customers' expectation and modify the service offering corresponding to customers' demand, employees must be confident that they can adapt their approach across customers or be comfortable with modifying their strategy to enhance the effectiveness of interaction with customers (Gwinner et al., 2005). Krueger and Dickson (1994) show that the perceived competence is positively associated with self-belief. If an employee believes that he/she possesses the required capabilities to perform his duties in an adequate manner, he/she would be

more confident in managing the changing environment and customers' demand (Fulford and Enz, 1995).

Once a physician perceives that he/she is highly capable of doing his/her tasks, it would be easier for him to tailor the physician-patient interactive roles accordingly. Physicians with high level of work competence would be more confident in interacting with different types of patient and providing alternative treatment options that better match with the idiosyncratic condition of an individual patient. Therefore, it is hypothesized that:

H4a: Work competence has a positive impact on interpersonal adaptive behavior.

H4b: Work competence has a positive impact on service offering adaptive behavior.

Work autonomy and adaptive behavior

Employee's work autonomy is a result of the nature of tasks allocated (e.g., work design) to the individual employee and the organizational empowerment. In turn, autonomy in doing a job is a requirement for applying flexible work approaches and providing necessary initiatives to make instant decisions (Hartline and Ferrell, 1996; Iacobucci, 1998). Scott and Bruce (1994) also show that empowered employees are more likely to demonstrate customer-oriented behaviors, as they are more flexible in adjusting their behaviors and techniques corresponding to changing customer demands. Work autonomy resulting from employee empowerment also has a positive impact on the adaptability toward varying customer requests (Chebat and Kollias, 2000).

Health care is a knowledge intensive service in which more autonomy in the working process will better meet the employees' preference for autonomy (Greenwood and Empson, 2003; Malhotra et al., 2006). Autonomy in a professional service is also necessary to enhance employees' satisfaction (Coff, 1997), which then leads to a higher chance of exhibiting customer-oriented behaviors, and individual patients would be well taken care of in the interpersonal aspect. In addition, as physicians have a certain degree of autonomy in deciding how their work should be done, how diagnosis should be made, and how to select and provide treatment to patients, it would be easier to adapt the service offering to match the unique circumstance of the individual patient. Therefore, the proposed hypotheses are:

H5a: Work autonomy has a positive impact on interpersonal adaptive behavior.

H5b: Work autonomy has a positive impact on service offering adaptive behavior.

3. Method

The target respondents of this empirical research were physicians working in different hospitals in the South of Vietnam. Data were collected by face-to-face interview using a structured questionnaire which was administered at several hospitals and clinics in Ho Chi Minh City. The interviews were mainly conducted in after-hour clinics, during night shifts or at offsite places. Data were also collected from physicians working in other provinces (such as Vung Tau, Can Tho, Binh Duong, Dong Nai, Long An, Dong Thap, etc.) during their stay at Ho Chi Minh City to attend professional training courses and seminars.

The measurement scales of Work perception (enjoyment, competence, and autonomy) were adapted from Leischnig and Kasper-Brauer

(2015), which originally had 9 items, and 5 more items were added based on preliminary research. The measurement scales of Interpersonal adaptive behavior (3 items) and Service offering adaptive behavior (4 items) were derived from Gwinner et al. (2005). The measurement scales of Employee service performance were adapted from Liao and Chuang (2004) with 7 items. All the scales were adjusted to fit the health care context. The measurement scales used in this study are presented in Table 2.

4. Results and discussion

4.1. Sample characteristics

There were 458 cases collected, and 418 cases qualified for further analysis. Table 1 shows the key characteristics of the sample. In this sample, around 49.6% of the respondents are younger than 35 years old; and the proportion of physicians with working experience of at least 5 years is around 72.9%. Sixty per cent of the sample includes physicians working in public hospitals.

4.2. Assessment and refinement of measurement scales

Exploratory factor analysis was applied for preliminary assessment of the constructs' validity. There were 11 of 33 items removed because of low loading or cross-loading. The remaining 22 items were sent for confirmatory factor analysis (CFA) to assess the full measurement model representing relations among all constructs and the associated indicators. These items have kurtosis values ranging from -0.450 to 2.922 and skewness values ranging from -0.332 to -1.186, indicating a slight deviation from the normal distribution. In this situation, maximum likelihood (ML) was still an appropriate estimation method (Bollen, 1989). The measurement model was refined further by eliminating 2 more items due to high covariances of error terms. The CFA result of the refined measurement model yielded satisfactory fit indices: $\chi 2$=280.544; dF=149; p=0.000; $\chi 2$/dF=1.883; GFI=0.938; TLI=0.943; CFI=0.955; RMSEA=0.046. The HOLTER index of 286 indicated that the sample size was large enough for the analysis (Byrne, 2001).

As indicated in Table 2, factor loadings of

Table 1: Sample characteristics (N = 418 cases)

Hospital ownership		**Hospital location**	
Public	60.0%	HCM City	78.3%
Private	40.0%	Other Provinces	21.7%
Respondent characteristics			
Working experience		**Gender**	
< 5 years	27.1%	Male	55.1%
5 -10 years	29.3%	Female	44.9%
11 - 20 years	30.0%	**Age Group**	
> 20 years	13.6%	≤ 35	49.6%
		> 35	51.4%

Table 2: Measurement scale testing

Item wording	Std. loading
Work enjoyment (CR = 0.709 AVE = 0.450)	
I feel happy with my work	*eliminated*
I feel pleasurable with my work	*0.64*
My work is interesting	0.74
My work is interesting with variety in each case	0.63
Work competence (CR = 0.869 AVE = 0.690)	
The current job is in my professional ability	*eliminated*
I'm self-assured about my capabilities to perform my tasks and duties	*eliminated*
I have mastered the skills necessary for my job	0.80
I am competent at the necessary artifice for my job	0.83
I am very confident with the ability of solving my speciality issue	0.86
Work autonomy (CR = 0.791 AVE = 0.559)	
I have full autonomy to do daily tasks	*eliminated*
I can decide the workload undertaken myself	0.66
I have a right to refuse inappropriate work	*eliminated*
I am the one who decide the procedures in my work (diagnosis, treatment ...)	0.75
I'm independent and free to perform my selection of treatment method	0.83
Interpersonal adaptive behavior (CR = 0.779 AVE = 0.540)	
When interacting with patients	
… I adjust my communication style to adapt to each person	0.76
… My communication style usually changes to get along with each person	0.75
… I often adjust the tone of my voice (loud or slow) to suit each person	0.70
… I have different behaviors depending on the specific situation	*eliminated*
… I try to use the appropriate and understandable words for each person	*eliminated*
Service offering adaptive behavior (CR = 0.674 AVE = 0.409)	
When diagnosing a disease	
… I usually adapt the way to meet the individual needs of each patient	*eliminated*
… I often choose the appropriate diagnosis and treatment corresponding to the condition of each patient	0.57
… I often offer the treatment options and let the patient make the final decision	0.68
… I can offer the solution which is suitable for the patient's own circumstance	0.66
… I am proud of myself in giving appropriate advice for each patient	*eliminated*
… I can vary the method of diagnosis and treatment according to each patient's request	*eliminated*
… I believe that each patient expects a unique treatment method for him/her	*eliminated*
Employee service performance	
Process-related performance (CR = 0.765 AVE = 0.522)	
When diagnosing a disease for patient	
… I am always friendly and considerate with them	*eliminated*
… I approach them quickly	0.66
… I am willing to diagnose and give treatment for them	0.80
… I spend suitable time to ask and listen to their symptoms	0.71
Outcome-related performance (CR = 0.694 AVE = 0.533)	
When diagnosing a disease for patient	
… I diagnose their diseases through the way they describe their symptoms	*eliminated*
… I suggest diagnostic methods and treatments they may desire but unknown	0.66
… I convince patients to choose a particular treatment by explaining its features and benefits when being applied	0.79

Notes: CR – Composite reliability AVE – Average variance extracted

items ranged from 0.57 to 0.86, and average variance extracted (AVE) of scales were above 0.50, except that of work enjoyment and service offering adaptive behavior (AVE = 0.45 and 0.41, respectively). Although an AVE above 0.50 is preferred, this requirement is sometimes difficult to attain. In such a situation, the threshold value of 0.40 is still acceptable, with due consideration to the content validity (Anderson and Gerbing, 1988). Composite reliabilities (CR) were from 0.67 to 0.87, which were above the desirable level of 0.60 (Bagozzi and Yi, 1988). The correlation coefficients of constructs ranged from 0.29 to 0.68 which were all far below unity (at p = 0.05). Therefore, the measurement scales of concepts were satisfactory in terms of reliability, convergent validity and discriminant validity.

4.3. Structural model estimation and hypothesis testing

The estimation of the structural model was then conducted using ML method and resulted in fit indices: $\chi 2 = 367.443$; df = 157; p = 0.000; $\chi 2/df = 2.340$; GFI = 0.921; TLI = 0.914; CFI = 0.929, RMSEA = 0.057. These values indicate that the structural model fits the data set (Kline, 2011), which provides the basis for the examining of structural path coefficients. Table 3 summarizes the standardized coefficients and hypothesis testing results. The SEM model extracted from Amos software, with details of multi-items scales for each construct and the error terms, is presented in Figure 2.

Based on the standardized path coefficients and p-value, it was found that all hypotheses were supported at p = 0.05, except for H5b.

Figure 2: SEM model

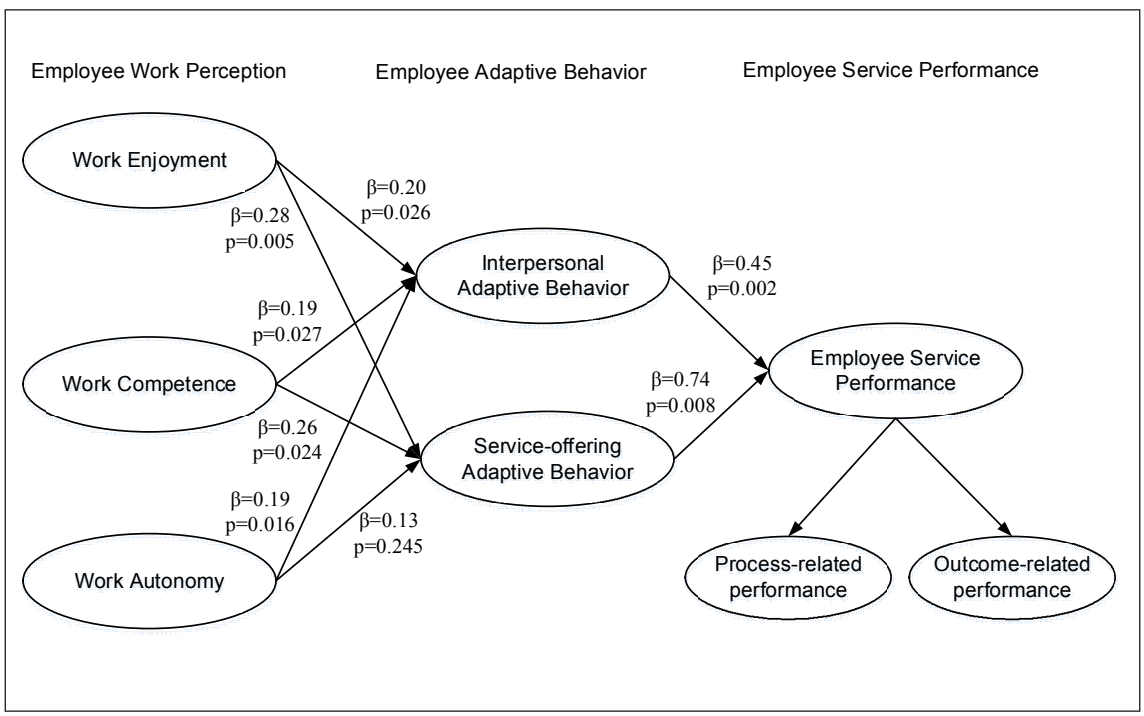


Table 3: Hypotheses testing results

	Hypothesis			Std Coef.	p-value	Test result
H1	Interpersonal adaptive behavior	→	Employee service performance	0.45	0.002	Supported
H2	Service offering adaptive behavior	→	Employee service Performance	0.74	0.008	Supported
H3a	Work enjoyment	→	Interpersonal adaptive behavior	0.20	0.026	Supported
H3b	Work enjoyment	→	Service offering adaptive behavior	0.28	0.005	Supported
H4a	Work competence	→	Interpersonal adaptive behavior	0.19	0.027	Supported
H4b	Work competence	→	Service offering adaptive behavior	0.26	0.024	Supported
H5a	Work autonomy	→	Interpersonal adaptive behavior	0.19	0.016	Supported
H5b	Work autonomy	→	Service offering adaptive behavior	0.13	0.245	Not supported

In other words, employee interpersonal and service offering adaptive behaviors have positive impact on employee service performance. Work enjoyment, work competence, and work autonomy have positive effects on interpersonal adaptive behavior; while work competence and work enjoyment are positively related to service offering adaptive behavior. Against our prediction, hypothesis H5b about the positive effect of work autonomy on service offering adaptive behavior was not supported as $\beta = 0.13$ ($p = 0.245 > 0.05$). The results also showed that the proportion of the variance in interpersonal adaptive behavior explained by employee work perception was 21%; and that of service offering adaptive behavior was 29%. The two components of service adaptive behavior explained 91% of the variance of employee service performance.

5. Discussion and implications

In aggregation, the current study examines the influence of work perception on employee's adaptive behaviors and investigates the relationship between employee's adaptive behaviors and their service performance in a health care context. The measurement scales from previous literature were adjusted to fit the health care context. Based on the data conveniently collected from physicians working at both public and private hospitals and clinics in the Southern area of Vietnam, the analysis reveals that the work perceptions of physicians, namely work enjoyment, work competence, and work autonomy, were found to make a significant contribution to their performance of adaptive behavior at work. In addition, adaptive behaviors of physicians have significant effects on their service performance. Against our prediction, there is no significant relationship between work autonomy and service offering adaptive behavior.

Health care is a special service in which the

interaction between frontline employees and customers is complicated. Because the nature of a physician's work is related to serving people who are seriously ill and potentially facing with medical malpractice, physicians are likely to experience emotional exhaustion in the workplace (Berry and Bendapudi, 2007). Therefore, in this particularly complex service context, physicians' motivation and necessary capabilities are important for them to adopt an appropriate interactive role during the consultation with individual patients, which will then lead to a higher tendency of practicing adaptive behavior. The findings given from this study imply that to enhance a physicians' service performance, hospital managers should facilitate the physicians' adaptive behaviors by improving their perception at work.

5.1. Theoretical discussion

The effect of interpersonal and service offering adaptive behaviors on service performance

The results indicate the positive effects of both interpersonal and service offering adaptive behaviors on service performance, in which service offering adaptive behavior has a stronger impact on service performance. These results are consistent with previous studies regarding the relationship between employees' adaptability and their performance (Spiro and Weitz, 1990; Robinson et al., 2005). As a physician has the capability to offer appropriate diagnosis and treatment options or solutions to fit each patient's situation, his/her service performance can be improved in the form of a more persuasive consultation, better suggestions for treatment methods that matches with individual circumstances, and the readiness to approach and help patients in an appropriate manner. In addition, the practice of interpersonal adaptive behavior also leads to better service performance. Since patients have different desired levels of control and information exchange during the contact with physician (Hack et al., 1994; Levy et al., 1989) and a discrete preference for physician's communication style, the ability to identify the patient's type and adjust the interpersonal interactive role accordingly can help physicians to better perform their duties. In short, the capabilities to offer appropriate diagnosis and treatment options and to identify the patient's manner/mood to self-adjust the interactive role are all necessary to enhance service performance.

The effect of work perception on interpersonal and service offering adaptive behaviors

The results show the different impacts of three components of work perception on adaptive behaviors. This study confirms the positive effects of work enjoyment on both interpersonal and service offering adaptive behavior. This means physicians who enjoy their work are willing to adjust the communicative method and the recommended offerings to patients. They may do so due to internal motives to gain mastery in performing their jobs (Pittman et al., 1982; Amabile, 1983; Condry, 1977) or the expectation to perform helping behaviors (Baron, 2008; Lyubomirsky et al., 2005; Erez and Isen, 2002). Similarly, the positive effects of work competence on interpersonal and service offering adaptive behavior are also confirmed in the context of the current study. Highly competent physicians possess necessary knowledge and skills for successful performance of adaptive behaviors (Weitz et al., 1986). In other words, they would be able to confidently alter or adapt

their interaction/communication styles and treatment techniques depending on patients' feelings, attitudes, preferences, symptoms, and conditions, etc.

The study reveals mixed results regarding the impact of work autonomy on the two types of employee's adaptive behavior. Work autonomy has a positive impact on interpersonal adaptive behavior while having no effect on service offering adaptive behavior. Autonomy in a professional service is necessary to enhance employees' satisfaction (Coff, 1997), leading to a higher chance of exhibiting customer-oriented behaviors, and individual patients would be well taken care of in the interpersonal aspect. Therefore, the higher the level of autonomy being granted, the more comfortable physicians would be in modifying their approach to interact and communicate more effectively with their patients. This finding is consistent with prior studies (Scott and Bruce, 1994; Chebat and Kollias, 2000). However, we found no significant relationship between physicians' work autonomy and their service offering adaptive behavior, which means whether the physician has a high or low level of work autonomy does not change the way he/she conducts the diagnosis and offer treatments to the patients. This result could be explained by the nature of the health care profession in which work autonomy alone cannot ensure a high likelihood of adjusting the service offered. A certain degree of work autonomy should be granted due to the nature of a physician's work. However, without a certain level of work competency and/or intrinsic motivation, even an empowered physician may not be able to exhibit the necessary behavior to adapt his treatments. That is why our finding in this specific context is inconsistent with the previous literature.

5.2. Practical implications

Here are some managerial implications. First, in health care service, work competence is an important factor affected physicians' adaptive behavior. Therefore, when hospital managers decide to recruit an employee for this position, they should be aware of the candidate's expertise. They should also hold professional training classes and seminars frequently to update new treatment knowledge and methods for the physicians. Second, besides physicians' expertise, training in communication skills also helps them to select appropriate interaction behaviors for different situations to meet patients' expectations.

5.3. Limitations and future research

Although the research has attained the objectives mentioned in the beginning, there are still limitations that should be addressed for those who intend to use the research results. First, the research was only conducted on physicians. This is just one part of the service offered to patients as there are other participants in the process such as nurses and administration staff, who also represent the overall delivery of the service. Second, the convenience sampling method was used so this sample isn't highly representative of the population. Third, during the process of data analysis, one factor (service offering adaptive behavior) has an AVE that does not meet the preferred threshold of 0.5, which can lower the significance of the measurement scales and the research model. Therefore, the limitations of this study should be addressed by further research.

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