Seven Public-Government Relationship Typologies

Apply CRM in United Arab Emirates (UAE) Government

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ABSTRACT

In 2010 the United Arab Emirates (UAE) government set out to improve customer service by adopting the Customer Relationship Management (CRM) system that was used mainly in private sector. There was a concern about implementing the one size fits all CRM. Therefore, public managers needed to understand the various public sector relationship types and to consider a relational, emotional and behavioral approach to the public-government relationship rather than the technical business management approach. The research here identifies some key distinctive typologies and key contextual relationship factors to better design a management approach that suits each typology. Some key relationship components are stakeholders, services, government role, service concept and relationship exchange. Reviewing the literature from the relationship lens, many studies have focused on understanding the components of a public-government relationship. The gap in the literature highlights the need for CRM models for the government sector functions, identifying the various contextual factors of the relationship, and a need to cater to the behavioral and emotional aspect of the relationship. The seven public-government relationship typology framework emerged from meta-synthesis of the literature review. The study uses UAE Federal government CRM, specifically the Ministry of Health and Prevention (MOHAP). Grounded theory methodology was used to explore the seven public-government factors. Twenty-four qualitative interviews were conducted. The examined relationships include: entrepreneurial, public beneficiary, social beneficiary, organizer, protector, arbitrator, and supporter. The findings aid practitioners in designing the public-government relationship management approach that suits the nature of each relationship and its context. Theoretically, the relationship is the new lens for improving customer service in the public sector and the private sector. This emphasizes that the one size fits all CRM approach needs to be changed to more of a human and personalized approach to managing relationship typologies that are altered based upon context, influential components, and key factors. Some of the key factors influencing the relationships are communication, awareness, knowledge, emotional handling, engagement, relational approach, trust, and relationship value chain. This study provides good evidence for the need for further exploration of the contextual angle of relationships in the private sector in similar relationship typologies.
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GENERAL AUDIENCE ABSTRACT

Customer Relationship Management (CRM) is the methods, practices, and technology that organizations use in managing customers interactions to build customer trust and satisfaction. The United Arab Emirates (UAE) is an example of a government that decided in 2010 to apply CRM to help improve its public-customer relationships. In applying this approach public managers had to learn about the different types of relationships and best practices when approaching these relationships. This understanding will dictate how they can effectively utilize a CRM system to understand what works best for their customers and where there is room for improvement. Here the question became how the government can adapt a system that traditionally relies on a technical business management approach. In this study, literature was reviewed that addressed the approach to adapting CRM to the private sector and it was found that the answer lies in the use of a relational, emotional, and behavioral approach would enable a favorable adaption. During this research seven public-government relationship types emerged by collecting all the information, breaking it down and identifying the common components, or meta-synthesis. When evaluating the UAE Ministry of Health and Prevention (MOHAP) served as the specific public entity for evaluation. A grounded theory method was used which entails the gathering of information that would enable the understanding of the data found. To capture the data twenty-four (24) interviews were conducted. Emerging relationships included entrepreneur, public beneficiary (such as health awareness campaign), social beneficiary (such as education), market organizer, protector, arbitrator, and supporter. Some of key identified relationship factors are communication, awareness, knowledge, emotional handling, engagement, relational approach, trust, and relationship value chain. With the finding of seven types of relationships that the government encounters when interacting with its clients to improve this interaction, a public CRM system must consider that the one size fits all CRM approach needs to be changed to more of a human and personalized approach. This will allow an effective means for managing the different relationship typologies that are altered based on context, relationship influential components, and key factors.
Dedication

I dedicate this dissertation work and give special thanks to my supportive husband and children who have been a constant source of support and encouragement along this journey. A special feeling of gratitude to my inspiring mother along with my loving brothers and sisters. Above all I am thankful to Allah for such a great blessing of knowledge and prosperity.
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Chapter 1

Introduction to CRM Challenge in UAE government:

1.1 UAE Government case study background research context

In the last few decades, governments have been striving to provide high-quality customer service by improving management approaches and creating smart digital governments. One of those smart systems is the Customer Relationship Management System (CRM). The United Arab Emirates (UAE) government has been involved in this shift and responded to it by adopting CRM in the government sector. In this research, the Ministry of Health and Prevention (MOHAP) from the United Arab Emirates (UAE) Federal government will serve as the case study to explore the research questions. The UAE government is investing time, effort and resources in competing with other countries to provide a higher quality of life for its citizens. Smart government is part of its strategic vision to be achieved by 2021 (UAE vision, 2017). Furthermore, the UAE government is striving to be the number one government in the world in terms of delivering public services (UAE Service Strategy, 2014). To achieve this goal, the UAE government is currently conducting several projects to explore the different segments it serves, the different services it provides to various public segments and the value it needs to deliver the services. Studying customer segmentation, the research focuses on identifying different segment persona and the combination of services for that segment, and the report would be beneficial in developing service and relationship management strategies (Customer Segmentation, 2016). Also, the research identifies the gaps that managers can more strategically and appropriately manage to improve the relationship.

CRM was developed in the private sector then adopted in the public sector, however, since the context changed, the public CRM needs to take into consideration other variables for the various relationships that exist within the public sector. The challenge arises in the public sector with the
application stage due to different factors that change according to context and type of relationship. For example, New York administrators of the 311 project stated the difference of CRM in public services vs private was in terms of quantity and complexity. The 311 project used CRM systems with contact centers but had low response rates due to complaints and most cases were referred to other entities. The Staff was not utilizing the system well (Alexander Schellong, 2008, p.102-107). Furthermore, an interesting caveat down the road is how these findings might inform practitioners of approaches applying CRM in the private sector, too. The knowledge from the initial seven typologies of the public-government relationship can be beneficial in the private sector by looking at those typologies and what might fit with similar relationships.

Many studies have been focused on the technical solutions and existing customer service management that relates to the private sector more than the public sector. Some studies were in the government sector, however, were focused on certain factors affecting customer satisfaction, relationship, and trust. Applying CRM in the public sector generally and specifically in the UAE differs vastly and needs further research for understanding the nature of the public-government relationship and its context.

The UAE government has recognized that some governments are following a one size fits all approach in managing their relationship with the public when delivering public services. Simmons, R. and Powell, M. and Greener, I. (2009) stated, “Nowadays it has been recognized that people’s needs and expectations of public services are diverse and that this kind of one-size fits all approach is no longer appropriate” (p. 58). The UAE government is one of the many governments around the world who plays various roles in delivering thousands of services to millions of customer segments. This indicates that public sector CRM management needs to be customized to the various relationship typologies that emerge from the various mix or roles, customer, service and relationships and their context. Current
literature has a key gap regarding a specific CRM approach for government, although it has a wide scope of focused studies on factors shaping the customer satisfaction, customer service and customer segment in the public sector. There are no typologies aiding public administrators in managing the relationship of citizens when delivering public services that both have economic and social value. There is a huge gap in the literature when it comes to typologies of the public-government relationship that shows different management approaches to delivering government services to the public. The public-government relationship typologies will aid decision makers in enhancing the trust in the relationship by using various relationship management methods that suit each relationship type and context.

From the description and definition of CRM, there is a gap in the factors pertaining to the relationship such as including emotional and human factors. For instance, the Customer Relationship Management business model and system (CRM) is described as follows: “the practice of analyzing and using marketing databases and leveraging communication technologies to determine corporate practices and methods that maximize the lifetime value of each customer to the firm” (V. Kumar, Werner Reinartz, 2012, p.4). Therefore, most of the studies are considering IT systems and not focusing on an administrative approach that suits the public sector. Some of the factors are more focused on the organizational aspect and marketing methods. However, other factors have been identified that relate to the relational aspect of customer service. These factors are strategic processes, the selection of customer value, interactive relationships, customer typology, and the customer’s current output value of services and future outcome value (V. Kumar, Werner Reinartz 2012, p.5). Other factors focused on more understanding of customers’ choice, experience, expectations, perception and network influence. These are some of the factors highlighted for the CRM and can be explored further in the public sector relationship with the government.
The UAE government has recognized the important shift that took place in studies of Customer Relationship Management, from a technical business management view to a more behavioral and emotional management view in managing the public government relationship. It is important, to highlight that new research is more directed towards emotional and behavioral factors affecting the relationship. For instance, Singapore has explored citizen relationships’ influence and values to be able to increase the usability of smart government services. The approach of using people’s cognitive way of thinking is becoming more important in delivering government services. Researchers have found that people are not rational in their decision-making and they depend on their cognitive abilities to evaluate the customer service through relationships (Dhaliwal, Mcintyre, and Parry, 2011). This indicates that people are not 100% rational but they use shortcuts in making their decisions from information obtained from provided signals. Being a smart government is not about technical information but more about understanding customer insight, sentiment and behavior.

The field of customer relationship management is changing and there is a need for more research on the relational management approach in the public sector. Generally, for the field and specifically for the UAE government context. Without research that places a CRM framework for the government, the high rate of failure of adopting such private systems will continue. This study will first add value to the field of public administration by finding the components of public-government relationship typologies in the government sector in a specific context. Then identify the factors that affect each relationship typology with the assumption that there are different and similar factors depending on government and other context factors. This will aid academics in developing a base for studying and understating the government-public relationship typology. Then zoom in to focus on finding factors that will help practitioners in designing different management tools that suit each relationship in other governments and in UAE.
In the following section a brief background about The United Arab Emirates (UAE), Ministry of Health and Prevention (MOHAP), Ministry of Cabinet Affairs and Future (MOCAF), and Emirates Government Service Excellence Program (EGSEP) is discussed.

The UAE government is a constitutional federation of seven states (emirates) since its establishment the 2nd of December 1971 (UAE gov, 2017). It has both federal and local level governments working together under the Constitution. As a young country of 45 years, it has been able to make great achievements not only on a regional level but also on an international level. According to the IMD competitiveness center, UAE is ranked 10th in the world competitiveness rankings (IMD, 2017). UAE has gained this position due to various competitive advantage as per Margareta Drzeniek, the World Economic Forum WEF’s Lead economist, “Overall, the UAE's competitiveness reflects the high quality of its infrastructure, as well as its highly efficient good market. Strong macroeconomic stability and some positive aspects of the country's institutions - such as an improving trust in politicians and high government efficiency - round up the list of competitive advantages" (The National, 2013). Trust in government is a key outcome of delivering public government relationship. In addition, UAE reached first places among other counties in area Government Efficiency, Social Cohesion and Attitudes and Values according to the UAE competitiveness council staff (The National, 2013). The social aspect and the efficient management have given UAE government a competitive advantage.

Since the inception of UAE, the UAE constitution has focused on its citizen, their freedom and their ability to lead a good quality of life. The government’s constitutional federation system has five branches (UAE cabinet, 2016). These are the Federal Supreme Council, the President, and Vice president, the Cabinet, the Federal National Council, and Federal Judicial authority.
MOCAF manages the steering wheel of the federal government by helping to shape the direction, strategies, and vision of the government. One of the federal government’s vision and strategies is to be one of the leading countries in service delivery. Therefore, MOCAF has mapped out a specific program for developing government services called Emirates Government Service Excellence Program (EGSEP) (Government services, 2017). EGSP's goal is to exceed customer expectations by delighting them through seven-star service projects competing with the standards of the private sector for service delivery. EGSEP was launched in 2011 to create a cultural change in government agencies to make them more focused on enhancing customer service and be an efficient government.

EGSEP has launched many projects to enhance customer service delivery in the UAE (Government Services, 2017). For instance, seven-star ratings for all service delivery centers, service factory for re-designing services and a service excellence diploma. In addition, the program works in line with the UAE smart government initiative to enhance the delivery of customer service. In that last few years, the customer service delivery manual and charter were spread in different federal government entities through training. Now MOCAF is in the phase of designing the CRM for the federal government in efforts to strategically align the business approach with IT solutions to excel in delivering customer service and enhancing those relationships (UAE smart government, 2017). It is not an easy task since there are around 4000 federal government services delivered to diverse segments across the seven emirates (Khadamati, 2017). Various types of services are delivered differently based on their value and nature; consider services such as traffic control, postal, residency, environmental, educational services and much more. With these different segments and values in play, the question arises for whether the UAE government should use the out of box CRM software made for the private sector? Or should it use a customized system? And conversely, how much customization can it make sense the budget is a limiting factor. The UAE government wants to satisfy customers but at the same time do so efficiently and effectively. This pursuit leads to a subset of questions such as where should the decision makers at
the top of government start? Which type of service should they start with? And which role(s) should they focus on? What is in the customer relationship management they need to focus on to succeed? What factors are important in developing public-government relationships? Does it have to do with technology or it is something else? These factors will be explored in this research study to find a starting point for answering such questions.

One ministry, MOHAP, was chosen to be the case study for those different public-government typologies because it has different segments including citizen, residents, and the public at large. MOHAP provides many types of services such as prevention, awareness campaigns, hospital and clinic services, licensing, inspection and dispute resolution. The nature of the service is focused on relationships such as the doctor and patient relationship. Since the medical field uses its own standards on how to manage those relationships at its most painful negative moments; it serves as a perfect window to observe how customers are managed and provide strategic insights in managing the public relationship with government. Additionally, the complexity of their operations and the intertwining between the different type of services and relationships between suppliers, doctors, and patients might highlight important factors that might not be realized otherwise. If a CRM system and business behavioral model were established and successful in such an organization, one might learn from that and apply it to other organizations that have similar public-government relationships.

MOHAP in the UAE is a government ministry that provides free medical care for its citizens, through funding from the UAE federal government which does not currently utilize the insurance system (MOHAP, 2017). During the conduction of this study, a structural change was made to the ministry. First, it used to be Ministry of Health without focusing much on the prevention although it had a section functioning on this area. However, after the restructuring it split into two parts, one part of the structure focused on policies and preventions and the other became an institution managing hospitals and clinics.
to deliver health services. This restructuring helps to solve the problem of conflict of interest on how a government can deliver a service and be a judge if there was a medical mistake. Also, the structure allowed for the privatization of government services that are based on a financial structure which addresses the long-term objective of efficiency and productivity. These changes might have a big effect on the public-government relationship. MOHAP does not have a CRM system like the private sector, they have different systems, a patient record system called Alwareed (IDI25, p.11). Along with this system, they also use other systems where some are interconnected and some are not such as licensing and inspections. Currently, MOHAP is in the process of planning a CRM system for the Ministry that will focus on three types of services: hospital, licensing, and inspections (IDI25, p.11). However, there might be another type of services and relationship that they did not explore. This research might add value to the planning of the development of public-government relationship for MOHAP specifically and the whole federal government generally.

This research will aid decision makers and CRM managers in MOHAP and MOCAF in both operational and strategic level by identifying the relationship typologies, components, factors and the right relationship management approach.

1.2 Problem statement and motivation for the study

The findings from this research will fill the gap in the area related to public-government relationship management. The research will be valuable by assisting public administrators in solving problems related to the public-government relationship. The issue of Customer Relationship Management failure in the public sector has been there for a long time. Millions have been spent on implementing it in the public sector, however, the investment will be well utilized if preceded by a study on the public-government relationship. Viewing the customer service from the relational perspective is important in improving the public-government relationship. Customization of the CRM to cater to the
government sector’s relational context, social and behavioral nature will be adding value to practitioners and academia. The challenges for the public sector are identifying different typologies within the public-government relationship and relate them to certain groups of customers, service concepts, service delivery systems, and value. The relational aspect of handling soft behavioral issues and intangible values when managing government CRM are important. Therefore, a focused study of understanding the different public-government relationship that exists helps in designing the suitable management and IT solution for various relationships in the government sector.

A recent increase of the issue has led many practitioners and academia to rethink the problems and try to understand the current relationship management in the public sector in comparison with CRM in the private sector. Other literature focused on the components of the relationship by exploring the relationship through the relationship lenses of the role of government, services typology, customer type and relationship social and economic exchange. Many literatures covered the behavioral and emotional factor of the relationship. A good example is the previous mentioned Singaporean research that has been identifying relationship factors to improve the government-public relationship. The final group of literature concentrated on relationship management dimensions that public administrators need to be aware of such as emotional management, expectation management and relationship management. Overall, the literature review has recognized a gap in both the public-relationship typology and relational factors related to the public sector. Most of the research is very narrow, focusing on specific factors; for instance, one just focused on the different types of customers in the government relationship. However, this study will provide a holistic identification of various public-government relationship typologies, components, factors and relational management approaches. Currently, there are much valuable research in different areas of the relationship but the dissatisfaction with current knowledge is that it is not connected in a relationship framework that fits the government sector.

The motivation for this study lies in three driving forces including developing a public-government relationship typology, understanding influencing relationship factors especially the
behavioral ones, and finally understanding the factors that aid public administrators in managing the relationship. The first motivation is to build relationship typologies for the public sector that suits the nature of the relationship with the public and government’s role. Currently, public relationship management lacks the existence of a relationship typology that can be used by both academics and practitioners and help in managing the various relationships. For instance, a Social beneficent relationship of provider: Doctor relationship with a patient, indicates the different emotional and behavioral factors in the relationship and hence the best management approach is emotional handling and behavioral management. This includes factors such as communication, awareness, and emotional triggers. This suggests that each typology might indicate a right strategy and management approach for particular customers. This reduces uncertainty and confusion for public administrators and gives him guidance in managing the relationship face to face and designing the suitable technological service channel. From the literature review, an assumption is developed about the reason for failure in managing the public-government relationship. The failure rate might be related to the assumption that the CRM system is used as one solution for different problems when delivering government services to different segments that have different types of relationships. For instance, on a practical level, many public administrators ineptly adopt customer service models and total quality management methods from the private sector with some customization to fit the public sector’s various roles and relationships with its stakeholders. This approach is insufficient as these small customizations are not a perfect fit to the different public-government typologies. The root issue with this adoption is the management approach of one-size fits all, even with some customization to the system, to suit each of the different relationship typologies. Fundamentally, the one-size fits all does not identify the key factors in developing the needed relationships. Consider, if the government faced with a negative relationship with the public it will not know where to start improving them because it does not know the key influencing factors in the relationship. There might be multiple typologies, the question is whether the same relationships matter in those typologies.
The second motivation is to identify public government relationship factors, especially the behavioral and emotional ones. The public sector is only using the private sector IT customer relationship framework with minor customization. It is a systematic, technical business and profit-oriented management system approach to the relationship that treats all services the same. It does not take into consideration the various roles government plays in the dealing with the public. The social, behavioral, emotional aspect of the relationship is not valued by money but by gaining trust and strong relationship. There are problems in applying technical business management models to the management of an emotional behavior-oriented relationship. The exploration of the soft factors in the public-government relationship in this research will aid smart government practitioners’ in designing a behavior change approach part of the CRM system. This will address the issues and challenges facing them in achieving stronger relationships with customers. According to this research, government has different public-government relationships which require different management tools. The CRM system is adopted in different government bodies; however, it has a high failure rate or minimum utilization of its potential powerful capabilities.

The final motivation for the study, is to identify key relationship management approaches and tools using the key relational influential factors. Public administrators face challenges in managing the public-government relationship. Public administrators realize that there is the difference in delivering services for different segments at the government level. The categorization of relationships and suitable relationship management tools will aid decision makers in making effective and productive decisions using limited resources. It is critical to identify which tools and/or policies suit each relationship typology. Along with this complexity, is the realization that these problems are related to different customers who are receiving distinct services. Public administrators are expected to solve all the
problems and achieve high performance using the similar tools, for a different relationship while automating government service. Therefore, there is a need to design that relationship typologies.

Overall, CRM was viewed from the customer perspective in the private sector, however, in the public sector this lens should be changed to a relationship lens looking into the relationship exchange and other influencing relationship factors. In addition, the current CRM needs to be customized to public sector types of customers and services, especially the social, legislative and law enforcement services. The government interaction challenges for the public sector are identifying different typologies of the public-government relationship and relate them to certain groups of customers, service concepts and service delivery system and value. Moreover, the relational aspects of handling human, emotional and behavioral issues and intangible values when managing government CRM is an important element that differentiates it from the private CRM. Hence, this research will try to answer the following question:

- Are there different typologies of public-government relationships?
- What are the components of public-government relationship?
- What are the key factors influencing the public-government relationships?

In summary, it would be highly valuable to gather all research done on the various components and factors in a public-government relationship and see if they are important in the relationship and even explore new ones. An example of such factors includes government role, customer profile, communication, service type, and employee behavior. This will aid in developing public government relationship typologies and identifying specific factors that affect their relationship and aid public administrators in devising relationship management tools.

1.3 Aim and Scope

This research aims to inform how academics and practitioner think about managing the public-
government relationship. This will help address the failure in Customer Relationship Management adoption and implementation in the public sector. This is the benefit of identifying the components and factors of a public-government relationship. The public-government typologies help guide practitioner in focusing their efforts and designing the right solutions for relationship problems with the public and gain their trust. This will assist public administrators and academics in understanding the relationships current situation and help in developing new strategies for the managing the relationship.

This research will explore the factors affecting the different relationships typologies to customize the management tools and systems. This will help tremendously in relationship management and effective decision making at the highest levels. Take the police sector as an example, how can one expect a police officer to deal with a criminal with the customer service principles such as ‘the customer is always right’? This type of relationship does not apply to the role in which the government is delivering the service. The criminal, which is the direct segment the police department deals with, is not the priority segment; on the contrary, the priority segment is the public at large; this is who the police are entrusted to protect. In this scenario, it is the indirect segment, the public that is the target segment that all police departments’ efforts and performance measures should be focused upon. That does not mean public administrators should reduce the level of service, but rather handle the relationship differently.

The scope of this research is focused only on one entity, the Ministry of Health and Prevention. Therefore, the study might not cover all relationship types in the government. Also, this limits the type of services and customer segment hence the relationship typology that fits them may not be discussed. Choosing participants began with recruitment and sampling of potential participants. Research participants for grounded theory methodology were chosen randomly from MOHAP’s customer's database to participate in the in-depth research interview. The research pool included twenty-four interviewees, a mixture of three main categories: (1) government, (2) customers and (3) the public (see
The first group that was interviewed consisted of fourteen [14] government administrators representing the public health sector from the communications, information technology, and customer service departments. The qualitative study was conducted on twenty-four participants from public administrator to customers on average for one hour each spread in a one-month period. Therefore, the results would not be generalized in other relationships in the other governments. This study was conducted in the UAE and the government structure differs than other nations hence the typologies might differ when applying it in the United States for instance. Due to different government structures and economic conditions of each country, there would be a different portfolio of services, customers, and eventually, type of relationships that emerge. Consequently, it is essential to be able to detect these differences and understand the underlying components of the relationships to successfully manage them and design the right measurement tools for capturing public satisfaction levels. This distinction is important, by understanding who is the important segment to serve, the public value being delivered, and the nature of the relationship is essential in managing the public-government relationship. Therefore, this paper will explore the different typologies of public-government relationships that exist in the public sector and how can it be managed differently. This will help clear up the confusion public administrators face in delivering their strategic objectives.

1.4 Significance of the Study

This research adds knowledge on the theoretical level, for academics, by developing the public-government relationship and identifying key relational factors. This is a new framework that aids academics in studying various relationships that exist in government. It helps in classifying government relationship, evaluating them, finding opportunities for improvements and give solutions of relationship management tools that suits each typology. This could be done in both local and federal government relationship management in certain countries. Each country would have their own government structure and role that differs from another country, this variance plays a key role in shaping those relationships.
However, there is a middle ground of common factors in the relationship typology that helps in comparing different government relationship across the globe.

On the practical level, the study will benefit public administrators, by allowing them to better understand current situations of relationships and factors that help in managing those relationships. Since the results are from qualitative studies, then the relationship management knowledge might be transferred to other situations and help manage those relationships or other segments or services. The relationship factor and typology can frame the relationship into certain typologies, that will be able to manage each group of factors dependent upon the complexity, nature of service and type of customers and government role.

This research will also help top management in facing the choice between the one size fits all approach and the technical business approach versus the human-centered design of services. For any government, this is a complex task to make decisions on how to improve government services for all customers in its various relationships with the public. In the UAE, for instance, 4000 services are delivered to more than 8 million people (Khadamati, 2017). Where to start and what to choose and what factors need to be altered to change customer satisfaction levels and achieve a happy customer are the initial questions the government must consider.

First, this research has developed high-level relationship typologies to aid managers in grouping government services in different bundles depending upon key components. These components include government role, customer segment, service concept, and relationship exchange. The findings of this study aid public administrators in UAE federal government in implementing CRM and shaping future public-government relationships. In addition, understanding the relationship helps public administrators in planning future projects for different services and customer segments. For instance, UAE has
thousands of government services in a service catalog system called khadamati. by using the seven typologies the UAE government can narrow down the list of improvement to key relationships that have the highest impact on the public. Thus, this will lead to a better designing of another project, which is UAE federal government National Customer Relationship (NCRM) system. The NCRM can benefit significantly from this research and typologies by adding the human management aspect to its design, rather than just the IT system. In addition, personalization and customization of the NCRM system rather than a one size fits all approach would be a great strategy for success if adopted by public administrators. Also, the channel of delivering for various services will ensure that its suit the customer’s behavior in that relationship typology to achieve a good fit. Public administrators will also know when to use, for what relationship typology to rely heavily on partnership and collaboration, and in which value chain. Finally, all this effort and types of relationship should be reflected in the customer happiness studies, where measurements would be segmented to various relationship typologies. Hence, when deciding on the sample and analyzing them they could be grouped into subsets within the customer happiness studies to make sense and be realistic when setting future improvement targets for relationships in the strategic plans of UAE government.

The research later explores each relationship using grounded theory and identify what are the influential factors in these relationships. This will help managers to use these factors in leveraging the relationships and turning it around to a better and stronger tie with citizens and the public. These small behavioral and human factors might be more effective and influential on customers than all the systems and technical business management approaches. Customers are humans with different behaviors that get triggered by small factors in the interaction and relationship with the government. Understanding and finding those hidden keys would be significant in achieving good customer relationships, even in difficult and complex services. This research will discover and highlight those influential factors in the seven
relationships typologies and will help in improving services and designing the most effective CRM in the government sector for the public.

The seven public-government relationship typologies are conceptual, descriptive, explanatory multi-dimensional characterizations that help in understanding various aspects of the public government relationship exchange. As per LaPorte (2014), typologies help in “identifying variation in type and unpacking multi-dimensional concepts” (p15). Also, according to Collier, LaPorte, and Seawright (2012) using typologies help find causality between variables for various outcomes, identify different factors of each category, and highlight social attributes that are not always quantifiable. For example, understanding the “businessman” typology which is based on a contractual relationship, where the influencing factors are financial, negotiation, supply and demand. Furthermore, the key management systems are the business and technical financial management approach. On the other hand, the “doctor-patient relationship” has identified, emotional status, doctor behavior, communication and other factors influencing the relationship. Therefore, the approach used in the relationship management consisted of emotional handling such as calming, assuring, providing knowledge and awareness to achieve trust.

Finally, this method of research might be used for other related research in exploring new relationship typologies and factors. It probably would be beneficial to studies already working on the relationship as a factor when enhancing customer service in the public sector. Not only that but the private sector might benefit from that relationship typology in the healthcare industry for instance, or in some of their social responsibility project management.

1.5 Overview of the Study

This research consists of seven chapters, they are organized in a way to identify the research problem and come to an answer to the research questions with results and discussion supporting the
findings. The first chapter sets the scene by identifying the research problem of CRM failure due to one size fits all approach and using a technical business management approach rather than behavioral and relationship management approach. This research aim is finding the right management tools for a public-government relationship by answering the question about the relationship components and factors. With the understanding that this research is conducted on UAE government and it might not fully apply to other government structures.

Second, as an initial step to answer the research question, the literature review and relationship typology framework are detailed in chapter two. The first part of the literature review gives an overall up-to-date analysis of research results available about the public-government relationship, which was limited, however, the influencing factors were highlighted is many research papers. Also, key terminologies are identified such as relationship management, relationship fit, segment, and stakeholders (See table 2). To make the literature more relevant to finding the answer to the research question, four areas were explored. To begin with CRM application in government versus private sector, then the foundational components of public government typologies. Next, a focused literature review was conducted on customization and behavioral factors in the design of customer relationship management. Finally, various factors of relationship management from different research to help the public administration in setting the relationship dimension for management was explored.

Consequently, the literature review helped in the development of the seven public-government relationship typologies using the meta-synthesis methodology. Which is explained in chapter three along with the grounded theory that was used to identify both the components and factors affecting each of the seven relationship typologies by describing the sample, measurement instrument and other research method fragment.
After that chapter four presents the overall results by each of the seven relationship typologies and factors related to each relationship typology. One of the main findings from the analysis is that different relationships matter in different typologies and therefore different relationships need to be managed differently.

Finally, reaching chapter five is the discussion and chapter six is the conclusion of the research. The discussion is divided into various sections which included first overall results of public-government relationship, and relationship value chain. Then one addressing the problems of customization vs one size fits all service approach, and another two sections one emphasizing behavioral change, and human relationships vs service design and management. Then there is a discussion regarding factors grouped before interaction including Customer Journey Factor and internal organizational factors, such as staff profile and technology in a relationship. External factors are also emphasized in the findings which consist of competition and collaboration. Finally is the appendix section which includes supporting documents such as tables of factors and other research material.

The following section will present the literature review and the theoretical framework developed based on the literature review meta-analysis.
Chapter 2:

Literature Review and theoretical framework

2.1 Literature review overall gap

a. Description of study area

The main problem that this research focused on is the public sector CRM high failure rate or minimum utilization of its potential powerful capabilities. The explored literature focused on two problem assumption areas; first, is (one size fits all) approach and technical business management approach versus a behavioral and emotional management approach. The failure rate is related to the supposition that the CRM system is used as one solution for different public-government relationship problems when delivering government services to different segments hence exploration of the One size fits all approach. Then there are the associated concerns in applying technical business management models to manage an emotional behavior-oriented relationship in the public sector. Therefore, current CRM needs to be customized to public sector types of customers and services and government role. The challenges for the public sector are identifying different typologies of public-government relationships and relate them to certain groups of customers, service concepts and service delivery system and value. Also, understanding the relational aspects of handling soft behavioral issues and intangible values when managing government CRM. Therefore, the explored literature was divided into the following (See figure no. 15):

a) **Government vs private CRM context:**
   Understanding the different in CRM context application in the private vs government sector

b) **Foundational components of public-government typologies:**
   Attempts to solve the One size fits all problem from certain lenses (Segment, gov role, relationship exchange) which helped in developing initial foundational components for the public-government Relationship management

c) **Customization of CRM by focusing on behavioral and relational factors:**
   New angle of customization based on Behavioral factors of public-government relationship

d) **Relationship management dimensions:**
   Relationship factors based on management dimensions that public administrators need to management public-government relationship
Sources vary from academic journals, books, websites, and reports. Most of the resources were related to Customer Relationship Management in the private sector, with a few that addressed it in the public sector due to the scarcity of literature in this area. With this consideration, the literature was approached using different authors efforts into differentiating the public-government relationship using single factors or two. The focus was on the public-government relationship and relating components and factors. Some of those components were public sector, customers, government role, relationship exchange. Some identified factors were communication, relationship value, engagement, the choice among others.

What was interesting is that finding literature on the subject was a difficult task. Most of the effort was trying to connect threads of possible factors that might shape and manage the public-government relationship. The basic notion of customer service management was numerous, however, it lacked the lack of connectedness between factors such as the role of government, customer segment, and type of relationship exchange effect has on creating an opportunity. This lack of resources provided an opportunity window to develop the typology of the public-government relationship that will benefit both academia and the practitioner; especially the application of relationship and behavioral factors and methods in managing this relationship.

This research is significant because it connects current knowledge about the public-government relationship and gaps that provide opportunities to add value to the field. Some literature even sheds light on the importance of relationships within the government. For instance, Lendigham (2009) provides a good discussion of the organization-public relationship management and how it is important to recognize the symbolic (communication) and the behavioral (action) parts of the organization’s and public’s relationship. These are some of the factors of the public-government relationship. The literature review
provides initial findings that help shape an understanding of the public-government relationship components and factors.

b. Definitions words usage and expressions

Understanding key terminologies associated with the topic of public-government relationship is important for the purpose of this study (See appendix A). To begin with, the public-government relationship is a description of the management tools that builds, manages, and monitors the mutually beneficial relationship between the public and the government. This relationship is between the government and anyone it interacts or connects with, who are called stakeholders. The literature review will shed light on various groups called segments of stakeholders who have different characteristics influencing the type of relationship. Therefore, it is important to understand the different government roles in this relationship. The stakeholders are anyone dealing with the government whether they are directly interacting with the government like customers or indirectly receiving public services such as general public receiving well. In addition, the delivered service concept is the output or outcome of government transaction and relationship with the stakeholders. There are various service concepts that affect the public-government relationship and will be discussed in this chapter. Relationship components are the elements that construct the relationship and shape it such as the type of customer, government role, and type of service. Relationship exchange is the value being delivered by government and received by stakeholder whether it is monetary or social value. Finally, is relationship fit, this is the degree of matching between the relationship management tool used, and the actual relationship process and customer behavior. More theories related to those definitions are explained in the following sections.

c. Summary of literature review gap

Overall, in reviewing the four groups of literature efforts to solve the problem of One size fits all approach to government relationship management and the technical business versus the behavioral and
relationship approach to managing the relationship, came the main conclusion. That there is no current typology of public-government relationship developed to customize public sector and to the context of UAE government.

The main critique of the literature is that relationship exchange was not applied to the government in a holistic way that generates typologies for the public-government relationships. Therefore, the problem of the failure of CRM system in the public sector is not addressed fully. The argument that the problem is being tracked lacks evidence of it being fully addressed. The gap in the typology for the public government relationship is a key causal element and an area for development.

The theoretical gap is explained in the figure no. 1, were it summarises the current literature status from a relationship perspective, and how the seven public-government relationships is filling this gap. To begin with, the current literature of public-government relationship is more customer-oriented as practiced in the private sector. Conversely the public sector is more organizational-individual interaction. The unit of analysis in current literature is focused on the customer, while the gap identifies a need to focus on relationship to help develop a public-government relationship in public sector and even private sector. This has highlighted that the current review of literature is mostly from customer or client perspective, while the gap shows a need of review from another dimension which is the relationship perspective. In addition, from the literature review, the customer and his wants are important. The gap in literature has shown a need for different stakeholders that include citizen, suppliers, community…etc. And that the relationship components are important in developing the relationship this includes: stakeholders type, government role, relationship exchange, and service type; in addition to other contextual factors surrounding and influencing the relationship. Finally, is that current CRM uses the technical business management approach, while the gap in public sectors indicate that there is more need of a human-oriented approach to managing the relationships. Consequently, the literature review using
the meta-synthesis has led to the development of seven public-government typologies that administrators can use to identify relationships and how to manage them. Using grounded theory later in this research has been able to emerge more factors and details of public-government relationship typology.

Overall, there is no theoretical framework basis for designing the public-government relationship. Consequently, there was no framework to look at or definitions available about factors from the scope of the relationship available. In addition, the literature does not connect between components of the relationship such as relationship exchange, government role, tools, and the service design triad; which includes target mark, service concept (value), service delivery. Moreover, relationship value whether on the individual level or collective level is not identified clearly for each relationship typology in the government sector. Part of the literature critique is that it does not build on the democratic and the legitimacy part of the public-government relationship. In other words, the relationship between constitutional versus legislative framework is not defined. In addition, the CRM does not represent all the various public-government relationship types, which needs further exploration. In the current study,
the objective is to map the public-government relationship typologies for each organization, which might find different combinations of relationships that exist and shape the different relationship designs specific for that customer segment. The limited literature views from the literature are valuable and can help in building the components of relationship typology such as government role, customer segmentation, relationship exchange, and service concept.

Since most of the research looks at the private sector and does not address issues and type of services in the public sector; this limitation demonstrates that CRM application in the government differs from the public sector and there is a need for further development of a public-government relationship that suits the government. Therefore, the opportunity is available to customize the CRM based on the role of government, customer segment, exchange relationship and other factors affecting the relationship. Many of the CRM literature were associated with Information Technology as a system, and public relations as a communication, but few were exploring the relationship between service delivery and customer service point of view holistically.

This has reflected on the inconsistency and argument about terminologies related to components of relationship such as customer definition in the public sector. Different use of terminology creates more confusion and no solid typology to help in that differentiate by linkage to a government role, customer segment, service concept, and relationship exchange. Furthermore, the described scattered factors in various literature, create a basis for the research and relationship typology type, which if developed further and linked to typology would be an advancement in the field of public-government relationship.

In terms of literature tackling the other part of the problem, which is technical business management domination over humanitarian managerial approach in developing relationship management systems. The humanitarian management area of the relationship includes emotional and
behavioral aspects which are limited in the literature review. Relationship behavioral and emotional factors are not built into the government relationship typology framework and not all factors for different relationships are explored and how to manage the relationship. This limitation created a window of opportunity to explore more relationship factors that could help develop a behavioral public-government relationship typology.

Next, is literature focused on the managerial dimensions of the public-government relationship where it is not holistic and not linked to a bigger relationship framework to assist public administrators in their decision-making. Also, there was a gap in the relationship management of the public sector for negative customers and behavioral change management. The literature does not show how to empirically apply the relational incentive, relational value and relational tools on the government. In addition, the CRM literature does not reflect the role of substantive policy instruments that either alter or monitor social behavior. Moreover, procedural policy instruments that promote social networks and restrict social networks are not included in CRM. The exploitation of the changing tools of relationship is not well conducted. For instance, indirect communication plays a vital role in altering the public relationship and building it, however, there is no linkage between communication marketing and relationship management. Nevertheless, there is an opportunity to develop and find tools of relationship management that fits the relationship typology and understands the key factors of those relationships.

Finally, since this is an of exploration of a public-government relationship in UAE government context, there was a limitation in finding examples of the method employed to solve the problem. There was a gap in the way to conduct research related to developing the public-government relationship typology and corresponding factors. Most of the methods reviewed were narrow and focused in search of specific variables. This presents an opportunity for using meta-synthesis and grounded theory as the right choice to develop an understanding of undefined matrices of the public-government relationship.
Some of the limitations in the methods and scope of literature reviewed found is an application of it in different countries and a narrow scope that does not cover various types of services, customer segments, and various roles. However, the collective understanding of benefits of research from each literature in their areas has added value in choosing the scope of the study in terms of terms of services, government role, and customer segment. This help shapes the number of government-public relationship typologies.

2.2 Seven public-government relationship typologies

The literature gap has provided a window of opportunity to add into the field of public administration and policy literature. The proposed theoretical framework of public-government typology is a classification that will help solve the One size fits all government approach in addressing public problems when pertaining to service delivery. This approach would match the customers’ service tools and enhance the service delivery be capable of exceeding the customer's expectations. However, an initial foundational step needs to be established on how these seven public-government relationship typologies come into existence.

Using the literature review relationship typology components and after conducting a meta-analysis an initial public-government relationship typology has been generated (see figure no. 3). Further details of this meta-analysis will be explained in the methodology chapter. In a preliminary review of the UAE federal government services database, an initial pattern of public-government relationship typologies was recognized and helped in the development of a typology. For example, when reviewing khadamat service catalog lists, a pattern of typed of relationship existing services.

The key public-government relationship component ascertained or the literature is government role, customer segments, service concept value, and relationship exchange (See figure one). However, other findings from the literature were taken into consideration of the fact that these typologies can be
directly correlated to factors identified in the literature review and from other empirical evidence (These main factors are identified in table 2). As seen from the attached table in table 2, the main categories reflect the literature review groups and include government role, target market, service concept, service delivery system, and relationship exchange. In each main criterion, several sub-criteria were evaluated. First, is the government role, sub-criteria that includes looking at the government’s objective and task, level of monopoly vs. competition, government tools, level of coercion, employees’ role and skills, labor intensity, political influence and the type of organizational structure.

The second consideration was also given to the stakeholder's segment, where it attempts to identify the direct and indirect segments, whether deliberation was on the individual or collective level. In addition, it suggested a name that fit the profile and to distinguish them as segments from the overall generalized term “Customers”.

Third, the service concept criteria was evaluated, where the sub-criteria include, the values delivered from services and products, the type of monetary exchange, consumption level by one or all, the visibility of the service, the output and outcome availability, the degree of service necessity, level of standardization versus customization, and level of service complexity.

Afterwards, service delivery systems were reviewed that consists of interaction existence, level of interaction, directness of service delivery, and the market orientation of service (atomicity). Then relationship exchange criterion that includes types of exchange relationship (economic vs social and direct vs indirect), negative or positive relationship, the direction of relationship exchange, customer involvement in production, suppliers’ dependency, relational incentives, relational values, power distribution between parties, and level of uncertainty in the relationship was evaluated.
<table>
<thead>
<tr>
<th>Main Criteria</th>
<th>Sub-criteria</th>
<th>Entrepreneur</th>
<th>Public Beneficent</th>
<th>Social Beneficent</th>
<th>Organizer</th>
<th>Protector</th>
<th>Arbitrator</th>
<th>Supporter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective and task</strong></td>
<td>Increase the stakeholders return on Investment</td>
<td>Provide quality of life &amp; protect community interest</td>
<td>Satisfaction &amp; delighting</td>
<td>Effect: Protection Organize environment by managing Legitimacy and compliance of individual and business in the market</td>
<td>Detect and Solving relational problem and pursue fairness</td>
<td>Deliver normative value (justice, equality, etc.)</td>
<td>Provide financial, HR, procurement, IT, legal support to other government entities to assist them in delivering their work</td>
<td></td>
</tr>
<tr>
<td><strong>Provider (service)</strong></td>
<td>Competitive</td>
<td>Monopoly mainly can be with partners</td>
<td>Oligopoly</td>
<td>Monopoly</td>
<td>Monopoly</td>
<td>Monopoly</td>
<td>Monopoly</td>
<td></td>
</tr>
<tr>
<td><strong>Gov tools</strong></td>
<td>Treasure</td>
<td>Authority and Modality</td>
<td>Treasure</td>
<td>Authority &amp; Modality</td>
<td>Organization</td>
<td>Authority and Modality</td>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td><strong>Coercion</strong></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Employees skills</strong></td>
<td>Administrative</td>
<td>Technical</td>
<td>Technical and high level of specialization</td>
<td>Administrative</td>
<td>Administrative</td>
<td>Technical</td>
<td>Administrative and Technical</td>
<td></td>
</tr>
<tr>
<td><strong>Employers Role</strong></td>
<td>Sales</td>
<td>Educate and deliver on behalf of the community</td>
<td>Educate, take care of customer health, give grants</td>
<td>License, authenticate, compliance</td>
<td>Enforce law, inspection, catching law breakers</td>
<td>Judge and mediate</td>
<td>Provide support services</td>
<td></td>
</tr>
<tr>
<td><strong>Level of labor</strong></td>
<td>High labor intensive</td>
<td>High labor intensive</td>
<td>High labor intensive</td>
<td>low labor intensive</td>
<td>High labor intensive</td>
<td>High labor intensive</td>
<td>High labor intensive</td>
<td></td>
</tr>
<tr>
<td><strong>Political influence</strong></td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>high</td>
<td>Low</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td><strong>Organization structure type</strong></td>
<td>Like private sector</td>
<td>social organization</td>
<td>social organization</td>
<td>Legislative and organizer</td>
<td>law enforcement organization</td>
<td>Judiciary</td>
<td>Support organization</td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder</strong></td>
<td>Direct</td>
<td>Individuals/businesses</td>
<td>NA</td>
<td>Individuals/businesses</td>
<td>Individuals/businesses</td>
<td>Individuals/businesses</td>
<td>Government bodies</td>
<td></td>
</tr>
<tr>
<td><strong>Indirect</strong></td>
<td>NA</td>
<td>Public</td>
<td>Public</td>
<td>Public</td>
<td>Public</td>
<td>Public</td>
<td>Public</td>
<td></td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>Customer</td>
<td>Public</td>
<td>Beneficent</td>
<td>Registrar</td>
<td>Lawbreaker</td>
<td>Disputers</td>
<td>Government supporters</td>
<td></td>
</tr>
<tr>
<td><strong>Public deliberation</strong></td>
<td>Individual</td>
<td>Collective</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Government</td>
<td></td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Level of interaction</strong></td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td><strong>Type of channels of delivery</strong></td>
<td>Building, transportation, website, app, service centers</td>
<td>No service centers, website, other</td>
<td>Schools, hospitals, official gov building</td>
<td>Service centers</td>
<td>Police stations, Service Centers</td>
<td>Courts, dispute resolution offices</td>
<td>Government buildings</td>
<td></td>
</tr>
<tr>
<td><strong>Directness</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Not always</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Automaticity (market orientation)</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: The Criteria for the Seven public-government typologies framework

<table>
<thead>
<tr>
<th>Main Criteria</th>
<th>Sub-criteria</th>
<th>Entrepreneur</th>
<th>Public beneficent</th>
<th>Social beneficent</th>
<th>Organizer</th>
<th>Protector</th>
<th>Arbitrator</th>
<th>Supporter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Concept</td>
<td>Value, services, and product concept</td>
<td>Products, services, value</td>
<td>Public value, like environment, security, infrastructure</td>
<td>Grants, or loans government cover the cost of education and health for instance by public fund</td>
<td>Registration, compliance, authentication, credibility and recognition value</td>
<td>Limitation of bad behavior</td>
<td>Justice, and re-organizing relationship between conflicting parties</td>
<td>Facilitating and resourcing government work</td>
</tr>
<tr>
<td></td>
<td>Value</td>
<td>Money, product, and services</td>
<td>Provide quality of life &amp; protect community interest</td>
<td>Protect and satisfy Individual citizen &amp; residence needs</td>
<td>Protect community interest</td>
<td>Protect community interest</td>
<td>Deliver normative value (justice, equality..etc)</td>
<td>Support services to other government bodies</td>
</tr>
<tr>
<td></td>
<td>Type monetary exchange</td>
<td>Revenue</td>
<td>Cost, Tax or public funds (group cost)</td>
<td>Grants</td>
<td>Fees</td>
<td>Fines</td>
<td>Fees/fines</td>
<td>Cost</td>
</tr>
<tr>
<td></td>
<td>Consumption</td>
<td>Per individual or per company</td>
<td>Public (All)</td>
<td>Individual/Businesses</td>
<td>Individual/Businesses</td>
<td>Individual/Businesses</td>
<td>Individual/Businesses</td>
<td>Governments</td>
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<td>Visibility</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
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<td>Optional</td>
<td>Mandatory and optional</td>
<td>Optional</td>
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<td>Mandatory</td>
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<td>Standardization vs customization</td>
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<tr>
<td>Relationship</td>
<td>Exchange relationship</td>
<td>Economic exchange</td>
<td>Indirect Social Exchange</td>
<td>Mainly Economic Exchange with indirect social exchange</td>
<td>Economic exchange and indirect Social Exchange</td>
<td>Social Exchange</td>
<td>Indirect Social exchange</td>
<td>Indirect economic and social exchange</td>
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<tr>
<td></td>
<td>Negative /positive</td>
<td>Positive</td>
<td>Positive</td>
<td>Positive</td>
<td>Positive</td>
<td>Negative</td>
<td>Negative and positive</td>
<td>Positive</td>
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<td></td>
<td>Exchange Direction</td>
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<td>One way</td>
<td>Two way</td>
<td>Two way</td>
<td>Two way</td>
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<tr>
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<td>Customer involvement</td>
<td>Receptive</td>
<td>Co-production</td>
<td>Co-production</td>
<td>Receptive</td>
<td>Receptive</td>
<td>Receptive</td>
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<tr>
<td></td>
<td>Value</td>
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<td>To be explored</td>
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<td></td>
<td>Level of Uncertainty</td>
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<td>High</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Low</td>
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</table>
From the initial review of service data, it has been noticed that agencies might contain some or all relationships. This is a direct result of the agencies being structured in a way to play these roles in the cycle of issuing a law, communicating and transacting it, and even handling disputes over the implementation of the law. It is imperative to know how many organizations fall within each relationship category. However, the first focus will be on each type of proposed public-government relationship, the initial framework consists of seven typologies of services, they include Entrepreneur, public beneficent, social beneficent, organizer, protector, arbitrator and supporter relationships (See figure no. 3).

The **Entrepreneurial “Businessman” relationship** is similar to the private sector relationship in relation to its customers. It is purely an economic exchange relationship where the government provides services or products in exchange for revenue. The government here covers its cost and even makes a profit; creating a two-way positive relationship. An example of this relationship is UAE’s postal authority where they are operating like a postal services company, thereby they are competing with DHL and FedEx. The output and outcome are clear and measurable and the service concept is clear, with clear reachable segments of consumers for said services. Another example would be the Federal Authority of Water and Electricity, they also use CRM to understand their customers when conducting transactions and paying bills.

In the **Public Beneficent “Future Guardian” relationship**, this relationship is the opposite of the entrepreneurial relationship because it is not a profit-generating relationship, on the contrary, it consumes money from the government to provide outcomes and not output. The time element in receiving public value is an issue, for example, to improve the environment requires time for the ecosystem to adjust to weather and atmosphere changes. The funding of these community and infrastructure projects comes from public tax dollars or public funds. It provides services that are
shared and demanded by everyone; therefore, an individual does not come to the counter to ask for a better environment. The social exchange relationship here is mainly lead by the government on behalf of the citizens, as a part of the social contract.

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shared and demanded by everyone; therefore, an individual does not come to the counter to ask for a better environment. The social exchange relationship here is mainly lead by the government on behalf of the citizens, as a part of the social contract.

The next typology is the Social Beneficent “Provider: Doctor, Teacher” relationship, that includes two segmented levels, one is a direct segment like citizen, which we will call the beneficiary that benefits from grants, loans, and social services from the government. In this relationship the value received is on an individual level and community level which is the second indirect level. For example, a student will get a certificate and education, while the community gets a well-educated and cultured community member that can prosper and grow. Here the service delivery is not through a service counter but through specialized buildings such as schools, hospitals, etc. The skill level of employees is highly skilled in their specialization and labor intensive. Some countries that are capitalistic may not fund health services and therefore it might fall into the entrepreneurial relationships. As a note, the government structure and organization affect the classification of the public-government relationship.

In the Organizer “Market Organizer” relationship, the government conducts administrative services to organize the relationship between the public, individuals, and businesses. Consider licensing services, these services ensure that a business operating in the country (registrar), is legitimate and they are not providing services and products that affect people lives negatively. Also, this is part of its monitoring and organization role in the market. Now the Registrar here will pay a fee for the administrative work and the value gained to the public is a validation of the qualification of products and services that the company provides to the public. This type of relationship applies even in the ministry of labor and ministry of health when they register laborers, nurses, and doctors to ensure that they are qualified and do not risk people’s health and lives.
The fifth typology is the **Protector “Savior” relationship** where law enforcement agencies protect the public from lawbreakers. Here the primary service is detecting and controlling bad behavior of individuals and businesses to protect the public value of the security. An example of this relationship is traffic fines, these are given to people who break the speed limit on the street, hence treating the safety of people on the road. This is a two-way relationship where the segment of lawbreakers is punished by fines, jail or other methods to reprimand them. The impact of one negative segment might have an amplifier effect on the community.

The **Arbitrator “Judge” relationship** typology, where the government is the referee in disputes between two representatives from in the form of either individuals or businesses. The public value here is justice symbolized when one of the disputers receives a fine or punishment while the other gets his/her rights. This is an interesting relationship in which there is no parallel in the private sector. It is also a relationship in which both the negative and positive aspects of the relationships are considered. This relationship will have good feedback on the effectiveness of existing laws that govern and organize the relationships between people, for instance the ministry of justice, consumers’ protection, labor disputes, and telecommunication operators and individual’s disputes.

The final typology is the **Supporter “Manager” relationship**, which is focused on the government-to-government relationship as an indirect role in delivering services. Costs are a most common form of economic exchange for support services such as financial, Information technology, human resources, procurement, building, and consultancy.

These seven different typologies will be explored in this research to validate their existence and help in filling the gap in the literature by providing a solution for the One size fits all approach to managing the public-government relationship. Also, the factors affecting the relationship between
the public and the government will be explored and identified in this research to give public managers the tools to improve this relationship.

The Seven public-government relationship typologies are conceptual, descriptive, explanatory multidimensional that helps in various aspect. As per LaPorte, Jody (2014), typologies help in “identifying variation in type and unpacking multi-dimensional concepts” (p.15). Also, according to Collier D., LaPorte J., Seawright J. Putting (2012) typology helps find causality between variables for various outcomes, identify different factors of each category, highlight social attributes that are not always quantifiable. For example, understanding the “businessman” typology which is based on contract relationship, then the influencing factors are financial factors, negotiation and supply, and demand. Furthermore, the key management systems are the business, technical financial management approach. On the other hand, the “doctor-patient relationship” have identified, emotional status, doctor behavior, communication and other factors influencing the relationship. Therefore, the approach used in relationship management consisted of emotional handling of calming, assuring, providing knowledge and awareness to achieve trust.
Figure 3: Seven public-government relationship typology framework

- **Gov. Role**
  - 1. Entrepreneur
  - 2. Public Beneficent
  - 3. Social Beneficent
  - 4. Organizer
  - 5. Protector
  - 6. Arbitrator
  - 7. Supporter

- **Exchange Relationship**

- **Public type**
  - C: Customer
  - P: Public
  - B: Beneficent
  - R: Registrar
  - LB: Law Breakers
  - D: Disputers
  - GS: Gov. Supporter

- **Service type**
  - Direct one to one transactional relationship (postal services, bus services)
  - Economic exchange relationship
  - Direct one to all relationship G to P (Environment, security, public roads)
  - Social Exchange relationship
  - Direct and indirect relationships benefiting individuals and public (Education, health, social services)
  - Indirect relationships that focus on public to organize relationship between C & P (licensing, authentication, compliance)
  - Indirect relationship for public benefit by managing negative customer (law enforcement, inspection services)
  - Direct relationship between +C and C, benefiting public (judiciary, dispute resolution services)
  - Direct relationships between G to another G for support services (HR, Tech, Procurement, audit)
2.3. Detailed Literature review: Existing theory and practices

In an attempt to solve the one size fits all, approach to managing the public-government relationship several theoretical practices have been established in the field of public administration in relation to the public-government relationship. The following existing theories and practices serve as the focal points when reviewing current literature (See figure no. 15) were each one of the four areas have different angles investigated and reviewed in explored literature:

a) Government vs private CRM context

First, many literature and research initially addressed the problem by understanding the difference between available CRM systems in the private sector and the government sector by highlighting key differential components. Current CRM used in the private sector does not fit the public sector because they have different objectives. There is also a difference in terms of relationship output and outcomes, soft behavioral and factor differences, diversified service scope, varied roles, different targeted segments, relationship management methods, and political influence. The following summarizes the seven sub-key literature reviews related to understanding how CRM differ in the public sector context compared to the private sector context. Even look for similarities with the objective in mind of learning more about relationship typologies and their factors:

a. 1. Different objectives and aim and outcomes

To begin with, the private sector relationship output is different in measuring in terms of context and factors. For example, some of those measurements are profits, number of customers, market share, and even customer loyalty and trust in the brand. However, government relationship outcomes are different due to context and other factors, such as the time factor associated for relationship outcome to mature. Then there is the difficulty with measuring intangible subjective values such as a sense of security.
## Figure no. 4: Literature review

<table>
<thead>
<tr>
<th>One size fits all approach of Managing public-government relationship</th>
<th>Technical business management approach not emotional or behavioral approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Understanding the different context in CRM application in the private vs government</strong></td>
<td><strong>c. New angle of customization based on Behavioral factors</strong></td>
</tr>
<tr>
<td>a.1). Different objectives and aim and outcomes</td>
<td>c.1) Relationship fit</td>
</tr>
<tr>
<td>b. Intangible values</td>
<td>c.2) Customer experience</td>
</tr>
<tr>
<td>a.2). Soft behavioral issues</td>
<td>c.3) Customer Behavior</td>
</tr>
<tr>
<td>a.3). Diversification, Scope and magnitude of government relationships</td>
<td>c.4) Service delivery customization</td>
</tr>
<tr>
<td>b. Type of services.</td>
<td>c.5) Employee behavior</td>
</tr>
<tr>
<td>a.4). Different relationship to meet different values and customers</td>
<td>c.6) Engagement and information</td>
</tr>
<tr>
<td>a.5). CRM management</td>
<td>c.7) Influence of Network theory on behavior</td>
</tr>
<tr>
<td>a.6) Different between public and private sector paradigm.</td>
<td>c.8) Psychological contract</td>
</tr>
<tr>
<td>a.7). Political and social factors</td>
<td><strong>d. Relationship factors based on management dimensions, need management awareness</strong></td>
</tr>
<tr>
<td><strong>b. Solve the problem from lens of Relationship foundational CRM components (Segment, gov role, relationship exchange service type)</strong></td>
<td><strong>d.1) Relationship management:</strong></td>
</tr>
<tr>
<td>b.1) Service Strategy triads</td>
<td>• Relational incentives, value and tools</td>
</tr>
<tr>
<td>b.2) Government role</td>
<td>• Relationship aspects of handling soft behavior</td>
</tr>
<tr>
<td>b.3) Public target Segment (negative, positive) – New ways of segmenting customers.</td>
<td>• CRM management process in public sector</td>
</tr>
<tr>
<td>b.4) Service value and Relationship value</td>
<td><strong>d.2) Co-relationship management:</strong></td>
</tr>
<tr>
<td>b.5) Relationship exchange</td>
<td>• Civic intelligence co-creation and co-production</td>
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<tr>
<td><strong>d. Relationship factors based on management dimensions, need management awareness</strong></td>
<td><strong>d.3) Customization:</strong></td>
</tr>
<tr>
<td>d.1) Relationship management</td>
<td>• Customer intelligent data</td>
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<tr>
<td>d.2) Co-relationship management</td>
<td>• Customization based on customer data</td>
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<tr>
<td>d.3) Customization</td>
<td><strong>d.4) IT and relationship management:</strong></td>
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<tr>
<td>d.4) IT and relationship management</td>
<td>• Smart government enabling factors</td>
</tr>
<tr>
<td>d.5) Collaboration and integration</td>
<td><strong>d.6) Rational management of technical management</strong></td>
</tr>
<tr>
<td>d.6) Rational management of technical management</td>
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</table>
Hence, managing this type relationship would not be easy and would not comply with normal CRM systems. On the contrary, a feasible CRM system would need to be further developed to address the nature of the relationship and its outcome. King (2007) points out how the CRM application in the public sector differs from the one in the private sector, he explains how governments differ in targets and aims of CRM from the private sector and therefore so does the results.

In the public sector, it is essential to relate the social value of the relationship, unlike the private sector where monetary value is easily measured within the context of the relationship with consumers. Outputs and outcomes in the private sector are measured by customers receiving products or services. For the government outputs and outcomes are not so linear since it not only provides social benefits that affect social lives, it also collects money and punishes bad behavior through fines. This law enforcement role and control over negative behavior help in delivering the social outcome of security, however, it’s a complex type of relationship between lawbreakers, the government, and the general public. The exchange of values affects the relationship and hence requires a different type of management than the private sector due to a different context. In addition to the deciding who is most the important customer segment to attend to and provide service and customize the relationship and caterers to his or her needs.

**a.2. Soft behavioral factor differentiation**

Some literature has tried to solve the problem of the One size fits all approach to the relationship by understanding the behavioral and emotional factors influencing the customization of public-government relationship. Management of these behavioral and emotional factors help the government in delivering intangible values of a public-government relationship. These relationship factors are important and differentiate public CRM from private CRM. It is crucial to recognize
the difference in the nature of customers and the emotional status they go through when they get a fine from a public service, or when they are angry going to court for a lawsuit.

Managing that relationship would not be like delighting a customer at a hotel, who is already in a good emotional state and does not have a negative situation from the onset (all things being equal). Since the public services are an interaction between the customer and public administrator the factors influencing their behavior and emotions are important when designing a public-government relationship. Relationship management that caters to the behavioral and emotional factors of the relational aspect would assist in delivering the value of the public-government relationship.

Each relationship has a value, however, the value of certain customer’s wants might differ from the collective public value ensured by the government. Another value to consider is when conflicting parties in a court case might have different values of the relationship even though they want to achieve justice at the end albeit, their identification of that value is different. Hence their behavior to obtain that value might be either positive or negative. One example of this say a medical company wants to gain a profit and it might behave positively by obtaining a medical license or behave negatively by operating without a medical license the value associated here is predicated upon the behavior of the medical company.

The literature identifies some components of a public-government relationship. For instance, relationship value, relationship incentives, segments, services, relationship tools, influences, network and exchange relationships. The network is important in a relationship value chain, they have key influences on the public and citizen before and during interacting with the government. For example, a reference from a friend has a strong effect on the trust in the doctor
even before being treated. Relationship exchange is important to understand in this network of
regardless if it is an economic or social exchange. In recognizing the symbolic (communication)
and the behavioral (action) parts of the organizations and public relationship one can see the value
of such research (Lendigham, 2009). Furthermore, Lendigham (2009), identifies some of the
relationship dimensions such as trust, reciprocity, shared legitimacy, openness, reciprocal
satisfaction, involvement, commitment, and mutual understanding. Though this discussion defines
the public relationship, it lacks a discussion of the relational perspective as an emerging
management tool that needs to be developed, structured and taught to public administrators. This
emphasizes the need for understanding the factors of the public-government relationship.

Although Lendigham’s research addresses some factors, however, there might be more
influential relationship behavioral factors not discussed. The revealing of more of those factors and
understanding which of them shape the public-government relationship from a behavioral and
emotional perspective will lead to more customization of relationship management. Furthermore,
this will assist in developing a new theory for the public-government relationship typology that can
act as a lens in evaluating and developing government relationships. Moreover, it would assist both
academics and practitioners in designing services and the future relationship between the public
and government.

When delivering and interacting with the public sector, the government cannot manage the
relationship equally to the private sector. Each group of customers receiving a service might have
different relationship factors such as emotions, behavior, and personality that vary according to the
context.

In addition, the public sector differs from the private sector in terms of behavioral factors
influencing the relationship due to its context. Current literature has emphasized behavioral and
relationship factors for the success of CRM implementation and adoption in the public sector. However, there was not much research available identifying those behavioral factors, hence the need for additional research to identify those factors in the government context.

**a.3. Diversification, Scope, and magnitude of government relationships**

This is further explained in the next group of literature highlighting the scope of the public as one of the differences between the public and private sector in CRM.

A group academic research related this research problem to the lack of public-relationship typology that caters to the diversified and wide scope of government relationships. Some literature has highlighted the difference in the scope of the government relationship and magnitude due to the various governmental roles, size of customer pool, and the diversity of services. It is very complicated to focus the public-government relationship with such a big list. Having indicated that there is a variety of public-government relationships within the government sphere of influence compared to the private sector, there might be some common public-government typologies to aid in the effort. Among the thousands of relationships, there might be common components with some similar and different factors with the same aim. Finding that pattern of public-government relationship management would help focus the public administrator role and effort in managing the public government relationship. It will also aid public government relationship designers. Therefore, it is the utmost importance to understand the difference and commonality in the scope of government relations. Fountain (2001) claims that public administrators need to understand the public value, the objective of the agency, and the citizen receiving the service (p61). This is important to the relationship typology because the components of relationship consist of stakeholders, services, and value exchanged. Understanding that in government some values are
not tangible, some are long-term outcomes and thus difficult to measure. Also, there are many values but the question is what values to focus on, community or individual.

In addition, the government relationship management is different than the private sector due to its role diversity, customer profile, and services. The government scope of work is widening by the growth in the number of services and customers. Today, governments provide a variety of services to various segments of the community: from selling bus tickets, to intangible benefits like the sense of security, licensing doctors and capturing criminals. All of these varying services demonstrate the variety of both, positive and negative, social and economic exchange relationships the government has with its citizens. Therefore, the government plays multiple and different roles in relation to the services provided and the customers served. Sometimes the government plays the role comparable to the private sector when selling its services like postal services competing with other companies such as FedEx and UPS. On the other hand, the government plays the organizer role by establishing legislation and protocols, such as licensing individuals and companies while at the same time enforcing laws to catch lawbreakers. Therefore, many researchers tried to understand the different groups of customers in order to customize the relationship as explained in the next section.

**a.4. Segmentation (direct vs indirect customers)- (profit, vs social value)**

Differentiating the type of customers that the public deals with from the private sector are important. The customer profile, character, and behavior affect the method of managing the relationship. Many researchers put the emphasis into finding the solution for the customization problem within the public-government relationship, customer groups or what is called, “segments”, which are important to comprehend. There is a contentious argument about the identification of customers in the public sector and how to cluster public sectors customers. Not only that but
identifying sub-public segment who are involved or influencing the government relationship are important to capture. The government deals with the whole population, however, it needs to understand each of the various segments and understand their needs, wants, expectations, behaviors and other profile factors. This will enable public administrators to manage any public relationship with the government, further details and exploration need to help define those relationships and prioritize them due to scarce government resources. This research will help design those relationship typologies and explore the factors that differentiate and affect the improvement of relationship for certain group of the segment. Furthermore, segmentation is key to customizing the CRM to be applied in the public domain.

Another differentiation, between public and private customers, is the direct and indirect customers. The government deals with the whole population of the country; there are some individuals who directly interact with the government (direct customers) and others who receive public shared services without interaction (indirect customers). The private is very clear of who is the customer and mainly they are in the direct category and they are focused on a certain identifiable number of customers. The design of the public government relationship would have to take into consideration that indirect relationship and how to design a public-government relationship for them or using them to reach the direct segment.

On the other hand, the public is flooded with demands and needs of the population, then there is the need to be focused on which value to deliver and who is the priority customer. In addressing this element research has focused on the social contract aspect that the government has an obligation towards the public would benefit more than the direct individual. This is not an easy and clear differentiation, in some cases, it is clear for instance the direct interaction of law enforcement services is not always a priority, it’s the indirect public that the government is
delivering the value of the security as a result of managing the negative behavior of the direct customer. Other segments would have a positive direct relationship, just to have a good impact on the indirect public. A good example would be education, the direct customer is the students, who benefit from the relationship management, however, the ultimate beneficiary of a civil educated society in the indirect public.

The target market segmentation in the public sector is vital in designing the service delivery to fulfill the public’s needs. Different schools of thought have various methods of segmenting customers. The first school highlights how the private sector segments its target market versus the public sectors.

The private sector CRM segments customers according to business management tools of marketing and customer segmentation methods. However, some literature shows how some methods are taken from the private sector such as naming of customers and is applied to the public sector. A good example is the European Foundation for Quality Management (EFQM) Excellence Model which defines stakeholders as the whole market which considers of both people and private companies as segments who deal within and outside the organization: (employees, suppliers, customers, society, partners, and investors) (EFQM 2015). Governments who adopted the EFQM in their daily work find a gap in this segmentation model. The gap does not stem from the government’s role of a protector and governing body of public interest but rather not identify the hidden more important segment which is the general public whom the government has a social contractual obligation.

Additionally, Hyde (1991) suggests that Total Quality Management (TQM) adoption should take into consideration the indirect feedback from the different types of customers that
interact with various government roles. In the pursuit of exceeding customers’ expectations, the public sector faces many challenges due to the nature of business including operational, legislative, cultural, organizational, and budgetary priorities. Hence, focus on customers within the public sector is important especially for governments who adopt the TQM model.

However, government organizations should realize that it is dealing with different types of customers with varying values. Therefore, the measurement of service quality should take this factor into consideration to produce representative data. Highlighting the important distinction in customer type and value is a contribution to the field. Yet, Hyde (1991) did not provide clear examples of governmental services nor at least categories that demonstrate the idea to make it concrete.

On the other hand, it is valuable information to recognize that the different impact performance has on measuring customer satisfaction for the public sector; especially for organizations that implement the TQM model in their public management style. Furthermore, King (2007) provides an interesting customers segmentation method. The method differentiated between the private and the public sector, where the private sector uses RFM (recency, frequency, and monetary value) and the public sector uses the RFC (recency, frequency, and cost). These methods of segmentation should be taken into consideration when analyzing the public-government relationships.

Other authors Pan, Tan, and Lim, (2004) critique the segmentation method in the private sector, for instance, customer relationship management, CRM, private implementation drives entities to focus more on business productivity performance measures and forget their social obligation to serve and protect community interest (Pan, Tan, and Lim, 2004, p. 239). Ledingham,
John (2009) then discuss the types of stakeholders in the government CRM, for instance, some of the stakeholders are customers, distributors, other governmental bodies, NGO’s and other countries. In addition, Pan, Tan, and Lim (2004) consider diverse public responses as a key component in building trust between the customers and agency to create interest for change to a better service. Some of the solutions provided are suggesting segmenting customers by the extent of customer interaction, the degree of standardization versus customization, dependability employee intensive and behavioral component (Angelis J. & Lima E., 2011). Although this method has some advantages, it does not identify the other government’s diversified stakeholders: customer, citizen, community, suppliers, and other government bodies. Also, it does not identify direct and indirect customers related measures, or primary and secondary customers. This is crucial when trying to direct the government’s limited recourses and efforts into which is the most important relationships that need attention and development. Also, without a classification that helps management use customer segmentation, public-government typology would be difficult to develop.

a.5. CRM Management

To begin with, government CRM components explained by Schellong (2007) include the three main parts of CRM; which are collaborative CRM, operational CRM, and analytical CRM. This is similar to the private CRM component. In addition, Schellong (2007) identifies the Citizen Intelligent Relationship management (CIRM) using the private sector management methods, information technology (IT) and channels of service delivery in a public sector context. These are straightforward management practices known to the public administration.

Other literature, tried to research different approaches and tools to manage the public-government relationship differently. This was in an effort to solve the problem of one fit all
management solutions and find a better approach to customize the public-government relationship. Since it has been established that different customers and segments ultimately results in public government relationship, that makes a One size fits all approach inadequate. The approach to managing this relationship becomes important and differs from the private sector.

Then there is research pertaining to public sector CRM management system components, including public engagement (Democratic) Information understanding the customer behavior, culture, network: (interaction, insight, service range, and organization culture and networks). The engagement part of democratic deliberation is important when developing a public-government relationship management typology and management system. The more understanding of soft behavioral factors of the public-government relationship, the more customized and suited for the management system. Culture is essential when trying to change public behavior, for instance, terms of living a healthy lifestyle, and this could not be done without the collaboration and influence of networks. Therefore, when designing the CRM system that addresses this relationship, both customer intrinsic behavioral factors need to be pinpointed and understood, in addition to the extrinsic factor of surrounding network factors.

Furthermore, Schellong (2007) introduced the Citizen Relationship Management CIRM framework that consists of citizen interaction, insight, service range, organizational culture, and networks. He stresses that CIRM makes the government-citizen relationship closer and builds a strong democratic and legitimate relationship. He also demonstrates the viability of CIRM technology framework and stresses the importance of having information communication technology and in particular, building citizen databases. Having customer data and public administrators in managing the public-government relationship by personalizing the management approach to meet public demands. Two CIRM parts of participation have been identified, the self-
service/co-production, and the citizen complaints and feedback. An emphasis on the management and the information technology is important in business, however, in the public sector, more focus is required on the behavioral aspect of both individual and community requires further exploration in the management of such relationships.

In addition, some literature focuses on the strategic relationship management components in government versus customer management operational level in the private sector. This mainly addresses the tactical level of customer service management like private, and the service and technology the added layer is the stakeholder relationship management. Al-Khouri, A. M. (2012) provides a comprehensive article about CRM model in the government sector. He explains the CRM consists of three management methods. First, is the core of customer management which is a tactical level. Then the strategic management of customer relationship of customers who deal with the service and technology directly. Finally, the relationship marketing that manages the strategic relationship among other stakeholders using relational and communication tools (Al-Khouri, A. M., 2012, p. 50). This evidence that relationship management in the public sector is different than the private sector.

**a.6.Different between public and private sector paradigm.**

The first subgroup of literature to consider is the comparison between the government sector and the private sector paradigm. In reviewing the literature, Stone’s book (1997) talks about the difference between a market model and a pols model, here some key disparities are explained, such as in the polis model unit of analysis is a community. Since the polis considers the main conflict to be self-interest versus community interest. Here the relationship would be more influenced by the social actions and group relationships with entities and focus on public value. The book provides some characteristics that separate the market model from polis model. This is important to realize
to help in the quest of understanding the distinctive factors differentiating the relationship between the public and private sectors.

Abdullah, H., Hazman Shah, A., & Maniam, K. (2009) highlights the important difference between a producer-customer paradigm and government-citizen paradigm. The authors postulate that the public sector’s approach to service improvement does differ from the private sector approach. The main reason for this difference is the government’s role in regulating the delivery of political and social values. To demonstrate this they use the example of Local Public Agencies (LA) that the government does not provide private services, however, does provide protection, control, open communication and engagement with citizens. The authors provide a good overall differentiation between the public sector and private sector relationship with citizens and customers. However, they do not provide a classification of services that relate to the government's functions. It is important to draw the relational connection between the government’s role, services provided (tools) and the segment it is focusing on. This help in comprehending the type of relationship and the nature of the exchange value.

**a.7. Political and social factors**

The final group of literature finds the difference between the government and private sector relationship based upon political and social relations. Understanding the public in the application is important such as comprehending the political and social environment and how it alters decision-making and relationships. Achieving a strong public-government relationship has for a while been one of the key approaches and strategies of governments. Customers have been a central target in re-designing services and customer relationships to attain high customer satisfaction results. Politicians have launched different programs that place emphasis on customers, such as Clinton’s “Reinventing Government”, Blair’s “Third way”, Canada’s “Citizen First” (Alford, 2002).
However, it didn’t devise the how an aspect of the different customer relationship management. In addition, Jane Fountain’s (2001) article critiquing the customer service implementation in the public sector highlights any political inequality it may have. Due to the political influence of curtain politician, curtain agendas of relationships would be priorities versus other relationships. Decision makers should take into consideration when planning for priorities of public-government relationship improvement strategy. For instance, one Politician might focus on housing for the citizen, hence the service was chosen and segment would focus on one type of relationship to be developed and dedicate resources for. Furthermore, Al-Khoury asserts three components of e-government which include: administration, formal politics and civil society (Al-Khouri, A. M., 2012, p. 50). There, political influence on relationships needs to be taken into consideration when designing the public-government relationship. In public sector, politicians might focus on one segment rather than the other just to get voices for a prefixed agenda.

In summation, the distinction between the public and private sector relationship management has highlighted some factors and raised the need for the more foundational literature of different foundational components of developing the public-government relationship. However, it does not state that relationship management and typologies are different to the public from the private sector. The reason is that in today’s shift to reducing the role of government, privatization and outsourcing some of the government’s roles to the private sector might make some of the seven typologies related to the private sector too. Therefore, understanding the relationship and its factors and relationship context is key to understanding and managing the relationship typology. The following group of literature demonstrates some of the work in this area.

b. Public-government relationship foundational components

After understanding the differences between public and government relationship management,
some literature explores the main components to develop a different relationship management typology suited for the public sector. It was difficult to look for data that was not defined in terms of the public-government relationship. The current literature that has identified components that add in the differentiation of the public from the private sector has helped. In addition, key literature that aided in identifying those components as the key component of the service strategy triad (Maull, Smart, and Ponsignon 2011); the authors provide a good concept of the service strategy triad that consists of service concept (what), service delivery system (how), and target market (who).

Learning from the service triad and applying it to the public sector, in addition to several kinds of literature focused on certain components to solve the One size fits all problem from those angles that relate to the public sector. The components explored within the context of government service delivery includes customer segment, government’s role, service concept and relationship exchange. This helped in developing initial foundational components for the public-government Relationship management. This is important in the public relationship management, to understand who is in the relationship, what service is provided for them and value of relationship and finally how this relationship is managed to deliver the value of this relationship. The Maull, Smart, and Ponsignon (2011) emphasized the importance of aligning service concepts with a service delivery system. However, they also found a gap of unidentified design characteristics that shape the service delivery system. Additionally, the service design factors are not clearly linked to the government role and agency type. This research will help explore characteristics and factors that can help in re-designing services and alter the public-government relationships.

By addressing these components, it narrowed down the research on the public-government relationship typology to focus on three main areas/questions: (1) What is a Government’s role in the relationship and who is the targeted segment in the relationship? (2) What is the service concept provided as result of relationship? and (3) what is the relationship exchange value? Using these questions, various
research and efforts were found in which many authors try to solve the One size fits all problem of relationship management by further study and understanding the role of government, stakeholders’ segmentation, service value, and exchange relationship. Following is a review of the literature that discusses each area and how it helps in shaping the value within the public-government relationship.

b.1. Government role:

Classifying the role of the government and relating it to relationship management is important to track such research. Several authors, classified the role of government, however, the purpose of such research was conducted for different reasons yet could be beneficial as a key component in clustering the different public government relationship typologies. Overall, the government’s role has been reviewed to comprehend the different types of agency roles and respective services it would deliver, as well as an understanding of the nature of the relationship between the public and individual citizens.

Some literature narrows down the main role of government agencies in the public-government relationships, Greene, Parthemos, and Steven (1967) explain that administrative agencies play various roles, which is demonstrated by their various actions. The main types of actions are legislative, judicial, and administrative. The authors also list the different tools to control administrative actions, these tools are legislative control, superior administrative authorities control, judicial control, and intergovernmental relations. The important conclusion drawn from this work is that each agency will have a specific combination of actions and controls; hence different relationship management tools. Each government action has a different respective power, implication, and flexibility. These combinations are important to understanding when designing the relationship management system for the public sector. Written in 1967, the Greene, Parthemos, and Steven’s work is out of date, however; the application of such actions and control is still in
use. Realizing the difference in the roles of action gives an understanding of government’s different functions and that it cannot be approached in generic terms. This type of differentiation of governmental roles and actions helps in designing certain service categories and relationships the government has with various customer’ typologies.

Another group of literature in the quest of understanding the role of government in delivering public services come from authors like Wilson, J.Q. (1989) and Greene, Parthemos and Steven (1967) who discuss the legislative and control role of government and the type of agencies created to deliver these mandates. Wilson’s (1989) foundational book assists in comprehending bureaucracy and its role in the community. It explains what the government can do and the constraints it faces in performing its role. This can be related to the relationship capabilities and relationship constraints in terms of relationship management. Several agency typologies are presented in this book that is based on the clarity and measurability of output versus outcome. This is important when classifying public-government typologies and differentiate it from private sector relationship management. Wilson also discusses types of executives related to each type of agency. This book is essential in understanding the government sectors, roles, types of agencies, types of executives and respective constraints. It can successfully be used to build the understanding of customers-government relationship related to different agencies. This would help understand the limitations the government might face in developing the public-government relationships, however, it does not provide a link between the role of the government and different service typologies and how they can be managed differently in the public-government relationship. However, it should be noted that this literature is from before the burgeoning of network and Public-Private partnership (PPP) literature.
b.2. Public Target segment:

The next group of literature is about customer classification in the government sector this area has proven to be contentious in nature with some arguing the benefits for segmenting stakeholders in the public sector for developing the public-government typology as a beneficial practice while others suggest methods of segmenting customers as counterintuitive. To begin with, John Alford (2002) uses social exchange theory to differentiate types of customers dealing with the government, classifying them by either as citizen or client. Here he further differentiates clients into obligatoree, beneficiary and paying customers categories. Alford’s structure is clear but does not provide enough examples to illustrate the differences he asserts. Additionally, the naming of categories might be confusing, for example, he argues placing paying customers under the client category as misleading. Yet, the logic of the categories and exchange makes a lot of sense with customer classification, public value, and social exchange theory. This provides one of the main foundations for developing this research paper. The differentiation between types of customers and the logic behind linking the role of the government and type of services provide that stem from the relationship with the public. This bodes well with the current research focus as to the public value and type of generalized social exchange is not immediate reciprocity or satisfaction. The satisfaction level seems to be affected by the type of services received by different segments of the government. Some of the public segment typologies are the negative dealer, customer beneficiary, and procedural client (Al Dhabbah, 2014). The seven government-public typologies in this work will build on the segments and add more segments depending on the intermingling of service value, the government’s role, and exchange relationships.

Gibert, Nichollas, and Roslow (1998) discuss another public target segmentation method that is based on choice, to inform how different types of customers influence the customer
satisfaction results and hence relationship in the public sector. For them, the key to customer
typology includes direct buyers, clients, and captives. The classification of customers is related to
the choice aspect, therefore, as a government, it might provide different services which may have
different levels of choice or coercion in getting the service. For instance, if you need a license you
have one provider, but if you need a shipping service you can use the government postal services
or private sector service. The authors shed light on Hyde’s customers’ typology, specifically the
client. They conduct a customer satisfaction analysis on federal entities and find that the highly
satisfied are the direct clients and the dissatisfied are the captives. The captives are the customers
who must follow the law and if they do not they will be punished, hence they have less choice and
hence are less gratified; hence might negatively affect the public-government relationship. So they
recommend the federal government change the current measurement standards since it is dealing
with different type of customers. This research paper provides good evidence that customer
satisfaction cannot be one, but should be two or more due to the different types of customers who
affect the results. Consequently, customization of relationship typologies is required because
different segments would have a different relationship due to the choice factor. Hyde’s customer
classification is similar to John Alford’s classification of customers, but this classification is more
complicated. Overall, this Hyde provides good evidence that some customers’ level of satisfaction
is related to whether their choices are restricted or not. While Alford’s research paper discusses the
obligateree client type would have similar results; noting that certain types of customers would
have a negative impact on the customer satisfaction results. This specific type will have two
typologies in the seven typologies of public-government relationship which indicated a difference
in customers due to the nature of service, exchange relationship, and choice. These factors are
assumed to be affecting the public-government relationship and hence would be explored in this
research to develop the public-government relationship.
Other methods of customer segmentation presented comprehensively in Simmons, R. and Powell, M. and Greener, I. (2009), provides different types of customer typologies that can be used in efforts developing different public-government relationship typologies. However, there is no one right customer segmentation in that each public servant needs to review these segments to identify which one fits his or her organization. This creates some confusion for public administrators and mainly for upper management overseeing the development of the various public-government relationships. In reference to customer segments, there is a need to an extent provide a middle point of categories of segments that relate to the specific public-government relationship type. The authors explain the types of customer segmentation and compare them, providing a good effort in gathering various articles on customer types in the public sector, however, they do not provide different typologies that are related to the function of the government. They only relate their typology to the choice, value, and differences of exchange relationship. For instance, there is no linkage and clear typology of different customer types and what values they take. Also, it is related to the type of exchange relationship and does not specify to which relationship typology and which government role you can find that typology.

By not looking at the function of the government in terms of relationships, public segmentation is placed on a scale, that at one end is a One size fits all approach where everyone is managed and dealt with in the same way and assumed to have the same relationship, this serves as the central focus of this research. On the other end of the scale, is a specific segmentation approach where there is a focus on individualization that aids in the personalization of relationship management, some consider this too costly and time-consuming for the government. The best scenario might be a type of segmentation that lies in the middle of the scale, which is a segmentation typology that makes sense for the public government relationship. This segment typology can group
different segments with different roles and different services they receive from the government to
develop a better public-government relationship.

Understanding the next service concept helps in choosing which segment to go within
designing the public-government relationship. The following section considers how service value
and relationship value affect are literature review on other factors affecting relationship qualities
between the public and the government.

b.3. Service value and relationship value

The literature that discusses service value and relationship value differentiates public
service and helps in devising a customized public-government relationship that tackles the One
size fits all approach problem. First, is the service value and servitization trend which is focusing
more on services than products. Moor, M.H. (1995) leads the discussion about public service value
and how public organizations can create public value using the strategic triangle. The author Moor,
M.H. (1995) also elaborates on the flaws of customer satisfaction surveys and mentions the types
of customer encounters including obligation encounter and service encounter. The book contributes
to the field by focusing on values the public expects from government organizations. This would
relate to the value as an outcome of the relationship between the public and government. In
addition, Lynelle Briggs, McMullan, Moore, Prebble, Stanhope, Stone, and Vanstone (2013)
mention John Alford’s customer and client typologies, including obligatoree (obligatory) and
beneficiary. The authors argue that to measure public satisfaction public measures need to first
figure out what are the public values citizen’s are requesting from them. Simply, it is important to
identify the relationship needs and the public value of that relationship. For example, the public
value of the NYPD went through a maturity cycle; at the beginning, the NYPD assumed that
reducing crime was the main value perceived by citizens. However, after interviewing
stakeholders, they concluded that the fear of the police force was a serious factor that was in greater
need of addressing than the actual value evaluated. Interviewing stakeholders does provide beneficial information ensuring that the officials identify which values citizens consider to be the most important to be delivered by the public sector. This relates tremendously to the relationship value between citizens and public administrators and how. The interaction the emotions and behavior when citizens experience public services. The following highlights the shifts in service delivery to more relational and customer experience oriented change.

b.4. Relationship exchange

The literature looking at relationship exchange provides insights and foundational aspects to help develop the public-government relationship typologies. First, is the discussion of the social exchange theory Ekeh, P. P. (1974) book provides a detailed explanation of social exchange theory. Here it considers how rules govern social exchange, the reciprocity, and cost of the exchange. It explains the difference between direct and indirect exchange. While explaining the variance between restricted exchange versus generalized exchange. In addition, this book highlights how this science follows the laws of behavior and provides an explanation for social exchange behavior. Therefore, it provides social exchange proposition that might help predict people’s behavior and expectations. Social exchange does not only explain self-behavior but collective behavior in particular profitability versus fair exchange. The book provides a good explanation of social exchange although it was published over 30 years ago, the information is relevant.

The social and economic exchange relationship will be used in this research to explain the type of relationship the government has with the public. For instance, the Ministry of Justice public-government relationship would have a social exchange of delivering justice to complainants and the whole community. Therefore, there are two levels of exchange in the relationship, the direct relationship with the complainants and the indirect relationship with the public. Not only that, but
one disputer would have a positive relationship exchange if he wins and another one for who loses the case would have a negative social exchange. A judge is required to deliver justice and have a good relationship with all stakeholders without affecting the justice social value. This runs the risk of jeopardizing the integrity of the law or creating inequality in the administration of justice. The judge would never achieve 100% customer satisfaction since the relationship is totally different from the private sector with different relationship exchanges and different relationship priorities. Judges must be aware of the priority of public justice compared to direct disputers consideration so the delivery of justice for everyone and equality of enforcement of the law is more important than gaining everyone’s satisfaction with the judiciary system.

Overall, this relationship exchange group of literature has provided the key components of developing the public-government relationship by understanding the differentiation of those components in the application of public sector domain. The limitation of this group of literature is that it’s focused on solving the problem from a narrow view. It misses the holistic approach to customizing the relationship using the current relationship components from literature and putting together an initial public-government relationship typology that can be developed and explored for further relational factor within each typology.

**c. Behavioral and relational factors for customizing relationship**

The third group of literature is a new angle of customization based on behavioral factors of the public-government relationship to solve the one size fits all problem. Few studies were conducted in the public sector however, it was beneficial in directing the public management by utilizing relationship factors such as relationship incentive, and relationship values. The relational aspects of handling soft behavioral issues and intangible values when managing government CRM is an important element that
differentiates it from the private CRM. In this group of literature, the following areas of literature will be explored including relationship fit, stakeholders experience, customer behavior, service delivery customization, employee delegation, culture, influencers, relational network, and related social and psychological contracts.

c.1. Relationship social and psychological contract

Understanding the core aspect of the relationship should start by understanding the nature of the agreement that takes the form of both social and psychological contracts between the public and the government. In the quest to gain public trust, a basic understanding of the current public-government relationship is important. Much literature discusses the social and psychological contract between the public and the government. The government exists to serve the public by delivering key services on their behalf. The social contract between the government and the public is to deliver community services, law enforcement and to manage the relationship between the people in the country. On a macro level, the social contract is an agreement between the public and the government, where the government protects the rights of the public and carries out the collective common will (Rousseau 1920). Rousseau (1920) describes the government as “An intermediate body set up between the subjects and sovereign, to secure their mutual correspondence, charged with the execution of the laws and the maintenance of liberty, both civil and political”. In addition, Tomprou and Montes psychological contract (PCT) is defined as, “contracts are individual-level cognitive structures that reflect how people think about their exchange relationships...an individuals’ system of beliefs regarding the obligations that exist between themselves and exchange partners” (2013, P634). There has been many studies in the area of employee psychological contract, but not much in the public sector between citizen and the government (Yang, L., & Yang, L. (2010). However, a study that used the psychological contract in understanding the supplier-organization relationship in IT outsourcing projects is available.
It is important to recognize the different natures of the relationship between the private sector that is based on business and economic contract versus the government’s social and psychological contract. It is easier to deliver and manage a relationship that is based on numbers, services, and products like the private sector. While in the public sector, it is more difficult to compare and understand the cognitive structure of the psychological and social contract between the public and the government. To add, some parts of the relationship are framed in the legal structure, however, a big part of the behavioral and emotional part is not covered and studied to help improve the public and government relationship.

There might be a gap between the actual relationship and psychological contract. The psychological aspect of the contractual relationship is not studied and reviewed in the public–government relationship. It needs a visible way of measuring and managing the delivery of that relationship social and psychological contract, this is important when trying to connect to the next group of literature.

**c.2. Relationship fit**

Along the lines of social and psychological contract, there is relationship fit. The literature here sheds light on relationship fits the appropriateness in the process that is built in relation to actors’ appropriate behavior. Appropriateness of the process considers the policy community and the social relationships within the policy community. Also, the instrument paradigm, as Bagchus explained, is an “aggregate of ideas, commenting, rules, values and morals which not only specify the objectives, but also the policy instruments to achieve them” (1998, p56). Meaning that the relationship is more than just government procedures and paperwork it consists of other soft and
influential factors such as morals, behavior, and emotions. These soft instruments are powerful because if management can use them in managing the relationship with the public, it would be effective in achieving high satisfaction results within relationship management with low investment. Therefore, it is an important task for the government to create the right relationship fit by defining the scope of service, customer value, needs and the government process in delivering. The design of the right relationship mix to fit the objective of public-government relationship is complex but crucial. Since it deals with soft aspects such as cognitive and behavioral, a management framework developed with these considered is beneficial to reduce uncertainty and use factors that help governments in the management of the relationships that will produce the desired output for the public. An in-depth understanding of this field will help in designing a better public-government relationship management typology that is customized to suit the nature and behavior of citizens.

**c.3. Stakeholder experience**

In consideration of output and stakeholder experience, the next group of literature is focused more on service delivery shifts towards citizen experience. A more recent shift in service management is an experience-based of a production line management approach. The experience-based operations focus on the customers’ interaction and touch points in addition to the customers’ emotional state during the experience. In this relationship, the channels of delivery are an important factor in service design. In addition, Angelis and Lima (2011) emphasize that decoupling of the front and back office is needed. The front office will then vary according to the type of customer, frequency, and size of interaction. Here Angelis and Lima (2011) discussed various service categorizations based on interactions such as “professional services, service shop, mass service, immersive and active service category” (P. 85-56). In relating this categorization to relationships,
it would be important to take it into consideration when designing the typologies of public-government relationship.

c.4. Customer behavior:

To this end, many kinds of literature show how governments are now re-evaluating their strategies and focusing more on customer behavior and the relationship as part of transforming to a smart digital government. Being customer-centric means that an organization is focusing all its strategies, operations and design of service to meet customer needs and expectations and behavioral patterns. Today in the UK a special unit called the Behavioral Insight Unit is exploring how to change people’s behavior and improve government services through behavioral research (BIU, 2015). Similarly, the White House under President Obama’s administration had a Team called the Social and Behavioral Science Team (SBST). This team was under the National Science and Technology Council (SBST, 2017), it was led by Chair Maya Shankar, who focused on understanding public behavior to increase their engagement through designing services, communication, and systems that encourage public engagement and usage of those programs (SBST annual report 2016, September 2016). Many authors are exploring behavioral management as a tool to improved public-government relationship and delivery of services. In this area, the key authors are Thaler, Richard H., Sunstein, and Cass R. (2008) who published a book about methods of triggering a change in behavior. Although beneficial to an extent it was focused on methods and not relating it to a public-government typology. Based upon this the government’s are aware of understanding the in-depth drivers of behavior and nudges that change public response towards the government and its services. Consequently, a shift took place from technical business management to a more behavioral and emotional management of the public-government relationship.
Nudging is referencing the method in literature and not limiting it to this method. In addition, it is one of the recent behavioral changes techniques that are related to providing government services. Such as the one implemented in UK and USA. These are small ways that have a big impact in changing public behavior. For instance, changing a line in a taxpayers letter of informing them that most of their neighbors pay on time, have encouraged the public into paying on time. It is a good method because it understands the human behavioral pattern and uses that to change public behavior this has a low resistance and seamless change can be effected for individuals. These concepts can be applied to public-government relationship typology. Other government-led programs to change behavior such as the “future guardian” health prevention services have been using mass media camping workshops, and now are shifting to one-to-one relationship between doctors and patient. Tapping on existing well-formed trust relationships is not only good for changing behavior but also maintaining it.

**c.5. Service delivery customization**

In terms of service delivery, literature exists that focuses on the customization aspect of service delivery as part of the public-government relationship. Service delivery includes identifying the processes degree of complexity, and customization versus standardization. For the complexity and variety of systems, Seddon, O’Donovan, and Zokaei (2011) indicated other systems for solving the problem of failure demands such as the “break-fix” system and the “preventative system”. These systems, in addition to the transactional systems of service delivery, vary in their complexity level and the ability to be standardized or customized. With regards to customization versus standardization, Seddon, O’Donovan, and Zokaei (2011) argue that services cannot be managed using the production line system. Standardization does not fit with the variety of services that face high and different uncertainty levels. Hence, standardization does not fit the various public-government relationship that might exist in the government. The authors also
explained lean services using the Toyota production system (TPS) as an example, Toyota used TPS by challenging services using counter-intuitive truth, especially the services that face a high variety of customer value demand. According to Angelis and Lima (2011), there are different management strategies for various services. For instance, marketing and communication tools can influence the demand for a highly diversified service category. Another strategy for mass customization is using modernized standards for customer categories (Angelis J. & Lima E., 2011). These factors of communication and marketing are key factors in improving and customizing the various public-government relationships. However, there are some existing different tools of the government that can help us highlight some distinct relationship management typologies.

c.6. Employee delegation, and culture

Literature attempt to solve the one fit all problem, by understanding the degree of employee freedom to customize relationship and take the extra mile of improving the relationship. The literature discussion is on the importance of understanding the employee’s degree of delegation to respond to public behavior versus standardization. Also, literature in this area discusses the importance of cultural change to be about the customer and relationship-oriented manpower. For instance, Seddon, O’Donovan, and Zokaei (2011) argue that workers leverage improvements to fulfill their service demand. Conversely, the more management control can hinder work and cause inflexibility when responding to various unsystematic demands. Since experience based service is labor intensive, the degree of discretion becomes important in service design (Angelis J. & Lima E., 2011). Therefore, the relationship is affected by how labor intensive it is because it may change depending on the skills, and power of delegation given to the employee. Thus, high-standardized operations have low discretion, especially when employees do not have the freedom or authority to make decisions about how to deliver services and just follow the rules (Angelis J. & Lima E., 2011). Other authors emphasize the role of human capital in government services compared to IT
power. For instance, Schellong (2007) draws the conclusion that innovation is not limited to adopting technology but also by investing in human relation development. An example of this would be investing in employee customer service training and motivational programs; 70% of private sector CRM fails due to not improving the business processes and not adopting cultural change programs (Schellong, 2007). However, the author identifies leadership and communications as key success factors for relationship management. So essentially to deliver better services, cultural change programs, for government employees at all levels, need to take place.

Along with this, government employees need to understand what line of business they are in, what type of agency they are working for, what tools it uses, and how these tools can improve the public-government relationship. There might be a gap between government expectations about their role versus the customers’ expectations of the government employee’s role. A similar study conducted in the banking industry can be beneficial if applied in the public sector to understand the different expectations in the public-government relationship (Schneider, B., and D. Bowen. 1985) This sheds the light on how important is the expectation of service employee in order to provide a good service. Moreover, if the employee understands his role, he would deliver what is expected from him. However, a good service is the service that depends on the actual performance compared to customer expectation.

c.7. Influencers and Relationship network

As explained earlier according to various literature, there is a different type of customer, direct and indirect. Sometimes the indirect customer is more influential in the relationship, such as a mother’s influence on a child or friends influence on a student. The understanding of how individuals influence one another in a relationship network by what they exchange, negative or
positive, and the value of the exchange is important to understand when designing a typology for the public-government relationship. Hence, it is essential to understand the literature considering network exchange theory, which is widely deployed in government services. David Willer (1999) provides a good explanation of the network exchange theory. Willer explains the different types of sanctions, both positive and negative. He also explains three types of social relations including coercion, conflict, and exchange. In addition, he explains the difference between economic exchange and social exchange in terms of the value exchanged in the relationship whether it is money versus other social value. This is important when considering the various values the government delivers to the public both monetarily and socially. Willer’s book understands the various types of exchange that take place in government bodies both economic and social; especially in the case of positive or negative sanctions. This information will help in explaining the different types of government-customer relationships and services that fit into those types of network exchange relationships, aiding in customizing the relationship typologies and differentiating them from the private sector to fit the public sector domain.

The behavioral and emotional management angle of the public-government relationship is important, not only does it help in understanding the nature and expectation of the relationship, but it helps in providing a solution to the One size fits all approach through customization. The literature demonstrates that a relationship fit is a good approach to matching the relationship to the process and find the gap in the relationship. This would help public administrators improve the relationship by managing both customer and employee behavior. Furthermore, network exchange theory gives another dimension of understanding the influencers effect on the relationship and how it could be managed. The opportunity here is to customize public-government relationship for each group of stakeholders, government role, and service concept.
d. Relationship management CRM dimensions

Finally, is the group of literature focusing on the dimensions of relationship management factors that public administrators need to be aware of when managing the public-government relationship. By focusing on understanding more information about the customer to customize the relationship management to fit the public needs. The literature includes discussion on relationship management approaches in the public sector, co-relationship management, customization of the relationship using customer intelligence, IT and smart government relationship management, collaboration, integration, and technical business management of the relationship.

d.1. Relationship Management in public sector

Some literature focuses on the public-government relationship management system that fits the public. Al-Khoury (2012) identifies a five-step approach to CRM deployment which includes, “visualize, design, implement, measure and innovate” (p. 54). He argues the government could look into its current public-government relationship and visualize the end of delivering public value and gaining their trust, then design a new relationship management that is implementable and measurable. In addition, due to citizens constant change in desires and value needed, a continuing innovating approach of the public-government relationship becomes essential for continues improvement the public-government relationship.

d.2. Co-relationship management

Next is the literature that discusses the role of customers and other stakeholders in service design co-creating and collaboration. For governments to achieve innovation it needs public engagement and particularly civic intelligence since people are co-producers of government services. Civic intelligence is people and companies’ collective efforts and capabilities to address
and solve community issues (Civic intelligence, 2014). Here, the intelligence aims to solve
government problems by networking and working collectively with people to come up with
solutions that can satisfy the public’s needs and demands. Fundamentally, it is important to
understand that not all services have a clear or direct co-production relationship. Albeit employee
engagement in service delivery is important, customer engagement and other stakeholders’
collaboration is also key in service and relationship design. Angelis and Lima (2011), state that the
“immersive and active service category” has customer engagement by co-creating (p. 85-56). They
also highlight that those engagement activities are important for developing experience-based
operations. With regards to collaboration, it is included in the civic intelligence definition as a key
method to benefit from social capital and connecting people through the network (Civic intelligent,
2014). On the other hand, Schellong (2007) warns of too much participation as hindering the
delivery of services. Additionally, he identifies that many organizations do not address the
organizational change needed when implementing CIRM.

Then there is the literature highlighting the factors affecting CRM system’s success.
According to King’s 2007 article that assesses the UK local government adoption of Customer
Relationship Management (CRM) systems Where the findings recommend a co-production model
that goes beyond the transaction and customer insight stages of CRM. Furthermore, King (2007)
highlights the challenges to CRM such as funding, capabilities, co-production and change
management. He finds that the CRM is not fully implemented in steps that follow a critical path.
For instance, some government bodies skip steps by creating contact centers, without first ensuring
that citizens have access to other channels. King’s study has indicated that most UK local
governments do not utilize the insight of a customer database (except for Salford). King identified
the targeted benefits of the CRM national program and concluded that citizens are more interested
in quick interaction and integrated services and pay less attention to the social and educational
aspects of services. King’s framework considers co-production as part of public service delivery through CRM. Yet, he identified not engaging customers in co-production as a challenge that needs to be addressed.

In this area, the literature is emphasizing public engagement in co-creating, co-production, and co-relationship, however, it does not specify who to engage, when and at what time to engage them, or which relationship and for what service to engage. This area requires some improvement and will be explored in this research.

d.3. Customization and personalization via customer intelligence data

Here the literature, share the findings of successful relationship factors that have been identified by measuring successful relationship management. The success factors measures presented by Roh, Ahn, and Han (2005) are the good highlight of related factors. Roh, Ahn and Han (2005) use and develop CRM success measures that include three main factors. The first factor is CRM initiatives that include process fit, customer information quality, and system support. Second is intrinsic CRM success that measures two elements: efficiency and customer satisfaction. The third is the extrinsic CRM success, which includes profitability (Roh, Ahn, and Han, 2005 p. 646).

Roh, Ahn, and Han (2005) emphasize that CRM’s essential role is cultivating data and information about customers to enhance the public-sector managers’ decision making on improving services. Roh, Ahn, and Han (2005) combine the market-oriented literature and Information System (IS) to generate indicators for CRM success. However, the indicators did not show how it would measure the success factors for legislative services, inspection services, and other law enforcement services. Additionally, innovation components are not included although a
A successful service is the one that harnesses the intelligence of customer behavior and identifies to design a better innovative service. It is not a successful CRM system if the customer’s insight was not innovatively utilized to improve public services. Therefore, analyzing customer information and responding to his or her need is fundamental to implementing corrective and proactive action for development the public-government relationship.

**d.4. IT and relationship management for smart government**

This group of literature focuses on several factors related to IT and relationship success of CRM. For instance, Pang and Norris (2002) highlight several factors that need to be considered when implementing CRM. In Pang and Norris’ 2002 study on USA local governments, CRM implementation they highlight the privacy, integration between government bodies, citizen computer literacy, accessibility to the internet, equality of service, and technical difficulties of network bandwidth reliability as some of the issues that governments’ face. Furthermore, King (2007) illustrates the advantage of using Geographic Information System (GIS) as a source of customer insight. Therefore, it is important when designing the public-government relationship management tool to not only focus on the behavioral aspect but to match it with the right technical factors.

**d.5. Collaboration and integration**

Another group of literature discussed the extent of the relationship through collaboration and integration. For instance, Ledingham (2009) discussed how it is important for government bodies to focus on integration and collaboration to solve public problems. This would be very beneficial when trying to tackle big threat like a sandstorm and needs collaboration from the community and other organization from both private and public sector to help in responding and rescuing the public.


d.6. Technical business Management

Even though some literature, focused more on the emotional and behavioral aspect of managing the relationship. Other technical business management stems from an industrial engineering background and is not totally excluded, but more of infused in some context with the new behavioral and experience design. Total Quality management as a management tool focuses on achieving excellence in organizational performance, by having the right enablers of strategic planning, leadership, process management including customer relationship striving to achieve its highest results of customer and employee satisfaction. However, this model is still a general model that is more suited to the private sector business model than the government field. Total quality management and excellence do help organizations in managing its resources to achieve its objective, however, it does not give detailed ideas on how to manage these resources and behavioral aspect of the relationship. Therefore, it is more complex to apply the model to the public sector due to the diversity of the government role, value delivered to variable segments of the market, the different type of public-government relationships. In light of this analysis, many governments that adopt or implement the excellence model does not achieve high levels of customer satisfaction because they do not understand their line of business nor the role as a government body and how to satisfy the different parties in the process of delivering government services.

The main limitation of this group of literature is that it has the relationship management tools but does not have the typologies and other factors that help to decide which tools are the best given the type of relationship.
Chapter 3:

Research Method

This chapter will present support and discussion for the justification of the linkage between the research problem and the selection of two methodologies employed in this research. The first research method is meta-synthesis which is primarily applied in the literature review. Its selection was driven by its effectiveness in developing the public government relationship after answering the question of the components of this specific relationship. The second method, grounded theory was deployed in the ascertainment of a list of factors as an answer to the relationship management factor questions. By addressing these questions through grounded theory aids in the development of the relationship management approach. In the following sections, there will be an explanation of meta-synthesis design and data analysis as applied to this study. Then, there will be a discussion about grounded theory, the research design, mechanism for choosing participants, including sample design and research procedure. Following this is a description of grounded theory measurement instruments, and how the research data will be analyzed. Finally, there will be a discussion addressing both research risk and benefits associated with choosing this research method.

The theoretical sampling was chosen to represent each of the seven typologies, and in each typology, it has been tried to capture feedback from the customer, public administrator and the public in general that represent direct and indirect customers. There was 24 qualitative face to face interviews. Each interview lasted an hour on average and the whole sample finished in a month duration. Choosing participants began with recruitment and sampling of potential participants. Research participants for grounded theory methodology were chosen randomly from MOHAP’s customer's database to participate in the in-depth research interview. The research pool included twenty-four interviewees, a mixture of three main categories: (1) government, (2) customers and (3) the public (see appendix E). The first group
that was interviewed consisted of fourteen [14] government administrators representing the public health sector from the communications, information technology, and customer service departments. Ministry of Health and Prevention (MOHAP) communications department was interviewed to understand whether the communication strategy would provide a framework that either supports the inherited relationship or changes the relationship to a new one. Next was the customer service department, these participants were selected from a pool of patients and licensed doctors in the private sector; a total of six (6) were selected. The final category of participants included four (4) people representing the general public that benefited from the community health value outcome. The sample size was small since the objective was not to make analysis per demographic background of the customers; hence all participants were selected randomly. However, the sample reflected the players in each of the seven public-government relationships as per the theoretical framework (See appendix E).

The interviews were conducted personally but then got translation services was conducted by another company to translate and transcribe the interviews. For analysis, coding tables were created as a memo to gather the results and an analysis of the results was performed. Another table was created to take out the categories, key codes and subcodes from the transcripts and to highlight the sentences and in vivo and there was another Column for the analysis. A sheet was created for each relationship and grouped the results of participants by each category to see different views of the relationship. The general interviewee characteristics is that they have experienced the relationship, they have knowledge about the service, they have a stake in the relationship. They also fall in the stakeholder’s category of customers of each identified relationship, expecting negative customer in arbitrator…etc. Overall, grounded theory method helped in understanding each factor in each typology and decide on the sample and who to speak with and it was a snowballing motion of research that in finding one result that interested help me shape sample, theory and way of researching. The analysis was conducted in all stages of the research and going back and forth.
To understand the individual components, initial typologies need to be developed for the public sector. A mixed method approach was used in conducting this research; specifically, it applied meta-synthesis along with grounded theory. The selection of meta-synthesis aided in the development of the seven public-government relationships, while grounded theory was selected as an aid in identifying the factors influencing these relationships. Selecting these as the analytical tools for this research is based on several research guides and analysis looking at the same content such as McNabb, D. E. (2002) who looked at the application of meta-synthesis in general research methods of public administration inquiry and grounded theory as a key component in “constructing grounded theory” by Kathy Charmaz (2014).

3.1 Research problem link to research method

The purpose of this research is to provide a relational management tool for executive management when facing the One size fits all approach problem in the deployment of CRM. In addition, the research would aid both academics and public administrators with the public-government relationship typology in an effort to customize the relationship management system in the public sector. Having an answer to this will help in obtaining public trust by developing and enhancing the public-government relationship. Also, it allows Public Administrators to know when to use a technical business management approach versus the behavioral and emotional management approach. The context of the problem is that decision-makers face the challenge of improving government relationships while using current private CRM systems. The application of this system in the public sector is not congruent since it does not match the wide scope and diversity of the government relationship domain. For instance, a public administrator trying to improve public government relationship would be in a difficult position, because he would be clueless where or how to start improving. Public administrators are flooded with relationship challenges for thousands of government services that are provided to customers across the country while at the same
time operating in the capacity various roles from law enforcement to the judiciary that only applies to the public sector. For instance, UAE is managing a portfolio of government-public relationships by delivering around 4000 services for more than nine million different types of stakeholders scattered in seven cities. This led to the need for developing a high-level framework reference of public-government typologies that aids the public administrator strategically and operationally in prioritizing and planning government efforts to enhance the public-government relationship. With this reality, there is two question needed to be answered, first in relation to developing the public-government relationship what are the components of that theoretical framework? Second, in an attempt to understand the best relationship management tools for each of these typologies, relationship factors needed to be defined including the behavioral and emotional ones. To fully answer these questions several steps, need to be taken to determine a succinct approach.

While analyzing current literature most of the research methods used either quantitative or qualitative method. However, there was not a specific research method used for understanding the public government relationship. Most concentrated on the private sector there were also research papers that explored various components of relationships. While other methods were considered that might work in developing the narrative for grounded theory, however, at such an early development of the typology, it did not suit the objective of exploring CRM (Ruppel P., & Mey G., 2015). Maybe now after the theory is developed the grounded theory can be applied which would be easier to compare different relationships across different services, governed roles, and customers. Observation of the relationship of one typology could be beneficial by comprehending the whole situation that neither party in the relationship can see because each one is reflecting his knowledge from his own experience. However, it does not provide a deep understanding of cognitive and emotional triggers and needs in the experience of public-government relationship.
Research demonstrated that there were some research methods that could be used to develop the typology and detect the factors. In order, to answer these research questions both meta-synthesis and grounded theory were chosen as the most appropriate methods. Two key justifications for this selection were: one is the lack of literature and knowledge in the application of this relationship to public sector and UAE specifically, and another reason is the availability of few unconnected research have made meta-synthesis a good starting ground for this study. Meta-synthesis used the limited available literature to find the connections between the components of the relationship. This approach did not require a large sample of literature to conduct the analysis and ascertain the findings. Then came the choice of grounded theory as the best choice to understand the emotional and behavioral nature of the interaction of the public-government relationship; since the grounded theory is mostly used in understanding the processes of social studies and interaction, mainly sociological aspects of relationships (Charmaz 2014, p. 43). In addition, grounded theory is very good when trying to let data emerge with theoretical findings, and this was suitable since there was a lack of theoretical grounds for the public-government relationship (Charmaz 2014, p. 43). It was essential to deploy meta-analysis preceding the application of grounded theory in order to scale the research and narrow it down to key components of the relationship.

The meta-synthesis method of research developed high-level relationship typologies to aid managers in grouping government services in different bundles based on key components. These components include the role of government, customer segments, service concept and relationship exchange. Then there is grounded theory, which explores each relationship by identifying what are the influential factors in those relationships. This identification of facts helps managers in leveraging the relationship to form a stronger bond with its citizens and the public. These small behavioral and human factors might be more effective and influential on customers than all systems and technical business management approaches. The reason behind this conclusion is that customers are humans that are
triggered by small factors stemming from their interaction and relationship with the government.

Understanding and finding those hidden keys would be significant in achieving strong relationship ties between the public and government even in difficult, complex, integrated services and relationships. This research will discover and highlight those influential factors in the seven relationship typologies and in turn help improve services and the design of the most effective CRM in the government sector for the public.

Since there is limited literature that provides numerical data, meta-synthesis was the best method because it uses qualitative data. Meta-synthesis is described in comparison to meta-analysis, “Meta-synthesis attempts to integrate results from a number of different but inter-related qualitative studies. The technique has an interpretive, rather than aggregating, intent, in contrast to a meta-analysis of quantitative studies.” (Walsh, D. and Downe, S., 2005). Different kinds of literature were reviewed to answer the question of what are the components and factors affecting the public-government relationships. Secondary data and additional literature review were analyzed through the lens of meta-synthesis to have some general typology of the different public relationships within the government. The typologies were structured for various relationships that exist between public and government due to differing government roles, service values, segments and relationship exchange. Each of these key factors has sub-factors and different information highlighting the variance and similarities in the characteristics of those sub-factors (see table 2). After analyzing the different factors, seven relationships were identified across the government-public relationship paradigm (See figure no. 3). These typologies should not be considered an exhaustive list but rather a sound foundation to initiate the search for relationship factors. There might be other relationships that were not identified or captured in this study that might be existing in another type of organizations or services.
Consequently, the second methodology utilized in this research is the grounded theory, a qualitative research tool. Grounded theory allows for the application of the seven typologies to explore the different factors influencing the government-public relationships. A clear definition of grounded theory is highlighted by Charmaz, K. who states “Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories for the data themselves” (2014, p.1). Charmaz (2014) further explains how grounded theory adds value to research by extensively involving them in the iteration between data and analysis. It is beneficial to use this method to explore various factors of the seven typologies to differentiate one typology from another. This differentiation is done under the assumption that factors might be distinct from one type of typology to another due to the different associated relationship components and factors. Grounded theory helps in public research because it digs deep and explores hidden aspects of the soft behavioral and emotional factors in the public-government relationship. In conducting this analysis, qualitative in-depth interviews aid in the search for the keywords and sentences that are repeated and thus are important. The results are then analyzed for the reason behind them, associated feelings, and or the drivers of the action within the relationships, whether positive or negative.

3.2. Meta-synthesis

a. Meta syntheses research design

Meta-synthesis as a research tool will aid in identifying factors for the public government relationship, fill gaps in the literature, connect areas of knowledge, and serve as an aid for public administrators in managing and measuring public-government relationship effectively. In analyzing the data collected the meta-synthesis will aid in the development of the public-government typologies by highlighting the differentiating components of relationships within the government sector. This methodology is essential for building the base for the theoretical framework of the seven typologies.
Having this baseline develops the groundwork for understanding how public administrators can assess the values of the consumer experience and measures of improvement.

When considering the public-government relationships there is literature in the area of public administration, customer service, public relationship, type of segments, and the role of government; however, a gap emerged from the literature review in that these studies viewed the areas of the field of public-government relationship vertically for all of the aforementioned areas and not horizontally across those components. Linking the findings and discovering the connections between those areas became important when assessing the public-government relationship paradigm.

By connecting the dotted lines between areas would help government officials look at the management of the public-government relationship in a holistic way. This will afford them the capacity to differentiate the areas by the public-government typologies related to the specific service bundles being delivered. These bundles represent a cluster of segments, services, government roles, and the type of relationship. Each relationship bundle mix can be managed differently than from another bundle. This would be great for public managers to orchestrate the work of the government across different organizational units, such as customer service, the process department, and legal departments. The analysis will help to pinpoint the key factors of improving the public-government relationship and help manage government resources while maximizing its benefits to meet needs of the public and at times it wants.

Along with this expanded capacity, by understanding the nature of the relationship, the government can set the right measures for performance and can identify the key segments to develop the policies that will assist in improving the public–government relationship. Having appropriate expectations can be set to suit the nature of the relationship. An example of reasonable expectations is law enforcement services
that would not have a customer satisfaction target since it would be trying to satisfy someone who broke the law. In this instance, the government would be focusing its efforts on the community and measuring their satisfaction with security or other values realized by the enforcement of laws.

Implementing the meta-synthesis requires several steps to be taken. First, the research question must be clear and then identify the keywords that will help in the literature review and research materials. Followed by creating a table of criteria matrix to structure the research and choose the related sources of information. However, the criteria matrix does not limit the identification of other emerging factors from the different literature. On the contrary, it helps by adding to the factors to make sense of their relationship to sub-factors and vice versa.

When analyzing the available literature, limited articles were found in terms of identifying the connections between different factors of the public-government relationships. Specifically, when looking at one component and its relationship with another there are no articles that have a complete model that identifies the relationship factors’ connection holistically. It was important to search for literature that explores the connection of customers’ type and satisfaction of the relationship focusing on the social exchange relationship. Some literature simply states the role of the government or the different types of customers without shedding light on the impact it has on the public-government relationship. The literature also falls short in addressing whether there are different patterns of relationships that can be generalized into a typology of relationship. Therefore, it would be added value to use meta-synthesis to connect different information in existing reports to assimilate the pieces of the public-government relationship.

In addition to this gap, terminologies of factors were different across studies, which made it harder to compare and search for articles. For instance, when referring to the public some studies labeled them
customers, captives, obligatoree, citizen, consumers, and community. This variance was helpful in that it identified the different justification of distinct names due to the nature of different service scope and hence relationships. However, after reading more and relating to the study objectives, key titles of the public segment were chosen to fit the relationship typology and help in answering the research question.

Furthermore, meta-synthesis can make sense and deal with the lack and variance of information across different studies. Since those studies have different methods, sample size, government structure, results and geographical location, meta-synthesis and particularly meta-ethnography can use both qualitative and quantitative data for interpretation (Mays N., Pope c., and Popay J. 2005, p13). This is critical for this research especially since the various studies come from different governments around the world different services, and different segments of customers.

Overall, due to the wide scope of the factors and limited information, some factors had one source and others had two. This meant that the information was covered more horizontally than vertically. Although there was this variance, key information detected from each different article and source aided in the development of the public-government relationship typologies. For instance, Alford’s (2006) exchange relationship, identified different type of customers, with a key differentiator identified as the obligatoree type. This type of customer highlighted the negative public-government relationship due to the nature of law enforcement services. Additionally, some of the components that arise from the literature review and secondary data such as customer satisfaction reports and other secondary data about UAE’s customer service are the components regarding the type of segment, government role, service value, and type of relationship exchange.
An initial review of the service database was conducted to ensure that there are no missing
typologies of the public government relationship. An example of secondary data used is a report
published by MOCAF (2010-2013). This report explains not only the Federal Government customer
satisfaction results for ministries and agencies in the UAE but it also provides the methodology and
criteria of measurement. Another source of secondary data is MOCAF Government service delivery
strategy (2010). This data helped to understand the level of service delivery of a given entity. Moreover,
data from previous qualitative research studies, with decision makers for service improvement, have been
utilized to help in the overall understanding of the nature of services. Meta-synthesis was also applied to
data discussing the service improvement gap analysis conducted centrally by the Prime Minister’s Office.
All this information was reviewed to see the sub-elements taken into consideration when determining
factors under each of these components: a channel of delivery, service concept, type of segments, public
value, relationship exchanges and components. Also, this quick exercise helped in deciding suitable case
studies that demonstrate the seven typologies (See table 2).

b. Meta-synthesis data analysis

Finally, the meta-synthesis was used to cross-case analysis different sources compared to each
other using a matrix table with key elements of comparison (Mays N., Pope c., and Popay J. 2005, p13).
From the literature review, some key readings helped in identifying the elements of comparison and
construct the table’s key information areas. This helped in screening the articles and linking them
together. However, this table incurred changes as literature was reviewed because some key factors
emerged that was not highlighted initially (see table 2). Some of the key variables that were found in the
analyze the role of government, customer segments, service concepts and relationship exchange then
each of these variables have their own sub-variables that differ according to the type of the relationship
(see table 2).
The results were used as a starting point for aiding the construction and design of the grounded theory, for instance, deciding on the sample, services to observe, and which entities to consider. In addition, it helps in constructing the questionnaire for the qualitative interviews but did not limit them to those questions. The application of grounded theory in the research analysis is discussed below.

3.3 Grounded theory

a. Grounded theory research design

The second method used in this research is grounded theory which was applied when exploring the theory and factors affecting the different public-government relationships. Qualitative research was conducted based on the seven public-government relationship typologies that emerged through the meta-synthesis of the literature. This qualitative research was used to understand the relationship factors such as relationship value, incentives, tools and others.

Grounded theory best fits the purpose of developing the theory of the public-government relationship. According to Charmaz (2014, p. 43), grounded theory is focused on analyzing qualitative data and finding information about the social process and the social psychological process. In addition, Charmaz highlighted that grounded theory is very flexible in collecting data and analyzing it due to the iterative nature of the methodology (Charmaz 2014, p. 43). This methodology assists in finding information quickly and makes the researcher excited about reaching the information needed for unraveling the hidden pursued theory. Charmaz explained further by stating, “We construct these data through our observation, interactions, and materials that we gather… We study empirical events and experiences and pursue our hunches and potential analytic ideas about them” (2014, p3). This methodology is beneficial because it gives the researcher the ability to analyze data in addition to adding his or her own reflections and interpretations of the situation and relationships based on various inputs.
from the context. The benefit of this is that in an emerging theory is great since there is no existing holistic theory that is related to the public-government relationship since theories vary depending upon factors and relationships between them. For instance, grounded theory helps in finding qualitative insights around relationship factors. Furthermore, it supports the first step of research which is using meta-synthesis while searching for more information to validate and clarify the different factors affecting the different relationships.

Implementation of grounded theory in this research underwent several stages. According to Charmaz’s process of constructing grounded theory, the steps include the following: the research question, recruitment, and sampling of participants, data collection, initial coding, focused coding and categorizing, theory building, and finally write up and dissemination (2014, p 18). However, constant comparative methods stage requires the continuous iteration of codes to answer the vague questions and gaps of categories needed to create the theory. It started with the research question which was formulated around what are the seven typologies of public-government relationship; and what are the factors affecting them? Meta-synthesis paved the way for initially answering the typology part and grounded theory focused on locating more data to build a solid theory and find factors affecting the relationships. The following steps discuss how recruitment and sampling of participants were conducted based on grounded theory.

b. Theoretical sampling:

Theoretical sampling is the approach used for choosing who to interview when gathering first-hand research (Gibbs, 2010). A sampling approach is defined by thinking of what kind of setting is suitable for developing a said theory (Gibbs, 2010). The customization of the sample depends upon the theoretical issues that are being tackled, and how the sampling would help in raising a theory that provides a solution to the problem (Gibbs, 2010). For instance, the One size fits all approach is the
problem that arises when adopting CRM systems in the government’s sphere of influence. With distinctive relationships and exploring how different they are in terms of components, factors and even management would help in proving that customization of public-government relationship is the solution to the overarching problem. In addition, to exploring factors of behavioral and emotional management, examples of negative customers were picked such as lawbreakers, disputers and even patients who are feeling sick to gather a balanced dataset of negative and positive relationships.

The use of theoretical sampling here is assisted by the initial meta-synthesis developed from the literature review. In its application, the sampling for this study focused on seven combinations of key components of relationship which are (different segments, services, exchanges and government role). To conduct the analysis for each of the seven typologies, the area of government of assumed representative service, customer and department were chosen from MOHAP. At early stages, there was a decision to pick two organizations, however, when the seven were found in one organization it was easier to approach and manage. However, for future studies it would be interesting to use the same way of sampling for other departments and if the results would differ and what are the factors that would differentiate it.

Theoretical framework is a flexible way of sampling, and it’s sometimes done through the field work. If it was necessary to analyze another department that can add value to the theory. It would be added to the theoretical sampling plan. This took place when conducting a visit to one of the departments to convert the “market organizer relationship” mainly it was licensing, however, another subsection which is professional assessment was interesting to cover and review due to the added value to the relationship theory development.
c. Choosing participants:

Choosing participants began with recruitment and sampling of potential participants. Research participants for the grounded theory methodology were chosen randomly from MOHAP’s customer database to participate in the in-depth research interview. The research pool included twenty-four interviewees, a mixture of three main categories: (1) government, (2) customers and (3) the public (see appendix E). The first group that was interviewed consisted of fourteen [14] government administrators representing the public health sector from the communications, information technology, and customer service departments. The Ministry of Health and Prevention (MOHAP) communications department was interviewed to understand whether the communication strategy would provide a framework that either supports the inherited relationship or changes the relationship to a new one. Next was the customer service department, these participants were selected from a pool of patients and licensed doctors in the private sector; a total of six (6) were selected. The final category of participants included four (4) people representing the general public that benefited from the community health value outcome. The sample size was small since the objective was not to make analysis per demographic background of the customers; hence all participants were selected randomly. However, the sample reflected the players in each of the seven public-government relationship typologies as per the theoretical framework (See appendix E). A small caveat to consider is that for posterity the patient participants were screened to ensure that they were above 18 years of age and that they are in good health to participate with no disability affecting their feedback and choice to participate.

The next process in grounded theory is data collection. The main instrumentation used for the grounded theory is the in-depth interviews with customers, the public, and public administrators of the seven typologies. Each research participant had an appointment for one hour prior to the research interview. This interview’s objective was to explain what the research interview would be covering in relation to their experience with MOHAP services with regards to CRM. Research participants were
informed that the data gathered from these interviews will be used for an academic dissertation paper and professional publications. The questionnaire used primarily focused on acquiring information about the nature of service, the customer segment, the service delivery channel, nature of the service delivery, and other factors affecting the public-government relationship (see appendix B). The data explores the various relationship factors such as communication, positive or negative, what was the value being exchanged, what type of service concept, what the incentive of the relationship is, and what the relationship value is. The findings helped in providing information about the government’s perspective on its relationship with the public, role, service concept, CRM implementation, service delivery and identify different stakeholders.

d. Measurement instruments

Measurement instruments were used as part of the research procedure, where research participants provided all the information about the research procedures to include discussion about the risks, benefits, rights, and consent (see appendix B, C, and D). After explaining the risks and benefits of the research, the participants were provided a final opportunity to either move forward or opt out of the research study. If a research participant decides to move forward in the study, an appointment will be set for a one hour (maximum) in-depth interview session. The main location for the appointments was in Dubai city- UAE at a third-party office (Prime Minister’s Office- Emirates Towers- level 43) which is not related to MOHAP. However, some participants wanted to be interviewed in their offices due to their busy schedule; as such this concession was made upon request.

The questionnaire was tested on one interview and the feedback helped in improving it, by reducing technical managerial jargons and simplify it to meet their level of communication. In addition, indirect question asking to share other negative and positive experience was a good way to share and reflect emotions and others and how it impacted this type of relationship.
For accuracy and documentation purposes, interviews with participants were audio recorded with the voluntary verbal consent of the participants. The participant's verbal consents were recorded via audio at the beginning of the interview. The confidential recordings are only used for analyzing the answers and data capture; the results will not be shared with anyone except for the transcriber. Some of the interviews were conducted in Arabic and others were in English depending on the participant's’ preference, therefore, translations services were acquired. For confidentiality purposes, a non-disclosure agreement was signed with the transcriber to protect the participant's’ identity. In addition to these precautions, all audio will be destroyed after three years. During the interview, participants were engaged in a discussion and a dialog to answer questions asked by the interviewer. Research participant’s role in these interviews is to answer by sharing their opinion and experience in receiving services delivered by MOHAP.

With regards to participant confidentiality and anonymity, several measures were taken into consideration. The data collected from these interviews did not have any information attached to it that could be used to identify research participants. For example, research participants name, email address, company, etc. were coded; however, there are audio recording which is needed for the administrative requirements of the research and to record research participant consent. Extra measures of confidentially was taken, for instance, data, was coded and identifiable information was being stored separately and securely from coded data.

The research dissertation committee might have access to the data, but not the identification information, to conduct a quality check of research. At no time will there be a release of identifiable results of the study to anyone other than individuals working on the project after the research participant written consent. The Virginia Tech (VT) Institutional Review Board (IRB) may view the study’s data.
for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

It did not provide compensation for conducting the in-depth interviews and participating in the research. Research participants were free to withdraw and/or ask questions about the research before providing their consent. At the beginning, it was clearly communicated to the participants that they were free to withdraw from this study at any time without penalty. Research participants are free to not answer any question or respond to what is being asked of research participant without penalty.

It has been highlighted to participants that there may be circumstances under which the investigator may determine that a subject should not continue as a participant. For instance, at one of the interviews, the researcher started to audio record the interview after taking consent from the participant; however, during the appointment, the participant refused to record, therefore, the participant’s feedback was not included.

e. Categorizing and Coding

Generally, grounded theory starts from a descriptive to the more analytic approach of thinking and results (Gibbs, 2010). Whereas the coding approach is a way of categorizing data into codes and dimensions of codes (Gibbs, 2010). This inductive flexible method aided the current study to discover theory from data through the three steps of coding (Gibbs, 2010), which are open coding, Axiel coding, and selecting the final codes.

First is open coding, where the data is reviewed, categorized, and coded (Gibbs, 2010). Categorizing is a grouping of a similar concept that seems to relate to one another. (Strauss, A. L., & Corbin, J. M., 1990), multiple perspectives of the category can be put into sub-dimensions., Staff category can have
dimensions of skills, experience, emotional status, rights, and responsibility. For example, a category of organizational factors was defined because of grouping many of the codes were related to the organization such as structure, resources, leaders and processes, and standards. Some of the categorization came from the initial theoretical components developed through the literature review. Relationship exchange was one of the categories, however from the codes, some related dimensions were added such as positive and negative relationship, proactive and active relationship, relationship value changing, and the length of the relationship. For additional terms were associated with the theory like “Savior” as a descriptive term used by an interview participant for naming their role in expectation of upper management. This is referred to as in vivo as explained by (Gibbs, 2010). The participants’ words and concepts highlighted by them and used in coding is customization of theory to represent relevant factors. The “savior” relationship naming has been used as a title for protector relationship typology, which places emphasis on the expectation approach to relationship management.

The second step for coding is Axial coding, which is a stage of connecting the categories and subcodes with issues by looking at the connection between them (Gibbs, 2010). For instance, if one phenomenon is happening at one stage of the relationship, would it happen similarly or differently in another. In other words, it is an approach called coding paradigm, creating a connection between data (Morrow, S. L., & Smith, M. L., 2000). An example is causal conditions, strategies, consequences, and context of this happening, intervention conditions (Gibbs, 2010). A relevant example would be a negative relationship phenomenon namely a customer complaining, what happens before and after the interaction in the customer’s journey, organization factors context competition, and collaboration and availability of services and other service quality factors. Here are some examples of connections. One example is a causal condition, in a certain relationship, the right communication, awareness and knowledge management can lead to trust. Another direct influence on trust is the doctor referral in an extreme case
have resulted in having the operation without even seeing the doctor and just was satisfied with the friends’ reference of the doctor.

Next is an example of trust phenomenon of public-government relationship and central idea what do public administrators do to influence it, manage it and obtain it. Many strategies emerged from that situation of interaction and serving the public, is changing, for instance, a negative situation and relationship into a positive one by using the following relationship management approaches: (emotional handling, expectation management, rational management and behavioral management.)

According to Gibbs (2010) another way of connecting is looking at the context and location of the building where the relationship develops. An excellent example is the identification of Proximity factor and environmental factors that influence the relationship between patient and doctor. For instance, patients have stronger relationship ties with doctors available in neighborhood clinics more than those who have to travel a distance to get medical help.

Then there are intervening conditions as another way of connecting the relationship and making sense of it (Gibbs, 2010). The case of an angry patient illustrates types of connection associated with the intervention approach. For example, the first response from the public administrator towards an upset customer is to perform emotional handling of the behavior and demonstrate calmness and friendliness. Then, the next step, once the customer calms down, is to deplore the intervening approach which is the rational part of convincing and managing the relationship.

Along with connection, there is the value chain of relationship, that demonstrates how action and interaction of connectedness add value to the theory (Gibbs, 2010). Through connecting various players in the public-government relationship such as the provider/doctor relationship. It begins with the
public/doctor relationship and extends to the patient. Then from the coding, it was found that the action of government to buy cheap medical supplies of medicine negatively affect the patient action to take the medicine and even the doctor action of recommending other hospitals who sell the needed medication.

Finally, is consequence connection, meaning what happened to patients as results of an interaction with a Doctor (Gibbs, 2010). For example, in the social beneficent relationship of raising awareness, by connecting to the network of community and NGOs organization that spreads awareness through media campaigns peaks and positively reflects on public government relationship outcomes of preventing disease and adopting a healthy lifestyle.

The third and final stage is selecting coding is picking core categories that are central to the whole development of this research (Gibbs, 2010). This was done when grouped into seven key groups after finding a common theme among them. These five groups are the following: 1) government relationship exchange factors, 2) customer Journey (Before interaction and After interaction), 4) internal factors (service quality, and organizational factors), 5) external factors (competition, and collaboration factors). Each of these groups contains categories, codes, and dimensions as explained in the following and shown in the table (4) in Appendix seven. The codes and subcodes are used as a methodology in the grounded theory, are the key factors and the subfactors. Inclusion and exclusion of factors were decided using the following criteria:

1. The most repeated factor
2. Identifying the most influential factor
3. The factor that created a different relationship management which is worth exploring and learned by the Public Administrator (PA)
4. New factors that are not covered in the literature review and create a shift in how public-government relationship is perceived (see Table 3)
f. Grounded theory data analysis

The final steps in the application of grounded theory are data analysis through initial coding, focused coding, categorizing, theory building, write up and dissemination. After gathering the data, the recorded interviews were translated and transcribed. Then they were filled into a form that consists of the key factors, the questions, and the answers. Used in the interview, this data was evaluated based upon Charmaz’s two steps for coding and grounded theory, “1. An initial phase involving naming each word, line, or segment of data followed by 2) a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data.” (P113, 2014). It should be noted that some questions were not answered as some participants did not know how to answer.

The premise of grounded theory is that analysis and reflection are done in various stages of the continuous iterative process (Charmaz 2014, p. 43). It is a realist interpretation of constant comparison of data and codes (Gibbs, 2010). Essentially, grounded theory is comparing codes and findings in all stages of research until it reaches a saturation or an exhaustive point of thinking about the data and codes in each possible way (Gibbs, 2010). This helps in developing a theory and refining it to the maximum level.

This research uses the systematic comparison of codes and categories across different participants’ feedback (Gibbs, 2010). For instance, asking “what if’s” scenario questions to find more information (Gibbs, 2010). However, when reading codes, other words might surface and link it to another other code under one category. Reviewing the data and text related to those codes to allow for variance or similarities within the meaning from context and other participants. For instance, some of the participants say that their experience is important to them. Here they might refer to the meaning associated with the doctor’s experience while another participant might refer to a different type of experience that is associated with an encounter of their own experience of feeling pain. The latter
experience can be improved by other factors such as doctor’s behavior and emotional handling of patients. What if an influencing friend referred this doctor, would that raise the patient trust of the doctors’ treatment and hence psychologically reduce the pain experience.

Another used method is constant questioning, which is a way of enhancing the theoretical sensitivity (Gibbs, 2010). For instance, asking questions about who, when, where, what, how, much, why? Like when a patient in pain, and ask about who would relieve you from pain? Is it certain hospital or doctor? If a doctor? why is a doctor better? Is it the personalization of the relationship and one to one attention and treatment? What differentiates one doctor from another? Experience, knowledge, character or behavior? Why? And the list goes on. However, this inquisitive trail of questions digs deep into the sociological experience and cognitive thinking and reasoning behind it, a link might be associated with doctor preference, and emotional handling and behavior.

In addition, flip-flop comparison analysis technique is another method of raising theory from data (Gibbs, 2010). A good example would be what if the government stopped providing emergency health services, would anyone still go to the government? If yes, why? If no also why? Or would they just go back to private sector health care organization and doctors? How does this shift affect the trust in government, since one of the patients indicated that the societal benefits given by the government, give them a feeling that whatever happens the government will take care of them. Then there is a link between social exchange and trust. The reason would be the patient recognizing the government intent as always benefiting the public. While in the private sector the economic exchange relationship, raises doubt in the heart of a patient and always think that the private sector is focusing on profit and not what is good for a patient.
The data collected from the qualitative research in the fieldwork was analyzed. The relationship important factors were highlighted in addition to other new factors that emerged from the grounded theory research. These factors were listed and prioritized according to the recurrence of each of the factors in terms of words. Additionally, some similarities and distinctions were found in the wordings amongst the typologies in the relationships. The factors are considered not only horizontally across all seven typologies but also vertically for each type of typology between the public administrator, customer, and public. This helped in understanding what factors differentiate one type of typology from another. At the onset, the research questions focused on several variables including the main variables such as government role, customer segment, quality of the relationship, trust, communication, and type of exchange relationship; however, more variables emerged from the interviews and analysis of qualitative studies. For instance, participants highlighted other variables such as knowledge, emotion, proactivity, delegation, relationship expansion, community role, the choice among others that will be explained in detail in the results and discussion sections. Additionally, clustering was used to draw the findings to visualize the results and find a connection between them. These added value to highlighting factors in the reshaping the first proposed seven relationships typologies.

3.4.Risk and benefits

This research might have some limitations that are directly correlated with the fact that there is less control over how secondary data is collected. Generalization of the findings might not be possible since the sample size is small and the scope is not covering all government services to ensure all public-government relationship typologies are covered. In addition, the time constraints complicate the accessibility and opportunity for setting appointments with doctors, public administrators, businessmen and other patients. However, to mitigate this concern, early appointments, follow-ups, in addition, to back up plans for participants from the data in case the originally selected participant is unavailable were established. Another potential setback in the research is not having accessibility into data especially when
trying to access a huge government and discussing points about patients and doctors’ relationship to add an additional layer both secondary and primary data required permission to access secondary data was not a problem since this research would help improve the employee and the public-government relationship for the UAE federal government. For the primary data, an application to MOHAP research committee was submitted, albeit it consumed time to get approval to conduct the study. However, after a month delay and continuous follow-up, the approval was granted. This research did not have any physical risks, however, it could have had participants recall unpleasant experiences with MOHAP. As such, some safeguards were put in place to minimize participants from feeling uncomfortable during the interview. Also, due to the nature of government services focus of this research, the likelihood of such risk is very low and almost non-existence. However, to mitigate such risk, participants will be advised to seek counsel and will be provided a list of local services. This risk was thoroughly addressed in the patient consent form acknowledging that participant cannot hold the researcher, research team members, project or Virginia Tech University responsible for any emotional concerns that are associated with remembering unpleasant experiences.

Planning is important, however, some room for flexibility is optimal as changes needed to be done to meet the challenges faced in conducting this study. For instance, some of the customers asked that the interview take place in their cities or they could not attend. Therefore, an amendment was created to allow for the conduction of recorded interviews over the phone. One trial was done, however, a malfunction in the recording occurred and as a result, the data was not captured. Although the notes were taken, it was not used for this research. A lesson learned was that when conducting grounded theory, the qualitative questionnaire is only a guide, because when participants are being interviewed sometimes they may not understand the question and need to be customized to their level of knowledge. However, some effort was done to simplify its language thereby making the interview easier for the participant to understand. Also, to make it relatable, participants were asked to compare their experience between the
private and public sectors; the results were different and better because it pinpointed the good and bad in the public-government relationship. It is critical that the interviewer is conscientious during the session and not lead the participants when they are answering.

On the other hand, the benefits of this research outweigh the risk and were explained to all stakeholders in this study. The research would have intangible benefits in improving government services in the short and long term. The short-term benefits will see a direct improvement with government service delivery output and public-government relationship management. For example, increasing public satisfaction with the delivery of government services is a direct short-term correlation to this research. Also, it would help the UAE improve the delivery of public health value on the long-term basis by improving the patient-doctor relationship and other typologies of the relationships within MOHAP. Here research participants can notice that social benefits outweigh the low risk of the study. However, no promises or guarantees of benefits have been offered to encourage research participants to participate.

In summation, the research methodology of meta-synthesis helped in developing the seven typologies and then the grounded theory was suitable in exploring the dimensions of that theory, the factors and management approaches of the public-government relationship. The mixed method worked well in achieving the objectives of the research. All the results of implementing these methodologies will be discussed in the next section.
Chapter 4

Results of key factors of each of seven public-government relationship

The results have been able to answer the question of identifying factors affecting the public-government relationship. In 2010 the United Arab Emirates (UAE) government set out to improve customer service by better managing the public-government relationship. The best way was through adopting the Customer Relationship Management (CRM) system that was used mainly in private sector. There was a concern about implementing the one size fits all CRM developed in the private sector. Therefore, public managers needed to understand the various public sector relationship types and to consider a relational, emotional and behavioral approach to the public-government relationship rather than the technical business management approach. The research here identifies some key distinctive typologies and key contextual relationship factors to better design a management approach that suits each typology. Some key relationship components are stakeholders, services, government role, service concept and relationship exchange. Reviewing the literature from the relationship lens, many studies have focused on understanding the components of a public-government relationship. The gap in the literature highlights the need for CRM models for the government sector functions, identifying the various contextual factors of the relationship, and a need to cater to the behavioral and emotional aspect of the relationship. The seven public-government relationship typology framework emerged from meta-synthesis of the literature review. The study uses the case of CRM in UAE Federal government, specifically the Ministry of Health and Prevention (MOHAP). In order to capture relationship factors, grounded theory methodology was used to explore the seven public-government typologies. Twenty-four qualitative interviews were conducted. The examined relationships include: entrepreneurial, public beneficiary, social beneficiary, organizer, protector, arbitrator, and supporter. The findings aid practitioners in designing the public-government relationship management approach that suits the nature of each relationship and its context. From the theoretical perspective, the relationship is the new lens for
improving customer service in the public sector and the private sector. This emphasizes that the one size fits all CRM approach needs to be changed to more of a human and personalized approach to managing relationship typologies that are altered based upon context, influential components, and key factors. Some of the key factors influencing the relationships are communication, awareness, knowledge, emotional handling, engagement relational approach, trust, and relationship value chain. This study provides good evidence for the need for further exploration of the contextual angle of relationships in the private sector in similar relationship typologies.

Public government relationship. Not only across all government public relationships but also, identify each factor within each of the seven public-government relationship typologies.

4.1 Overall public-government components and factors results:

According to the methodology chapter, all the results are generated from grounded theory. After analyzing the transcripts and using some of the twenty-six factors pre-defined from the meta-analysis more categories surfaced, to almost 51 factors. Then, these categories were further classified with codes and sub-codes. Furthermore, the factors have been grouped into seven key groups after finding a common thread among them. These seven groups are the following: government relationship exchange, customer persona, key common relationships, service quality, organizational management, competition, and cooperation factors. Each of these groups contains categories, codes, and subcodes as explained in the following and shown in table (4) of Appendix seven. The codes and sub-codes are used as a methodology in the grounded theory and are the key factors and the subfactors.

First the government relationship exchange category is divided into the following factors: relationship description, (definition, unique relationship, positive vs negative, time length of relationship), government role, (function, reactive vs proactive), service concept, (concept, value, complex vs simple), exchange: (economic vs social, relationship incentives, ongoing benefit), and
relationship value chain: (number of relationship, relationship reduction, relationship expansion, suppliers relationship, third-party relationship).

Second is the customer journey category which is divided into two groups of factors, before interaction and after the interaction. To begin with, before interaction consists of the following: customer profile: with dimensions of important customer, direct and indirect customer, emotional status, right, responsibility, perception, expectation, experience, referral, reference, reputation, network influencers, and choice and customer behavior. Then the after interaction group of factors includes key relationships factors that are common among typologies: message communication and channel, knowledge, management relationship, emotional handling, and trust in: (government, customer, private), personalization, awareness, and customer engagement.

The third is internal relationship category that are divided into two groups of factors: service quality and organizational factors. First is service quality factors which include factors related to the delivery of service which are time, price, proximity, availability, environment, technology, and interaction.

The other part of the internal factors group is organizational management which highlights some factors related to the Ministry of Health and Prevention management and staff. This includes decentralized and centralized structure, staff characteristics, experience, and skills, rights, responsibility, emotional status, behavior, and character, leadership, support of resources, measurement, law, accountability and interdepartmental collaboration.

The final category is the external relational factors that include both competition and collaboration groups of factors. First is the competition group that includes the private sector, other countries, local government, market, and cities. Next is the collaboration group which includes
cooperation with the community, the private sector, government entities, NGO’s society. When discussing relationship factors that affect the public government relationship there are many factors to consider, yet there are identifiable key repetitive ones. These were identified by ranking the most mentioned factors during participant interviews. Factors with more than seven (7) mentions during the interview were labeled as important factors, these factors were then categorized into sub factors (See Table in Appendix G). Here one can observe what effect these factors have on the public-government relationship about the seven public government typologies.

In evaluating the data about factors mentioned at a high rate, the evidence presented in the literature review chapter of this study was confirmed. Factors with high consideration in the interview responses include government role, relationship exchange, service concept, communication, customer profile, different relationship management, trust, engagement, time, price, technology, interaction, organization structure, staff skills, market influence, and standards.

Through the course of applying grounded theory, new factors were discovered to have significant influence in the public-government relationship. These factors significance was found to be related to the typology in which they were considered. First, in the government relationship exchange, we have identified factors that extend the relationship or minimize it along with a third-party relationship factor that affects the relationship value chain. New factors related to customer persona typology include emotional status, rights, responsibility, perception and beliefs, expectations, experiences, referrals, references, reputation, choice, and behavior. In the key relationship management, typology factors were identified to include knowledge, emotional handling, personalization, and awareness. For service quality, the factors include proximity, availability, accessibility, location, environment, and self-service.
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<td>- Negative</td>
<td>• Emotional handling</td>
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While in the organizational management typology the factors include staff, their experience, rights, responsibility, emotional status, behaviors, and character, leadership, support, resources, measurement, law, accountability. Finally, in terms of competition and collaboration, the typologies consider factors such as whether private, other countries, local government, cities, cooperation among the community, NGO, society, interdepartmental, and countries. These factors and their relationship are demonstrated in table 3.

There are many related factors identified from the grounded theory research, also, some cause and effect relationship have been highlighted between those factors, which will be discussed in each of the seven typologies. However, the following are the key influential factors and their relationship (See figure no. 5).

From table 3 above analyzing the public-government relationship, the one to one relationship between government staff and the customer is the primary influential factor. Although there are other factors that affect this relationship, their influence varies based upon the nature of the relationship. The key element with the one to one relationship is that it focuses more on the emotional and behavioral psychological factors rather than physical or rational factors. In essence, the relationship is changing from depending solely on the factors by involving some influential factors that are present even before the interaction takes place as shown in figure 5. Since both interacting subjects are human, it is important to understand what is their emotions, needs, expectations, character, and knowledge before they start interacting with one another. Once these initial factors are considered, then there are other factors that either changes the relationship to a positive or to a negative depending upon how emotions were handled, effective communication used, behavior, knowledge, personalization, and delivery of the value needed. In certain relationships, some factors would be present and more obvious than the others, and some might have a direct correlation with trust. For
instance, the fast track of trust from the referrals. These relationships and factors are further discussed in the results.

Even though some relationship factors are common, there are different factors in each of the seven government-public relationship typologies. The difference in factors is due to the role of government and service concept and relationship exchange value. The unique combination of factors and their relationship with each other results in a different method of management. The unique factors and other related facts for each relationship will be explained in the following:
4.2 Results per relationship typology

a. Entrepreneur “Businessman” relationship typology

The public government relationship is called “businessman” because it embodies the entrepreneur role the government plays in this relationship. There are various factors that affect and influence the management of this relationship. This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration and competition. The entrepreneurial “Businessman” relationship figure highlight all of the factors (See figure no. 6). It illustrates the key players in this relationship including the customer (C), who approach public administrator (PA) to lease space in hospitals and clinics. It has been called customers here as an association with private sector terminology for individuals buying or
renting. The PA then ensure all paperwork is complete then raise it up to the committee (Com) for review and final decision. The figure demonstrates how the key values of profit from leasing asset in the center of the relationship get deliberated and delivered in the economic exchange relationship. Not only that but there is another outcome from the relationship between government and customer that reflects positively on the public by ensuring the availability of high-quality health care services and products to the public in various locations.

(1). Government relationship exchange factors

Understanding the role of the government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, the length of relationship, positive relationship, government’s role, reactive, service concept and value, economic exchange relationship, ongoing benefits, and reduction of relationship value chain. To begin with, in examining this type of relationship a real-life example of asset leasing service has been chosen as part of the finance department in the Ministry of Health and Prevention (UAE). The asset leasing service has shown a great resemblance to the private sector, is is a contract based relationship that focuses on profit. That description fits into the public administrator (PA) description of the relationship which is, “A relationship of contract, being committed, paying and getting paid” (IDI1, p12). The contractual relationship in the asset leasing service relies on entrepreneurial behaviors. In addition, the relationship grows with existing tenants by giving them priority for renting areas in different hospital locations. Therefore, this relationship has the capacity to evolve and grow over time. This contract is also dictated by the conditions within the contract that rules the relationship, “These conditions are written in the contract” (IDI1, P14). Thus, legal framework regulates the relationship between government and companies renting space.
In this entrepreneurial relationship, a key shaping factor is the entrepreneurial government’s role. The government role of leasing assets is clearly an entrepreneurial relationship with one to many companies and government bodies. PA explains the economic and social exchange values factors of the relationship, “We as a governmental Ministry, true that gain is important, secondly comes the service and third, we need to care for the citizens of our country” (IDI1, p. 11). These represent the three main roles, profit, service and caring that the ministry sees both its economic and social exchange within the public-government relationship. The relationship here is more reactive, PA explains, “when someone wants to rent from them, he goes to the hospital and asks to rent a specific place” (IDI1, p. 2). In this case, the government is reactive rather than proactive by promoting leasing opportunities and offering a lease to a specific customer.

This relationship also has a service component and value factor that focuses on profitability, however, does negate the ministry’s social responsibility such as monitoring the ads and promises of healthcare by companies leasing in the hospital. The health value is more important than profit generated from leasing service. The ministry prohibits selling or even advertising any products that harm the health of the public. The social value is more important than the economic value, as explained by the public administrator, “the advertisement should be 100% honest…… MacDonald’s it is not allowed to advertise about something like these” (IDI1, p. 4). Even though it has an economic exchange relationship, if anything with the company affects the social public, it will outweigh the social benefits. For example, the hospital will not rent space for fast food restaurants within the hospital, because it contradicts with its policy of raising public awareness about healthy eating and lifestyle.

In addition, the economic exchange relationship, dominated by the committee, “We are the committee. They mention how much they can pay. He may put 20,000 and it is not necessary for us to accept” (IDI1, p. 6). The committee makes the decision of choosing which company that wins a specific
bid. Therefore, there is a competition in the economic exchange relationship and the best is the one that provides the highest amount of money with the best quality of service. The public administration explains how it is focusing on its own benefit and not the company, “it’s not my responsibility. If he doesn't profit, he will stop” (IDI1, p. 14). The government is concerned with the availability of services and revenue objectives of the government. The ministry’s primary focus is on its benefits more than that of the tenants. This relationship is not a win/win relationship except for a long-term relationship.

There are several ongoing benefits in the economic exchange entrepreneurial relationship such as negotiation power and bargaining for a long-term relationship. It includes benefits of negotiating such as the example given, “I want to decorate and spend on renewing the place…give me a renewal at least 2 years or 3 years” (IDI1, p. 17). Negotiation and room for bargaining involving the committee. In addition, the ongoing benefit of decreasing the rent as explained by public administrator, “If he didn't make profit…. if we decreased the rental, he would proceed with us” (IDI1, p. 15). Ministry sees the long-term benefit of reducing the prices to continue the long-term relationship with tenants. Also, they notify each other of any changes, “if he wanted to renew the contract…he should tell us…same apply to us if we want to raise the value”(IDI1, p. 15). The Ministry adopts the win/lose relationship when trying to renew the rent or increase the rent, both parties should communicate that at least two months before the end of the contract. Moreover, assistance and help for first-time joiners, “it is his first time to open a shop, we give him a range…the rental value is between so and so amount” (IDI1, p. 11). The support given by the ministry shows a glimpse of the social role of supporting businessmen, however, at the end, it comes down to making a profit.

Overall, the contract relationship is a positive one because the customer is happy profiting, as explained by PA, “We are ready to rent another place” (IDI1, p. 18). This was an expansion plan deliberated by the current tenant of the ministry. While the Ministry of Health and Prevention tries to
develop its long-term relationship with its current and future tenants. For instance, the Ministry of Health and Prevention rewards the current tenant by giving priority of informing them first if there are any other lease opportunities. That indicates their method of maintaining and growing long-term relationships with current tenants.

In this relationship typology, a shift in the factor of relationship value chain is taking place in the Ministry of Health and Prevention by changing the number of suppliers in the relationship. The relationship value chain factor changes from one to many to a one to one relationship. For instance, currently the Ministry of Health and Prevention rents to different restaurants and coffee shops, however, it wants to uplift the service and standardize it in all hospitals. Therefore, the ministry is in the process of contracting with one international company for restaurant and coffee shop services. As explained by the public administrator (PA), “we held a bid for a company that can occupy the space for all cafeterias in hospitals. One company that is well known, international and popular. So that it can open a cafeteria at all the ministry hospitals. So that it is an excellent service” (IDI1, p. 19). It seems this will reduce the number of interactions and management requirement for different companies to one contract that will create efficiency and effectiveness. However, it might be a risky move having all your eggs in one basket because this may provide this one supplier bargaining power, especially when renewing the contract. Although the leasing committee has the final decision with regards to the agreeing to bid offers, however, the committee is open for negotiation in case the committee needs to provide a service to the public in a hospital or clinic and it has only one offer from the supplier. Here, the relationship shifts from one powerful one-sided monopoly of government to a powerful supplier due to scarce suppliers. Therefore, it is interesting to see how relationships change in the same relationship typology based on the change in supply-demand power.

(2). Customer journey factors
In this relationship, there is two public segments direct and indirect segment. The direct segment is called (Customer). The customer is directly benefiting from the government because some company rents ministry assets for profit. And the other segment is the positive general public who is benefiting from the availability of other services such as restaurants at hospitals because of customer and government exchange. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationships. (see figure no. 6).

b. Before interaction

First, are the factors affecting the relationship before the interaction, that focuses on the customer himself and his persona. The customer persona factors, which include customer profile, direct and indirect customers, priority customers, referrals and network influencers. First, is the customer profile and for this typology, we will be looking at tenants, both individuals and companies, and also other ministries. Those ministries who are represented are considered as customers in this relationship. The public administrator states, “90% of tenants. Individuals are the majority” (IDI1, p. 10). They compete with each other on the location, hence they enter into bids. Also, an example of rented areas for the government as explained by public administrator, “A place dedicated to the electronic dirham (a centralized method of customer payment to the government) …. this is usually related to the ministry of finance” (IDI1, p. 3). The second factor is the direct and indirect customers, were the direct customers dealing with the ministry are local citizens who agree with another party, either local or resident, to rent the space. The reason for that segment as stated by the public administrator is, “Dealing with the ministry, it should be done by a local citizen.” (IDI1, p. 10). The local citizen partner has an indirect relationship with the ministry. The current tenants have more priority among targeted segments, as explained by the public administrator referring to current tenants, “They have the priority” (IDI1, p. 12). The ministry builds customer loyalty by extending the current customer’s relationship by informing them of the
availability of renting space, which gives them the first opportunity of expanding their business (IDI1, p. 12).

Another factor is a need which triggers the relationship from a customer perspective. As explained, this is an economic relationship and hence profit is a business need that companies and individuals need to achieve as an outcome from the relationship. This exchange affects their evaluation of the relationship as a whole. Another factor is previous experience, this was identified earlier in the government relationship exchange factor when tenants renewing their lease as part of a long-term relationship development. This would not have been achieved without the tenants having a good profit, experience, and privilege of knowing about new openings for renting in different locations. Also, the tenants understanding of market prices, public need, committee rates, and competition, will help them expect whether they will get the bid or not and at what price. Consequently, the tenant has some degree of choice of where to rent for what price dependent upon supply and demand. Usually, the committee has the choice of deciding on the accepted rent, however, when there is one supplier, the committee is more lenient when accepting tenants price for rent.

Finally, is the referral and influence of network as the other important factor. For instance, people who inform each other about rental opportunities in the ministry are indirect influencers on the customer, PA explains, “some people go to the hospital and see that there is no cafeteria…. may think about starting a cafeteria project” (IDI1, p. 12). Word of mouth is a base for promoting those opportunities.

ii. After interaction

Next group of factors in the customer journey is the part of after interaction. The key factors here are communication, trust, and engagement. First, communication is bridging the gap in the relationship through channels of communication. In this relationship tenants mainly get in contact with the
government over the phone, the PA explains, “we did the contract with them, so we communicate with them.” (IDI1, p. 20). Direct communication with tenants is important since they need to interact with them with regards to the contract.

Second, is the trust factor, where the government does not rely on trust as long as the relationship is dictated by a binding contract for both sides. The public administrator explained, “It is not a matter of trust. It is a matter of a contract that both of us have to be committed to its conditions” (IDI1, p. 16). The embodiment of soft value of trust in contractual based relationships makes it clear in a form of conditions and if not committed to them will face consequences. This clarity of rules and guides of the relationship makes it objective and not subjective to emotions or feelings.

Last is the engagement factor, where there is really not much engagement. However, the government is flexible in terms of taking onboard some suggestion, PA states, “why not if the suggestion is suitable" (IDI1, p. 19). They take some of the ideas from customers as kind of engaging them, but more reactive rather than proactive engagement.

(3). Internal factors

The internal relationship factors include two groups of factors: service quality factors and organizational factors. The key service quality factors are price and interaction. While the important organizational factors are performance measurement, law, and interdepartmental coordination.

i. Service quality factors

To begin with is the relationship enhancers group of factors which consists of service quality factors. These factors include price and interaction. For, the price factor, since leasing is related usually to market supply and demand, the interviewed public administrator believes there is no comparison due
the different working hours and customer traffic. However, the committee has different pricing according to the location of the hospital and the number of visitors hence they try to direct these leasing opportunities to local citizens. Therefore, even though there is no competitive relationship within the market, it is fairly used to set the price for goods and services.

Second is the interaction factor which is both direct and indirect. To begin with, direct interaction between the ministry and tenants is mostly once a year, “If there is no problem, we see them once a year to renew the contract” (IDI1, p. 13). There is rarely any regular interaction aside from the renewal unless there is a problem or expansion reasons. On the other hand, the ministry is decentralized in terms of interaction with customers in other cities as explained by public administrator, “we do not ask them "patients" directly. We deal with the management of the hospital” (IDI1, p. 13). Other local branches and hospitals contact the customers directly. Then they inform the ministry of public needs and candidate tenants.

ii. Organizational factors

The second internal factor is the organizational factor. The key organizational factors here are performance measurement, law, and interdepartmental coordination. Overall, the object here for this service is to make other services such as coffee shops and restaurants available at every hospital to satisfy the patient. Therefore, the ministry is not very interested in satisfying the companies it contracts a lease with. As long as the government is making a profit then it’s satisfied, a positive relationship is established with the companies who are making revenue from leasing the place. Therefore, availability of services to public and profit are key measurements of success, not satisfaction because of the economic nature of the relationship (IDI1, p. 14).
Then there is the law factor, where the legal framework shapes the contractual relationship through the rule of law. It affects positively and rationally in the relationship, and reflect on the objectivity of managing the relationship.

Finally, is interdepartmental coordination, were departments support each other in assisting the finance department in delivering its services, such as other local ministry branches in each city. They coordinate with the ministry headquarters by informing them about public needs of services and the availability of interested tenants.

(4). External factors

Then there are the external factors affecting the “Businessman” relationship. They include relative competition with the market, collaboration with the government as tenants, and community in promoting rental opportunities.

The first external factor in the businessman relationship is competition. In a purely real-estate market competition would be one of the relationships looked at. In this relationship, competition did not have any influence, however, if you looked at the postal services, then you would have to consider it since many companies are competing with the government to provide that service. As explained by the PA, “So we can't compare it to the shops outside the hospital” (IDI1, p9).

The second factor is a collaboration with governmental bodies as tenants. The example given earlier of collaboration with the Ministry of Finance (MOF) in providing E-dirham, which is a method for the whole federal government payment gateway. MOF centralized the method of payment by using cards in the e-dirham which is UAE’s currency to pay for all governmental transactions. The MOPA leases a space for e-dirham kiosk in some service centers under MOPA.
Finally, there is the external factor of the community as a network promoting the need and availability of rental opportunities with the ministry unofficially.

Overall the public-government relationship is a more of an economic exchange contractual relationship that does not focus on trust but on profit in the contractual agreement. The long-term relationship is highly valued and maintained. However, that will be limited to fewer companies as the relationship is reducing to one supplier per product or service in the hospital; it is more rational than emotional management of a relationship. This is why it has been titled as “businessman” entrepreneurial relationship. This is what differentiates this relationship from the other seven typologies. Next one is protector, “savior” relationship that will highlight even more variance in factors, description, and management of the relationship.

b. Protector “Savior” relationship typology:

The second type of relationship is the protector, who plays the role of a “Savior”. The protector role of government is about controlling and disciplining the behavior of healthcare companies in efforts of protecting public health. The government role here was called by the interviewee as “savior” similar to Hero (IDI4, p. 6). It seems as it fulfills a heroic role of protecting people from bad ads promoting faulty products and services that threaten their health. Authentication of health products and services promoted by healthcare companies and professionals is one of the core values delivered in this service. The government here acts as a guardian of the public interest and health by raising public, professionals and companies’ awareness and enforcing the law.

This relationship typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before
and after the interaction, internal factors of service value and organizational factors, and external factors of collaboration and competition. The protector “Savior” relationship figure highlights all of the factors (See figure no. 7). It illustrates the key players in this relationship which are the lawbreaker (LB), the general public (P) and the government (G). The lawbreaker comes with negative behavior to the ministry because he got a fine. The public administrator (PA) then emotionally handle the customer and try to calm him, then explain to him the law. The figure demonstrates how the key values of controlling health advertisements, behavior change, and law enforcement in the center of the relationship get deliberated and delivered in the social and economic exchange relationship. Not only that, but there is another outcome from the relationship between government and lawbreakers that reflect positively on the general public, which is ensuring that credible authentic health care services and products are provided in the market.

(1). Government relationship exchange

Understanding the role of the government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include: relationship description, positive and negative relationship, government’s role, reactive and proactive relationship, unique relationship, service concept and value, exchange relationship, and relationship value chain.

First is the government role factor. Even though it’s a protector relationship, the public administrator sees how his role contributes to the organizational role, "The ministry is a service organization that serves the society" (IDI19, p.1). The government serves the public, not for profits, “It’s (the Government) founded is for healthcare for all people” (IDI19, p.6). Even though the advertising control team are playing the role of law enforcement, they are protecting the people to deliver the overall organizational goal which is healthcare for all. However, the ministry’s main role is to protect people by ensuring the
authenticity of the companies promoting and selling healthcare products and services in the market.

“We protect people from going after any ad without being certain about the authenticity of the ad. That ad may affect their health, or the financial aspect, or social aspect” (IDI19, p.5).

Clearly, protecting people is the primary role in this relationship, by ensuring the authenticity of the products being promoted the Ministry is acting in the capacity of protector of the people’s health. Discipline is another role the ministry delivers in this relationship, “No we cannot. Because this would abuse the institution. Our objective is not to do that. Our objective is that they are disciplined in ad licensing” (IDI19, p.10) explained the PA about disciplining the behavior of companies, which is key in
this type of service, it seems the government’s role is like a parent ensuring the kids behave well and have the right punishment in place to rectify their behavior, which is in the form of fines.

Second, is the relationship factor related to the service concept and value, the main services concept value for the ministry is controlling health advertisement. PA states, “Medication such as antibiotics and so on, they are not allowed to be advertised” (IDI19, p.7). Medicine that is not over the counter products that are sold in supermarkets is not the type of controlled medicine that needs to have the approval to be sold and advertised. Adding to the scope of controlling services is the power of reviewing her illegal health products are withdrawn from the market, PA illustrates, “If they get from the FDA that this product is not good, withdraw it from the market” (IDI19, p.7). Withdrawing medicine from the market is a protective reactive action regarding bad medicine in the market to protect society; the service will be easier and effective if there was awareness in the community. “Withdraw medicine) This is not considered an add, this is awareness for society” (IDI19, p.7). Raising awareness and warning people about a bad medicine in the market is a key and proactive act in protecting the public.

Third, is the factor related to the relationship exchange of the protector relationship typology. This relationship is a social exchange because the role is focusing on protecting the public by monitoring advertisements and stopping fraud. PA describes the relationship, “We monitor the health ads. So any medical/health ad that promotes an organization or product” (IDI19, p.2). This highlight type of ads being monitored. The purpose of the relationship is to protect customers from misleading advertisements, and hence a social exchange relationship. This is not an economic exchange relationship, even though money is being exchanged as a result of the fines, “so the objective is not financial returns or any of that” (IDI19, p.1). Even though there are fines, it’s not the objective of the service, it is more of a tool to reduce a negative behavior. The value is a social value delivered to society by ensuring the quality of information advertised in all media channels to provide healthy options to society.
Fourth, is identifying the unique nature of the protector relationship is that customers come by force, and they usually do not want to respond and interact with the ministry for this service. PA highlights that “In a doctor-patient relationship, the patient comes to his own will. He doesn’t come by force. Here they don’t even want to come [laughing.]” (IDI19, p.14). From the beginning of the customer experience the customer does not want to go, he is forced to interact with the ministry. Therefore, the relationship starts with a negative experience due to the nature of service. This is important to recognize in order to manage and measure right. This type of customer’s behavior is different than others, PA states, “He didn’t know his mistake and he wants to come and license. Because these organizations don’t argue. I mean, if they try to argue once, that’s it. This is a system that everyone knows about. So you want to help them but it’s the law and you can't do anything about it” (IDI19, p.14).

Consequently, due to the nature of the relationship, the negative and positive relationship factor is highlighted. The public administrator explains that the relationship swings between bad and good, due to the fines, “"Sometimes it’s good and other times it’s bad because we make them pay. Especially if the fine is a hefty fine" (IDI19, p.10). The nature of the relationship with the customers is predicated upon given situations to include the use of fines to curtail a given behavior. Since it is a disciplined service with fines to change unlawful behavior, naturally it would be a negative relationship. However, PA explains the negative relationship, “Yes [the nature of the relationship is not always positive. It’s negative.] Because we issue fines” (IDI19, p.15). The nature of giving fines is creating the negative atmosphere surrounding the add control service. PA further explains, “It [the satisfaction level] depends on them. Frankly speaking, they come and they are not pleased [laughing.] And the person who is caught and everything is proved, that he is wrong, he denies. He says, “I did not do it” (IDI19, p.23). From the beginning of the relationship, the emotional status of the customer is negative due to the fine, even when the person is provided evidence proving the violation he is still in denial. There might be a nudge remedy
at this stage using communication in certain way by anchoring and managing expectation and comparing his situation with another worse situation.

Next is reactive verse proactive relationship factors. This relationship is a more reactive than a proactive one, “If someone understands the rules of the ministry they may notify. Others, after the crisis happens, then they go and complain. So you should. From the beginning, we’re trying to spread awareness. Don’t go after these ads” (IDI19, p.7). This typology has both reactive and proactive action regarding protecting the citizen from false medical health adds. In one situation, the ministry can act proactively by raising public awareness about how to spot a false medical add. Another case scenario is when the ministry is reacting to people complaints about the false ads after the crisis happen. Even though that the ministry act in both proactive and reactive way. It is much beneficial to act proactively because here the government protects more people.

Finally, is the relationship value chain factor. This factor is more influential in this relationship compared to other relationships. The reason behind that is the consequence of technology development on the chain of relationship. Today there is no need for ad designers, which means one less link in the relationship chain, PA state, “It doesn’t require companies going through a designer or time, they quickly post it” (IDI19, p.4). Companies now have direct access to social media, because they can take the picture themselves, this cut costs for them and removes the middleman. However, this has created a load of work for the government due to the flooding of ads on social media channels. In addition, the relationship value between the companies and ad designers is not available anymore due to social media channels. Doctors promoting their clinics can do it simply through Instagram or Twitter and other channels without needing designers for the usual traditional means of communication such as newspaper ads, billboards, television commercial and much more. This created a flood of ads and pressure on the Ministry of Health and Prevention which was limited to monitoring all of the ads coming in a 24-hour period.
An interesting value chain is this relationship is tied to cultural and religious beliefs and how they are influencing the individuals in the relationship. A good example of the religious influence of judgment day or a curse that some angry customers use, “I will pray on the day of judgment that God brings you. And I will pray in your name that such and such happens.” I laugh. What can I do? He is a dentist. I said, “God be with those who go to you.” Because whenever he calls someone they send him to me.” And then he continued for 3-4 months. And I tell him, “No that won't work.” So he waited for like 4 months and then, in the end, he paid the fines. So whenever we see his name we are afraid because he's going to curse us” (IDI19, p.16). This particular customer is using people’s relationship with God and fear for judgment day force them to feel guilty and bend the rules for him. However, this does not work and the public administrator sticks to the rules until he pays the fine. This approach is interesting how the customer taps into the relationship between God and the people to get what he wants by making them guilty or even bullying them or just make them afraid to the extent he gets away with fines.

(2). Customer journey Factors

Next are the customer persona factors. In this relationship, there are two public segments direct and indirect. The direct segment is called (lawbreaker), the lawbreaker is a negative player because he did not follow the ads regulation and did not take permission from the ministry on Ads. And the other segment is indirect public, who are indirectly being affected by ads control. For instance, without the ministry control on the ads, any doctor or medical company will be exaggerating the benefits of their health services, hence deceiving the public. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 7).
i. Before interaction

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer profile, priority customer, direct and indirect customer, emotional status, perception, need, and influencers.

To begin with is the factor of the customer profile description for this relationship typology, and a factor of identifying the main priority segment is a key factor for understanding the relationship. The ministry deals directly with medical companies and health professionals, however, the ultimate indirect beneficiary of the monitoring and controlling adds are the society. Overall, PA explains the reason for focusing on society as a target, “Society of course. Because we care about the general health of society” (IDI19, p.9). The public is the most important and targeted customer, stated the PA, “the objective of the ministry and why it’s founded is for healthcare for all people” (IDI19, p.6). Even though it also performs inspection and ad control that deals with companies, it is focused on its indirect beneficiary, the public.

Second, customer need here is an important relationship factor, as explained in the economic exchange relationship part that companies want to make a profit. However, what is negative about that is their negative behavior of making a quick profit without waiting to get permission from the government. In the process harming the public health and cheating them. However, the companies and individuals who follow the rules can fulfill their profit needs legitimately. This need differs from the profit need of businessman that it can take negative or positive rout depending on the lawbreaker behavior.

Next, the emotional status of customers is an important factor in this particular relationship. Due to the nature of the fines, customers become angry to the extent they scare employees, “There's a person there even fearful of finding him because he gives them a difficult time. They want to avoid his evil”
Some difficult customers who are paying fines even cause trouble and stir things up in the organization, to the extent that even employees want to avoid him or her. The lawbreaker uses his intimidating methods like bullying power to get out of the fines.

Then there is the factor of influencers of the relationships, where there are many influencers in the relationship, to begin with, there are the private companies (IDI19, p.9). Moreover, the department is trying to discipline or teach whoever is involved in health advertisement to be transparent and sincere when promoting messages. The public should not be given false information and hope.

After that is the perception factor of public administrators, that everyone is educated in the system and law, is not necessarily true. PA explains, “He didn’t know his mistake and he wants to come and license. Because these organizations don’t argue. I mean, if they try to argue once, that’s it. This is a system that everyone knows about. So you want to help them but it’s the law and you can't do anything about it” (IDI19, p.14) Also, the idea that they can't do anything about it is another perception. In other cases, like the discount, they have been able to do something. Therefore, changing the relationship is limited to the law as a framework governing the relationship, however, these laws are made by people and there is always a way if the perception was taken out of the picture.

ii. After interaction

The next group of factors that are highlighted in the after interaction part of the customer journey is the key factors of communication, knowledge, awareness, rational management, emotional handling, expectation management, behavioral management, trust, and engagement.

The first key element in this relationship is the communication factor. Communication uses multiple avenues such as online, seminars, and campaigns that serve as channels that protector messages
are delivered through, PA elaborates, “Previously we used to communicate via fax, email, calling them. Now it’s in the system. If there is any problem it’s through the same system and we respond to them”(IDI19, p.18). Other than the regular communication channels, the ministry approached companies face to face in seminars to educate them about ads law. PA explain their outreach efforts to companies about raising awareness on ad laws by stating, "We have done an ad seminar for ads with those companies and organizations"(IDI19, p.18). Collaboratively the awareness campaigns are done along with licensing outreach, PA elaborate, "In licensing they do those awareness campaigns" (IDI19, p.19). The purpose of all of these is for awareness and campaigns for the public to gain knowledge on health issues. However, the communication channel has been reduced to one source which is the system thus affecting the management’s capacity of observing angry customers which are only done through face to face interaction. Other channels and methods of communication are effective, such as the storytelling through videos, it is attractive using YouTube to send a message to people, “And to do some acting scenes that would be attractive to people. …this would speed it up” (IDI19, p.8). Providing information in the context of a scene that tells a story is more effective in sending the information. This will accelerate the speed of information dissemination among the public. Hence enhancing the relationship and sending the message across.

The second factor is public awareness of educating public on how to identify fraud companies even though it’s an Ad licensing unite (IDI13, p.3). The reason behind that is the emergence of social media, where it created an explosion of ads in the market that the public administrator cannot cover all by themselves; therefore, they needed to educate the public on how to identify those fraudulent ads (IDI13, p.2). For instance, does it have the license number, is the product registers, are the technical business claims true and these can be double checked with the Ministry of Health and Prevention (IDI13, p.2). Public administrator indicated that the more interactions with the customer, the more knowledge they have about procedures and roles and hence less time needed to be with the public administration
In addition, awareness helps the public engage and be a player in this relationship, PA explains, “By law, you’re not allowed to advertise medication” (IDI19, p.7), “So if the public sees a suspicious ad, what happens? If someone understands the rule of the ministry they may notify or complain” (IDI19, p.7). To warn the public on medication ads an aware individual can alert the public through the consumer protection hotline. When the department first began they launched an awareness campaign. They went to schools and universities; however, they did not cover all segments of society. In addition, awareness campaigns extend to healthcare companies and professionals because they themselves do not recognize themselves as healthcare companies. PA explains, “Yes [they would have advertised and not signed the licensing for the ad]. In their minds, they are not a health institution. And their ads are not related” (IDI19, p.13). An example is a toothpaste company who does not see themselves as a health institution and hence they do not apply for the service. Therefore, the awareness about the health segment that these companies belong to should be raised. Therefore, segmentation is key to clarifying which categorization of the customer category related to the service.

Third important factor that works with awareness is the knowledge factor. Knowledge and information are important when handling this relationship. The full detailed report is essential, PA explains, “So you have to have full details to be able to report it” (IDI19, p.8). The more information the ad control has the easier it is to capture the companies who are not following the law. Especially in ads that use words that mean other things to patients, PA gives an example of Botox, “Right now they do not request a license under the name Botox. Because Botox is the name of a medication and is owned by a company. So now people think Botox is the regular injections. So, we want to send it to the agent to remove it. Because they say, “Oh Botox.” This is something older. There are other things now. And you are insisting on using this word. So, we try to make it easier for them. It’s true that other things have come out other than Botox. Yes, it’s Botox injections. To them, it’s not a medical product” (IDI19, p.19).
Public differentiation and knowledge about medication and non-medication help them in not following wrong ads. Also, they would be more aware of new technological advancements of a new treatment.

Next, a key factor of managing other factors after the interaction is relationship management, that is unique in this relationship. The relationship management uses several important management factors which include emotional handling, evidence-based management, expectation management, and behavioral management. First, it is important to understand the contexts and variable to be managed by emotional customers, laws, and expectations to manage. For instance, when doctors or healthcare companies captured in the act of using unapproved ads, they are forced to come to the government. This is a negative start to the relationship. Therefore, the characterization of customers is that companies or doctors who broke the law are evil, upset, angry. They act out in this manner by denying their mistake, arguing and intimidating the public administrator in efforts to get away from paying fines. They even escalate it to higher management as means of a threat to the public administrator. Not only have they acted in this manner, they’ve even taken it to the higher religious power of the creator by threatening to curse public employees. The customer is trying to manipulate their emotions and scare them to make them bend the rule for him. Even, staff get scared and do not want to interact with that customer. There is a lot of negative emotional aspects of this relationship that needs to be addressed.

First management factor is handling emotions, before talking rationally emotions should be calmed down. It would seem that all customers would be unsatisfied after getting a fine, however, managing angry customers would have a different result, “Yes some do [leave satisfied]. To the point that he invites us to his clinic, “Come and I'll do your teeth.” Or something. [Laughing.] And others, they leave and they're cursing us” (IDI19, p.11). Emotional handling is key to this angry customer, and even
that they are angry about a fine a public administrator can talk to them patiently and explain to them what happened and why he was fined. Calming them down is important before explaining things to them.

In addition, even if the customer is upset the PA sees that the relationship is positive after managing LB negative emotions, he states, “Sometimes they're tense so you try to absorb their anger because we don’t want to respond to their frustration. We calmly explain it to them” (IDI19, p.15). Emotionally handling angry and tens customers are very important in this service. Customers are being handled with care by public administrators, they calmly explain the problem and convince them about their mistakes. Therefore, communication is key in calming down angry customers and managing the relationship through emotional handling.

On the other hand, not all customers’ emotions are manageable, some of them are just evil and use their negative emotion as the power to bend the law as one PA explains, “And I feel sorry for them. As soon as he calls they don’t want to respond to him. They don’t want to talk to him. So, what do they do? In the end, they push him towards me. I tell them, “Don’t worry. I’ll tolerate it. “we tried to explain. And it’s useless” (IDI19, p.16). Some angry customers who are stubborn and won't agree on the fine, are being avoided by public administrators. He is using emotional negative power on them. The experienced high ranking public administrator tries to use patience and tolerance to handle him. Communication is key but it is useless to the administrator when explaining the rules to an angry customer, he is not listening at that moment. The emotional handling is just to absorb or reduce that negative energy. However, the public administrator is under a lot of emotional pressure when such customers come into the ministry, at times a negative reaction takes place. The suggested course of action may be that of avoidance since talking or interacting would increase the problem.
Therefore, it is important after calming the customer down to understand who is responsible for the problem is it his mistake or the government’s to be able to come up with an acceptable solution. For instance, some of the protection services like inspection services are not implemented well, very complex rules related to it and are not applicable and may damage the relationship (IDI6, p23). An example of one clinic which was distributing samples and the customer was fined because the inspector thought they were selling it (IDI6, p.23). It took six months of investigation to re-open the clinic and this has negatively affected the doctor’s business and reputation (IDI6, p.23-24). It is very costly running a clinic, around 30,000 AED is spent monthly on the clinic (IDI6, p.24). Here the ministry should admit its mistake and not blame the customer and should provide a quick solution to the problem. It would be different if the customer was making the mistake, here the management would be different of informing him or her the reason for the fine and solution. Maybe by reducing the fine and giving them other solutions they become as heroes in the eye of the customer. This can be demonstrated further in expectation management.

Conversely, it is important to manage the relationship rationally using evidence-based judgment, after handling the emotions. This is important when setting goals and expectations as well as when trying to manage the relationship. The Public Administrator should be more objective than subjective, but at the same time be able to handle an angry customer and talk him through the logic of why their behavior/actions were unacceptable and what the consequences are for such behavior. It is also important to make it clear that the consequences will be increased should the behavior be repeated. Even though the law is guiding this relationship and governing it, the customer requires convincing to accept the rules and roles within the relationship. Since accusations of bad behavior in this relationship are part of it, proof and details become important. PA explains, “We have proof. Of course, for everything we detect, we must know the details of it so that we don’t leave any room for, “No I did not put.” Or “No I did not do.” And we put the images of course of the ad. So, of course, it’s all available. So we way, “Do you
have anything to prove that you didn’t do, get us from an official authority that is accredited and approved and we will remove it; otherwise, Otherwise we cannot accept” (IDI19, p.11) Evidence-based relationship management that uses information and documents of ad violations as proof of the action and behavior of the company. It seems it does not use emotion much but more of hard objective information. Consequently, evidence-based management is a better type of organizer relationship, although other management is used such as expectation management. Therefore, decision-makers in the relationship are using more of their minds than hearts to be able to reach a decision.

Managing expectations is key here in this relationship, even though fines are being applied, there is still an area of negotiation. Therefore, when customers go to the public administrator they try to get a discount but cunningly the public administrator reduces the customer expectations of getting any discounts by giving up. At that moment, the public administrator becomes the hero, and he provides an opportunity for reducing with conditions, that the customer can provide evidence which is another quality check of the truthfulness of the customer. If that the case, he gives him the discount on the fines and the customer get out happy!! It's managing expectations by reducing it to no glimpse of hope then the Public administrator uses his power of knowledge about the system and law to this service to provide a reduction in fines. So even if someone gets a fine he or she can come out happy. A good example of how reducing expectations is a key step in managing the relationship is explained by PA, “They go to the higher management because they feel that they're going to lose something. So first they say, “Do a discount.” No, we cannot do a discount. These are fees determined by the Ministry of Finance. We are not the ones that have put it. And then when he gives up, that’s it. We say that we can reduce the amount, but gives me something that proves. He says, “No I didn’t open it. I opened it and I closed it.” “Ok, give me proof. When did you close it?” because I am also monitored by others. So, if he lies and cannot prove anything, he fights. If he can bring proof, then we change the fees” (IDI19, p. 12). Although in another example there was the discount negotiation, and expectation management part, so there is a way. For instance, the
PA could reduce the expectation of the customer by not giving him any hope of resolving this issue due to law. However, after the customer feel defeated the PA comes to save the day by giving him another exit from this situation and a solution that suits all parties. Here the satisfaction increases due to the reduction of the expectation.

The last type of relationship management is behavioral change method, through collaboration. Government entities collaborate using a block list of individuals who do not act according to laws. Sometimes the fine is not enough to stop bad behavior, the businessman may conclude, “well I am going to pay the fine and advertise” (IDI19, p. 5). If the value of the fine is less than the value of the business, he will gain if he advertises it will not serve its purpose of deterrence. Also, this does not help in stopping his negative behavior. “We are trying to develop a system with a very high fine and licensing to be low…we are doubling the fine, so that people do not break the law” (IDI19, p. 5). Although there is a proposed solution to increasing the fine to reduce the negative behavior, this may still not be enough if the profit is still higher. PA gives further details, “For financial returns. All the companies that do that are private companies and private clinics. They want to attract an audience for profit” (IDI19, p. 9). Companies put ads to get a high profit, however, if the fine is low, they would take the risk and advertise just to gain that targeted financial gain.

Therefore, the following behavioral tools and methods were used in reducing healthcare companies and professionals’ negative behavior. First is through identifying the behavior and lawbreakers. Therefore, ministry monitor for licensed advertisement if there is any misleading information. They monitor through all media, newspaper, magazines, websites, WhatsApp, Instagram. If there any dangerous or misleading information based on the reference. However, there are ways for companies and people to appeal and discuss the evidence about whether the statement is dangerous or misleading. Face to face meetings with officials is one of those ways to discuss the fine and appeal to higher management.
for different judgment. If there any dangerous or misinformation, they block their license and there is a fine’ then, if this behavior continues, other measures are taken as explained by PA, "No if it continues or the ad is very dangerous and must be stopped, then immediately we contact the licensing authority, such as also the economic department and health authorities" (IDI19, p. 21). After finding a breach of law the interdepartmental collaboration starts with licensing department, and externally with the economic department to stop the lawbreaker. Then they collaboratively create the block list, PA state, "Block licensing" (IDI19, p. 2). To keep this on the doctor’s or medical company’s permanent record is a way of sending a message to companies who don’t follow the rules that they will be punished by being placed on a block list limiting their business opportunities in UAE. Another method of changing behavior is reducing licensing to encourage more health care companies to invest in UAE, and at the same raise the fines to reduce negative behavior, PA explains, "that the project we are trying to develop, a system with a very high fine and the licensing to be low" (IDI19, p. 5). Furthermore, to the block list, the ministry tries on increasing fines to stop lawbreakers and reduce the licensing.

Finally, is the trust factor as the ultimate result of this relationship. In this relationship public trust of the government plays as PA states, “They trust because it’s the law. We have to apply it. So, they must trust us.”, "Now they're starting to understand that we have a role in these things" (IDI19, p. 14) The law given built the trust among the customers. The reputation of the department is high. So that people believe their work is correct. They do not distrust the customer more of having the right evidence in place, so they can't depend on emotions but more on facts. In addition, public and customer engagement is through the used systematic method of receiving suggestion (IDI19, p. 19).

(3). Internal factors

The internal factors include two group of factors, service quality and organizational factors. The key service quality factors are price, time, technology and interaction. While the important organizational
factors are staff responsibility, support resources, performance measurement, law, accountability, process and standards and interdepartmental coordination.

i. Service quality

To begin with is the relationship enhancers group of factors which consists of service quality factors. First, the price is a key factor in the form of fines as part of the punishment for now abiding by the law. PA states, “Advertising is more expensive than social media” (IDI19, p. 3). Fines differ based upon the media channel used and the language, for instance, the social media is not expensive as the TV commercial. PA differentiate fines from fees, “because they don't know what post-ad fees are. It’s a fine” (IDI19, p. 4) The relationship affects even how you name a service fee. This case was clear that a fine, which is a cost endured on the medical companies was not understandable and suitable when named as post-ad fees. This highlight of the different naming of money paid for service shows the distinction between fees as profit for good behavior. Fine is more suitable naming for the money paid by people who broke the law as a method to rectify and punish bad behavior. It makes more sense related to the nature of ads violation.

Next is Time, which is one of the factors affecting the development of the relationship between customers and public. The ads inspection is considered a new service that only launched 10 years ago (IDI19, p. 2). It takes time to develop any relationship, especially if it’s a new service many changes will take place in it and hence will affect the relationship with healthcare professionals and companies.

Another important service quality factor is technology. Usually, technology is used to enhance the service and improve it such as the direction of UAE smart government (UAE smart government national agenda (2017). However, in this relationship, the government tries to convert everything online and reduce interaction with the public with the expectation that this will make companies happy. Conversely,
this is the last thing the customer wants especially when they are angry about the fine and want to negotiate their way out. The technology or system in place becomes a block to the relationship, and the customer cannot reach the public administrator, therefore, he goes directly to the top management. It seems the technology used should take into consideration the emotional status of the customer and interaction preference with the public administrator, before investing too much money on systems. These systems not only waste time and resources but negatively affect the public-government relationship. Then there is a link between the protector and supporter relationship. The supporter aids the protector in achieving and delivering his role as a law enforcement by taping and accessing the information, resources and the authority of law enforcement.

On the other hand, technology as a service quality factor can enhance the communication and hence the relationship, PA explains, “And I think that thank goodness people are aware but this would speed it up” (IDI19, p. 8). The use of technology to communicate and spread awareness speed the process of such outreach of programs. Moreover, technology is an important enabling factor in the relationship. The system used by the ministry for delivering this service is as explained by PA as, “An electronic system for monitoring the media” (IDI19, p. 20). They do not have a CRM system, but they use an electronic system to interact with the customers in terms of violating the adds rules such as not over promising a cure, using name of other brands, stating that they are the number one medicine without reference, or stating the benefits of medicine which is not true and might be harming the public. "An electronic system for monitoring the media because these are ad licenses so since the beginning of 2016 we started that system" (IDI19, p. 20) said the PA. “There's a particular link for the health ads and the organization logs on and creates an account for the license. And from the license, we take all the data and if there is any law broken, then we fine them. On the other hand, if there is an organization coming and they have a fine that they haven’t paid then we block them.” (IDI19, p21). They cannot get a license until they pay off the fine. If he wants to be licensed and he has a fine, then he’s blocked. The customer
gets angrier on this block because it affects its business and would prefer more of the partnership relationship. However, the public see the benefit of the role of protection and organizing that ministry of health and prevention plays.

However, there is a dilemma between dealing with people or a system, PA highlights this debate by stating, “It depends on the individual. Although with the electronic program, we should not be dealing with people. It should all be in the system. But they don’t get convinced. The system gives the option that they are warned once, twice, and even thrice. Other than that, they call. They complain to your manager. Even until they go to the highest rank. And at the end, they still are at fault. “So just cut it short. You are wrong. We know our work” (IDI19, p. 11). This system is used to deliver the service and manage the negative relationship. However, it is highly technology dependent and not human interaction dependent. That frustrate and make customers unconvincing. It seems that it takes the customer directly to the system and even the escalation is through the system without human interaction. Then the customer becomes angrier and goes directly to the managers and top management. This does not provide a leeway for the customer to negotiate or vet out his anger with regards to the fine. It blocks the communication and just increases the problem with complications. And the public administrator knows that the answer is with them and hence stated that the customers even with escalation going to return to them. Therefore, their system is not helping channel the customer, on the contrary, it is blocking the way for customers and stopping a key channel of communication and interaction which is the public administrator. By understanding this difference this will help redesign the process to incorporate the emotional handling initial part of the experience and relationship design. The linkage in the system between other government entities speed up the process and response to customer and hence the relationship. PA explains, "To have a link between different government entities", "And we see their action and we get a response at the same time. That it doesn’t take long. Currently, we send a message to the person in charge. And then we send an email and wait for a response" (IDI19, p. 22). There should be an integrated system between
government entities so that the processes can speed up. Like checking the license status or product from different entities systems are real time. Longer waiting time to get information.

PA insists on the use of Technology, but customers want personal face to face interaction when trying to understand the complex legal documents. PA explains, “Although, with the electronic program, we should not be dealing with people. It should all be in the system. But they don’t get convinced” (IDI19, p. 11). Although the government is automating, the customer desires to interact face to face with the public administrators in order to be convinced of the fine. The system does not provide that type of negotiation capabilities and cannot handle the emotional status the customers bring; this tends to lead to the customer becoming enraged because they could not reach anyone from the ministry to listen to them. Therefore, technology should be human-centered design based on customer preference and pattern of behavior in terms of interacting.

a. Organizational factors

The second group of internal factors are the organizational factors. In the organizational factors, several factors are influencing the relationship including the staff responsibility, support resources, performance measurement, law, accountability, interdepartmental coordination and process, and standards.

Other categorical factors are the organizational factors. First, is the staff responsibility, were their role of not abusing but disciplining is discussed in the following, “(announce about people with bad ads) No we cannot. Because this would abuse the institution. Our objective is not to do that. Our objective is that they are disciplined in ad licensing” (IDI19, p. 10). Even though that the government has caught the company who broke the regulations in terms of adds. The government does not want to announce
that to the public because it would affect the company and product image. However, part of public rights shouldn't this information be shared with the public especially if they get affected.

In addition, another factor is resource, where the support team is limited by available resources, “It's true that we cannot cover given the amount of staff. And given their numbers, we cannot cover them all” (IDI19, p. 4) explains the PA, where government employees do not have enough resources to monitor the adds due to the use of social media, hence came the need to leverage other resources such as the community and competing companies.

Furthermore, another organizational factor is measurement. Measurement choices within the relationship should be well chosen due to the nature of the relationship, PA explains, “Some of them are pleased with the service. Keep aside the fees and so on, but the way we deal with the customer is satisfactory”, “Yes that can be [the indicator can be that the number of fines drops]. Since fines are less, that means all are going towards licensing” (IDI19, p. 24). The successful measurement is the way they treat the customers and not including the fine’s negative effect on the emotion of the customer. Or not satisfaction but more objective like reduction of fines meaning the behavior of companies abiding by the law. However, it was interesting to see the negative effect of the measurement, when one of the PA stated, “But I don’t know if it is. Sometimes they say, “You are not working much.” Yes [it’s a lot. If there are not many files then that means, we are fulfilling our role]. Otherwise, we would be unaware of all those ads. It means that they should commit” (IDI19, p. 24). The public administrator is aware of management miss-interpretation of the key performance indicators as that there is a drop-in fines which leads to employees not working. Here you can see how an organizational management system might have a negative effect on the performance of the employee and the value he is trying to deliver.
In addition, the law is a key factor for the protector relationship. To begin with, the “Protector” relationship is framed by law, PA explains, "by law, you're not allowed to advertise medication" (IDI19, p. 7) the law creates the relationship framework or boundaries that all public administrators, companies and public work must operate. The law defines what is acceptable and what is not acceptable and the results or consequences of following one direction compared to another. The relationship framework is fixed due to the law, with no area for argument. Therefore, it is not a very flexible system, however, through communication and awareness about new laws the customer behavior will change.

Accountability is another important factor that aid in gaining public trust. Even though the government is taking care of the public, it is accountable to another authority. PA explains, “Some people monitor us. Because they come and inspect every year. And they hold us accountable” (IDI19, p. 14). Ensuring that the ministry power is not misused for individual benefits and fair treatment among competing health care companies increase their level of trust and increasing their investment in the healthcare sector. This is done through regular internal and external audits from the government.

Interdepartmental coordination and cooperation is another important factor in managing lawbreaker behavior. The government force can be stronger by working together, “If he wants to license and he’s got a fine, then he’s blocked. He cannot license. We have a fine for a company and we need to retrieve the date. Then we get it from licensing” (IDI19, p. 21). Cooperation internally within the licensing and control department, if the company have fines then he will not be licensed or renew his license until he pays the fine. Therefore, the more collaboration with another communication department to raise awareness about false companies will help the ministry in delivering a better value for the savior relationship.
Furthermore, is the **process and standard factor**. It is interesting how the savior role is not linear to the public by catching those companies, but it is also played in the one to one relationship with companies and surprisingly works, too. For instance, companies provide information about other rival companies in terms of ads that do not follow law and standards. Through competition, the PA can get the aid of competing companies in identifying companies that are promoting false information about health services and products.

(4). **External factors**

Finally, are the external factors affecting the “Savior” relationship. They include competition and collaboration.

I. **Competition**

The first factor is competition as part of the external factors group. Competition might be with other countries and competition between private entities benefit the government. There is not much competition in the region since it is unique to the UAE, PA explains, “This is when they first started and established an administration before I joined. I think they got that experience from someone. But with regards to the Arab countries, we are the first” (IDI19, p. 22). However, competing organizations, if we find them, they tell us, “well you didn't fine that company. Why me? We'll tell him, "No problem. If we haven’t, then bring us the details and the full name” (IDI19, p. 4). There are others who are competing with the ministry in this typology, PA explains, “Even though that has increased in social media, competing medical organization helps the government in catching each other. For instance, if one found it tell on the other, such competing interest the government widen its scope of the inspection and providing the service through gaining information from competing companies about each other. Here the negative relationship between two parties is beneficial for the government.
It is a surprising factor that competition between companies can be beneficial to government and public. For instance, a company sees the other competitor ad and knows it does not provide that service, they report them to the government. This is a better reporting system because they are medical professionals and they understand what they are reporting about. However, they might misuse it for their own purpose and this needs to be made known to the public administrator when taking in those reports. This factor of competitions enhancing the relationship, a negative relationship with other parties in the value chain, does not necessarily mean negative for the links in the chain. On the contrary, it could reflect positively and add value to the relationship if managed properly. However, when patients go abroad to get treated by companies who use illegal and unsuitable materials, the patient suffers. For instance, one patient had injected filler using baby oil (IDI6, p14). The government could not help her catch that company, they cannot find it and they are under a different jurisdiction (IDI6, p14).

**ii. Collaboration:**

The collaboration categorical factor has an important role in this relationship. The collaboration is with the community, private and government bodies. The wide scope makes it challenging and it dictates the need for collaboration with other parties in the community, "So our monitoring is in the field and different forms of media" (IDI19, p. 2). the challenge of wide channels of communication and variety of media forms.

Relations with other members was needed for the government to deliver in its role of controlling and changing the behavior of companies. Therefore, collaboration is one of the key factors in this type of relationship and emphasizes that it’s not the responsibility of the government solely but the whole community to ensure success. Hence, collaboration with the government and the private sector in controlling unlicensed ads is vital. This collaboration is established by leveraging each party’s power of access to information, legal authority and resources, and channel management. Such tools are blocking
the license of the entity promoting the product with a license or finding who the person promoting or what organization through police force database and economic department. In addition, capturing the people by utilizing the entity mandate of applying law enforcement. This collaboration using block licensure and other business activity as a tool for companies helps to amplify the behavioral control power of the government and achieve a better relationship with the public. The government to government or government to private sector helps in strengthening the relationship and role of law enforcement.

Collaboration with the community is important and aids the government to cover a wide scope of monitoring companies. Therefore, the government raises public awareness about ads and what to look for to achieve authentication. It also serves as a great way to educate and increase knowledge about certain different medical terms. For example, people get influenced by the word Botox used in ads (IDI13, p. 11). These ads use other medication and use the company product name Botox (IDI13, p. 11). Therefore, when customers become aware they differentiate and inform the government about improper ads.

Collaboration is also coming from the public, “And given their numbers, we cannot cover them all. The audience (can help cover it)” (IDI19, p. 4). The public can notify the government in an instance where they’ve seen ads that are not providing licensed medical products, or even just to ask about them. They will be helping the government to govern such a large industry. Moreover, collaboration in blocking companies in other government bodies, PA explains, “immediately we contact the licensing authority, such as the economics department and health authorities” (IDI19, p. 6), "Block the license", (IDI19, p. 2). They monitor for licensed advertisement if there is any misleading information. The monitor through all media, newspaper, magazines, websites, WhatsApp, Instagram. If there any dangerous or miss info,
block their license and there is fine. The project is to protect customers from misleading advertisements. A message and report send to the customer about the evidence of the danger.

PA identifies several examples of collaboration between entities, “coordinate with the police. Because that person is not clear…we don't have the authority to capture them” (IDI19, p. 5). Coordination with another government agency such as the police due to their access to individual information and they have the authority to capturing people. Therefore, the control of companies is achieved through the collaboration and partnership with government entities who have access to information and power of law and resources. In addition, “There are ladies working at the municipality that gives licenses to the ads on Dubai’s streets. So, we cooperate with them. And they tell the people before promoting or advertising for a health center, you must get a license from the ministry” (IDI19, p. 9). Both government entities work on ad control, therefore, they collaborate in raising awareness about each other products and guide the customers about next steps. Furthermore, collaboration with semi-government, which is owned by both government and a private company, PA demonstrate that through the example of, “Also the telecom authority, there is a website that has a lot of products that are not allowed to be promoted… So, the telecom regulation authority cooperates with us and since we notify them they immediately block their website. They verify it and we attach the images. So, when it's verified they immediately block them” (IDI19, p. 6). The collaboration between government and semi-government entities in terms of controlling the promotion of unlicensed medical products through websites.

Collaboration extends from coordination in the process to approaching and sharing information and updates with customers, “So the national council has already informed them and have spoken to them. And the telecom authority has spoken to them. So, all of them have a memo” (IDI19, p. 17). Collaboration between entities to communicate and inform the companies about any updates so the companies will not say that they were not informed and blame other entities. This collaboration enhances
the delivery of the service and creates this supportive government and semi-government community for sharing information and coordination.

In addition, PA states collaboration with other government bodies, “if there is no cooperation, then through them, they direct them to come and communicate with the ministry” (IDI19, p13). Here the public administrator identified the indirect relationship between entities in forwarding the customer to them.

In summation, the protector “Savior” relationship typology, is influenced by key factors and is a purely social exchange relationship, even though there are fines. The fines here are used as a tool for changing behavior, mainly reducing negative behavior of breaking the law associated with advertisements. It’s a reactive effort from the government towards the negative behavior of companies directed at the public in the value chain of relationship. This relationship has a framework of law and what is permitted and what is not allowed. In this case, the expectation is key to managing the relationship. Through increasing healthcare companies’ knowledge about the law, their awareness will increase and application of the law will be better. Even though that the relationship used emotional handling as a mechanism for managing the angry customer. The relationship is an evidence-based relationship, where the proof is needed to catch and convince the company of their mistakes. In addition, other organizational factors influence of having that method of management such as external audit authority and key performance indicators influence the behavior of the public administrator.

In protecting the public, and managing lawbreaker expectation, the PA became a hero. Therefore, it has been titled as “Savior” protector relationship. Managing negative behavior by using a different method, such as emotional handling, evidence-based management, expectation management and behavioral management. This is what differentiates this relationship from the other seven typologies how to turn the negative emotions into positive using relationship management tools. Next one is public
beneficent, “Future Guardian” relationship that will highlight even more variance in factors, description, and management of the relationship.

c. Public beneficent “Future Guardian” relationship typology

The public beneficent typology is called “future guardian”, due to the government’s role. The government plays the role of preventing, educating and raising awareness about the best way of living, and enforces laws to aid in proactive behavioral change. For example, in this study, the health awareness and education service at the Ministry of Health and Prevention were examined.

The relationship value the Ministry gives to the public is an aid in changing behavior and aiding in making good choices for better life and future. The villain that the government is trying to warn about is not individuals but diseases the threatens this relationship. Some diseases like diabetes, heart disease, and stress are not detected easily and they creep in people’s health because they do not feel them; until the silent disease causes them severe health problems or even death.

This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration. The public beneficent “Future Guardian” relationship figure highlight all the factors (See figure no. 8). It illustrates the key players in this relationship including public person (P1), who get approached by the public administrator (PA) to raise his or her awareness about health risk and help in changing behavior to a better lifestyle. The PA then ensure collaboration with other influential parties and segment of public (P2) to help in support and spread of awareness. The figure demonstrates how the key values of prevention and behavioral change by raising awareness and law enforcement are in the center of the relationship get deliberated and delivered in the social exchange relationship. Not only that but there is
Another outcome formed by the relationship between the government and individuals that reflects positively on the public’s sense of healthy community.

(1). Government relationship exchange factors

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, unique relationship, government’s role, reactive and proactive relationship, service concept and value, social exchange relationship, and expanding relationship value chain.

First is the government’s role factor. The government role in this relationship is explained by the public administrator as education, enhancement, provide a supportive environment to raise awareness and change public behavior (IDI3, p. 1). The public administrator explains, “education part which is awareness, social campaigns, lectures, workshops, screening…reinforcement part is issuing a legislation"
The government here is taking two roles one is clear which is that of education and awareness, which is preventative but have the choice factor. Then the second part which is enforcement, which is as not clear as the first one but important in getting the results by making a change like giving fines for smoking in non-smoking areas. The tools of government used for education is heavily dependent upon communication. Using soft tools such as communication, and then hard tools such as systems and products. In addition, he explains the outcome of this role, "raise awareness amongst the public and change their behavior." (IDI3, p. 1) and "Provide a supportive environment” (IDI3, . 2). The role is affecting the people’s behavioral using soft and hard tools of the government. On the other hand, the customers see the role of the government in different roles health care service, comprehensive role, raising the awareness, preventive role, “the role was limited to health care services, but nowadays, it has a comprehensive role from all perspectives. It should have a role in raising the awareness…. In terms of the preventive role, they hold vaccination campaigns. So, it is a comprehensive role which is not limited to health care” (IDI4, p. 1). The comprehensive role of the ministry of health and prevention shows how complex and variant relationships it would have with its customers; from the health care to the preventative role.

Next factor is the service concept and value. Service concept is perceived based upon the perspective of either the customers and public administrator. Each sees a different role; the public administrator has identified the service concept as, “raising health awareness, changing behavior and misconceptions among people, improving healthy lifestyles” (IDI3, p. 3) and "prevention is better than remedy" (IDI3, p. 3). It’s a proactive service that the customer does not request directly; however, it has a higher value than remedies. It lies in how government influences the behavior and misses’ conception of people with regards to health as a lifestyle. This helps the public to make the right decision and hence have a better healthy lifestyle. To the other side, it is managing obsession even for health (IDI3, p. 4). Changing behavior from one extreme to another, from being unhealthy to healthy food obsession. Overall
the service concept lies in the health services, prevention, medicine, and emergency. The customer highlights it effectively, “We have some services such as health services from MOH for my parents and me. And also, hospitals and medical centers services. And also, there are preventive medicine services for jobs and for the working class such as servants, they are available here. They cover all aspects. Medical centers also exist all around the Emirate. Also, there are the emergency services” (IDI4, p. 2). The government provides many services for citizen and servants.

The following factors are the **reactive and proactive** action of government. The public administrator (PA) states, “we get programs and things…I mean it’s a plan, but it’s not fixed” (IDI3, p. 24). The government is proactive by having plans in place, yet it is flexible and agile enough to change that plan as a reactive response to changing environment or drivers. In exchange to an indirect and more important segment which is the community, they provide the value of assurance that there is no disease and in the case of emerging health epidemic the government is ready. Here you can see two level of exchange one direct and one indirect that is more important and provide two levels of government role.

The relationship **exchange factor** here is social since it's identified by changing the behavior of the public. The public administrator explains, “This is the value when you see that people’s behaviors start to change and they are maintaining their health as a family” (IDI3, p. 4). The social exchange of community awareness and health is the service delivered by the government to the public.

Next factor is the relationship value chain and unique relationship. To begin with, this relationship typology is unique, it is one to all the public; however, there is a shift from one to all to one to one. Extending the relationship in this typology is important to spread knowledge and education. Partnership and sponsorship **relationship in the value chain** helps extend the ministry awareness efforts. The public administrator explains, “they find partners because we must rely on and look for partners in our
campaigns. Even the sponsors, those educational campaigns are costly, so besides the budget we have, we have sponsors” (IDI3, p. 24). Partners and sponsors are added to the relationship value chain to assist the government in covering the cost of the campaigns. Hence, to develop one relationship with the public and another relationship with the private sector to be able to deliver the service in a wider scope.

Therefore, to be able to influence individual behavior, the government is in the process of reducing the relationship from one to many to one to one. Usually, when launching an awareness campaign, it would be focused on the public. However, now it is decentralizing its outreach to be delivered by doctors to patients. The personalization factor is key to changing behavior and reaching trust. The patient-doctor relationship is neutral, credible, a one to one and personal. Doctors listen and handle the emotions of the patients, which is a key factor in relationship management. This relationship’s goal is to reach trust between the public and the government. The patient-doctor relationship will aid the public in their journey towards a healthy lifestyle because changing their behavior would be guided by their doctor. The family doctor would coach them and raise the patient’s awareness and help them with diet and medication that suits their current health condition (IDI5, p8). In addition, the doctor will be monitoring the progress of the patient’s health and provide him with emotional support in such change (IDI5, p. 8). Not only to the patient but to the whole family since a family doctor can oversee the family’s health history and have an impact on the whole lifestyle and health of the family.

(2). Customer journey factors

In this relationship, there is one segment which is the public. However, due to the shift of relationship in spreading awareness from one to many to one to one, two level of public were identified. One is called (public one-P1) which represent an individual that needs to change behavior or raise awareness about a topic. And the other group are the public, called (public two-P2) who are affected by P1 awareness and
influence the P1 maintenance of behavior. After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 9).

I. Before interaction

In the relationship before the interaction, the focus on the customer himself and his persona. The customer persona factors, which include customer **profile, emotional status, need, right, referral and reference, perception and network influence**. To begin with is the customer profile of social beneficent relationship. In terms of customer factors influencing the public government relationship in this typology, the main profile of the public is wide and have many segments. It includes family as a unit, youth, and society. In addition, there are students and employees as customers, too. First, the family is the focus of public administrators, “we focused on the focal point of the family that the mother cooks’ healthy food and the father exercises and avoids smoking of the health of the family” (IDI3, p. 5). Families are the units for changing behavior started from the lead people; the mother, and father, kids follow the everyday example of parents. So, if the father is exercising the kids will, too, and the mother is an influence on the food because she cooks for the kids. Also, youth from the ages 5-17 years old, “in programs, we have focused on different segments. For example, the obesity (awareness) program, until 2017 maybe, because it’s a national agenda until 2021, so obesity, we start with the adolescence but it’s a bit rocky” (IDI3, p. 8).

It seems that the targeted customers depend on the health assurance and on the organizational structure. Therefore, the customer is divided into different departments depending on his age. This division might affect the delivery of a service that looks to a person whole life events. For instance, before five years old the motherhood and childhood departments is the responsible for the delivery of the
value. After 18 years old other departments handle the customers since the healthy lifestyles related to non-contagious or not chronic diseases, such as blood pressure, diabetics, etc. accuse after that age.

Overall, society is a beneficiary of this typology services, as explained by PA “society, in general, is the most important segment. In addition to patients going to hospitals, they require awareness. So, maybe my segment is a bit larger” (IDI3, p. 9). The target of the awareness campaign is the whole society however, this is the whole population, and to have an effective communication campaign to suit each segment. The ministry needs to segment them and approach each segment differently. Other types of segments are school students and their families, “It's true we are focusing on school student but in return, we are also designing programs for families” (IDI3, p. 5). Education and awareness start at early stages with the youth, however, since the decision makers are the parents the campaign is directed also towards the family.

Since the ministry employees are citizens and part of the community they have been included in the outreach. “We even have done this program even for employees: lose grams and gain years. So, one of the people who joined the program, she said it was the whole family. She said even the children took part, when she walked they came too” (IDI3, p. 10). Education and awareness have a ripple effect, educating the employees resulted in educating the children and the whole family.

The next factors are reference and referral. A referral of good doctors is key in the decision-making process about which doctor or hospital they should go to. The customer depends on word of mouth, references by people who have been treated by a good doctor. The reputation of the doctor is key to choosing whether you will be treated to him or not. And trust in certain doctors can be inherited by reputation and referral, “I trusted what my friend had told me and I trusted the good reputation of the
doctor” (IDI4, p. 7). Friend referral and doctor reputation are key to trusting the doctor. Referral is key in developing relationships. PA identified the factor of a good doctor, “There are good doctors and I ask people about the doctors there, and they usually say that they are excellent. There are some well-known doctors in the field of orthopedics and surgeries. If now we talked about health care in childbirth operations, the best hospital is Khalifa Hospital in Ras al-Khaimah and UAQ. My brother’s wife gave birth of her second and third sons there. She is very satisfied with their service” (IDI4, p. 6).

The doctor's reputation is not the only influences on the citizen for their health decisions; Mothers, companies, government bodies are all influencers on the patient or public behavior. A network of influencers including mothers are the key influencers on shaping the habits of their kids by every day to day small actions and knowledge. First mothers are key influences in the way she raises her children and type of lifestyle she provides in the house. As explained by public administrator, "from the house the mom has put a lunch box that is full of chocolates and things that are unhealthy, these bad habits have an influence" (IDI3, p. 5). In addition, companies can influence the public by the items they provide in the market. “education and reinforcement are not only the responsibility of MOH, but there is a product in companies” (IDI3, p. 7). Companies play a role and share responsibilities in providing products that are healthy, and hence limit the market supply of products that opposite the awareness campaign.

In addition, the emotional status is a key trigger and a wakeup call for individuals to change their behavior. However, various emotions need different methods when dealing with them. Hence, the need for diverse methods of emotional handling that meet their age group and background is required. For instance, feeling pain is encouraging people to learn more about the disease to find the right method and approach in their lifestyle and health change journey. A good example of how people live their lives without changing behavior until they get sick, PA explains “Monthly, she maintains this, but she doesn’t take the diabetic medication. I told her ‘your blood sugar levels are high’ but because her joints are
aching, she comes on a monthly basis to get her joint medication. I ask her why she doesn’t take her diabetes medication; she tells me because she doesn’t feel anything. This is the problem. People don’t feel the diabetes disease but it destroys the internal organs, the liver, and kidneys and so on... But now people know that diabetes affects the eyes, you don’t feel the symptoms…blood pressure is a silent killer, it can cause a stroke” (IDI3, p. 13). Therefore, there is a need for a relationship between the doctor and the patient is based on feeling the pain. Therefore, if the patient does not feel pain, he or she would not go to the doctor. Which is risky for silent diseases. Therefore, indicators whether a feeling, seeing or hearing are key aspects of encouraging the patient to engage in the relationship with the doctor. Therefore, regular checkups are important to see the results that move people towards taking medication.

Furthermore, another factor is a public right. There is a value that some of the public administrators hold from the private sector which is “So she has that right, a customer is always right” (IDI3, p. 31). Here it seems to be giving the customer the right to be always right as the value the organization adopted from the private sector. However, in the case she gave about the doctor it fit because he was wrong, the third statement does not apply to all services. This suite more the private sector and does not suit the public sector because sometimes patients are held responsible for their status of health.

In this relationship, public behavior is highly influenced by perception on whether they need to act and change or not. For instance, the beliefs based on a misinterpretation of religions can lead to neglect of one’s health and hence falling for diseases. A good example drawn by PA about a diabetic patient, “Diabetes, we don’t feel it and so on, and life is in God’s hands. I told her ‘when you get diabetes, you don’t feel it immediately, do you want kidney dialysis and all that?’ Its true life is in God’s hands, but the quality of life, you must maintain it” (IDI3, p. 13). Misuse of religious values drive the action or not. Specifically, if they put the excuse that they accept God's will when it comes to their health.
ii. After interaction:

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are communication, awareness, knowledge, relationship management, personalization, emotional handling, experience, choice, trust, and public engagement. First, communication is a key factor, and in raising awareness different messages and channels were used to raise education about diseases. The advertising campaign, marketing tools, social media, radio, and even marketing internally to employees. First, is an advertising campaign, “called care your health is more important.” (IDI3, p. 21). Mass communication is important as a factory for providing the service in this relationship. Second, is marketing system, social media, radio and TV, “for marketing systems, we rely a lot on social media. These are the main channels. And, also, all sources such as announcing on the radio, not TV much, and the website of the ministry, we have announcements there.” (IDI3, p. 20). Marketing is a key tool of communication, and social media is on the top of those tools. So, relationships can be influenced by communicating through new and conventional marketing and media channels.

Furthermore, internal communication campaign, “Anything specific to the employees, we send it to LOMOH” (IDI3, p. 20) It seems when communicating to the public, the ministry ensures that it communicates the message internally to ensure that the employees are well informed about the service they will deliver. That helps them in developing a better relationship with the customers.

The logo can be used for differentiating healthy products from unhealthy ones, “when you go to the supermarket, some of the products have a logo of a heart, etc.” (IDI3, p. 22). Sometimes in the relationships, small behavior triggers are just as important as the big awareness campaign to assist in the implementation. This helps with the continuing benefits of the relationships; even if it was indirect, but relates to the bigger efforts.
In addition, language is important and challenging at the same time, “the mixture of languages also has an effect. We focus on Arabic but if you go to private schools, you need English material. In society, there are certain segments that you need something different for them” (IDI3, p. 26). Language is key in reaching different segments, not only in Arabic and English but in different languages, and even the way it should suit the culture of the segment in a way that meets their needs and speaks to them.

**Awareness** as a factor is crucial in this relationship, without it change will not happen. The government awakens the public by raising their awareness and triggering them to change behavior before it’s too late. Together, Communication, awareness, and knowledge are key factors in aiding the public in their life’s journey to a long-term healthy life. To spread knowledge and awareness communication tools and channels have been used in the UAE. The scope of the targeted segment is the whole public, but they are focusing on the direct and indirect influences. For instances, awareness campaigns focus on families as a key unit; including parents, mainly mothers and even maids on how to prepare healthy food. Moreover, the youth is another important segment to educate about healthy lifestyle and other organization that influences them from schools’ canteen to other food companies positively or negatively. Therefore, health education and awareness is a long-term service that accompanies citizens through their life events. The Ministry of Health and Prevention wants the public to achieve and maintain a sustainable healthy lifestyle and avoid extremes of being unhealthy or obsessed with health. Communicating one to one has a better chance at influencing patients into changing their behavior. A good example of customer waiting for her appointment being approached by an employee raising awareness about diabetes and healthy food lifestyle, this made her go to a nutrition shop to pick up healthy food (IDI8, p. 7).

Along with awareness, knowledge, and changing the awareness needs not only by understanding the customer’s condition but also surrounding environments and family health status. **“This doctor knows**
everything about you, the family history, etc. The family file is with that doctor, so when they want to go to a hospital, it is all through that family doctor. They can even contact him in the middle of the night if something comes up. The concept is not here. Someday the patient is here, another there she is there” (IDI3, p. 15). The comprehensive and holistic information about the patient makes the service delivery better due to the depth of information across time. Also to the build trust between the patient and doctor, especially in an emergency time. This strengthens the relationship and provides emotional support for the patient. Not having a family practitioner keeps the information about the patient scattered and does not have all information in one place will see a lack of development and treatment in medical cases.

Another factor is the **relationship management** of various factors. It changed from the general public to one to one relationship management. It is wide and varies, however certain factors in this area can be seen such as listening managing complaints, and comprehensiveness of service provided. To begin with, active listening is important, “The patients require that you listen to them, our problem was that there was as shortage and the doctor didn’t have time to chat with the patient, he quickly listens and prescribes the medication and lets him go. …. The health centers, most of the people that come to it, they don’t have a disease, they are just feeling tight and want to talk, they want someone to listen to them and talk” (IDI3, p. 14). Listening to patient’s needs, and understanding their emotions is important for developing a relationship and providing services since the emotional need for customers should be satisfied. Therefore, emotional handling factor is important. Moreover, is comprehensive relationship management, “the family practitioner is complete. Besides chronic diseases like high blood pressure and diabetes, etc. there is also the domain of awareness and educating so everything is possible because it’s more comprehensive. Yes (even emotionally)” (IDI3, p. 16). The way a family practitioner takes care of the patient is holistic and comprehensive, he has all information about the patient health history. Therefore, he will be providing the best health advice and emotional advice, too. Even if he forwards
them to other specialists he will know which doctor and will be able to advise him on next step.

Hence the holistic approach to managing the relationship will be more effective due to the knowledge of patient conditions and what factors specifically affect him or her as individual and can monitor that.

The need factor is another essential factor in managing the pain and health needs of patients’ relationship. Various patients would have different needs. She gave an example of a lady who used to come every day and the day she was sick she did not come to the clinic. Second is complaining, “So people want to come and just complain to the doctor” (IDI3, p. 15).

Engaging the public is one of the key factors of changing behavior. For instance, the Ministry of Health and Prevention has engaged public in various workshops, sessions, campaigns where it would be filled with exciting activities and early testing and screening to detect any indication of future health problems. This leads to the experience factor, which triggers the awareness of the problem and relates to him or her specifically. Therefore, as a reaction, the citizen’s search for more information, such as how to read healthy labels to aid him in making the right healthy choice when purchasing grocery. Here we see how knowledge, experience, and choice factors are linked. Public engagement is enhancing in educational and awareness campaigns when there are tests and measurements. PA explains, “we tell them about that campaign we do some tests for them and us since we are focused on obesity a little there are weight and height measurements” (IDI3, p.21). Engaging with public helps in spreading awareness and get buy-in. Furthermore, other methods are available but not much appealing, “There are also interactive campaigns on the streets, we were promoting the early detection for cancer campaign, and they gave us space, you can book it for lectures, but not many people come. There’s not much to attract them, they think ‘why should I come to this majlis? To listen to a lecture? ’maybe it requires a bit more effort” (IDI3, p. 27). To engage the public, it should be fun, or there is a benefit for them or promotes in the
malls where people are doing their shopping. It is waste of time for people to go to lecture to get information. Today with the technology they can have access to information about any disease or awareness campaign. Therefore, the campaign must reach public in an attractive engaging way.

Finally, and most important factor is personalization and customization of the approach and management of the relationship to achieve a behavioral change. In terms of customization of service, as explained by public administrator, “you feel that you are the family doctor, you are her personal doctor. A person always likes to feel that the doctor is keeping their secrets, and this is part of the practice. So, she feels that no matter what she says, this person will have privacy, credibility, ethics…unlike if she were to tell her friend or anyone else; so, it’s someone neutral and she can trust (regarding the family doctor). I truly feel that a doctor must keep secrets and that is very important and you gain the trust of the patient” (IDI3, p. 17). Personal and intimate relationships to the extent of keeping patient’s secrets are the how deep is this relationship. And it works because a patient sees the doctor as a neutral party who is highly educated and can be trusted in judgment. This deep relationship can help the patient not only overcome physical health problem but also emotional stress too. The more personalized the relationship the stronger it is the more trust is exchanged in the relationship. Personalization is an effective way of gaining patient trust and helping him in making his transformational change. The good thing is that the ministry shortens the time to change behavior by tapping on an existing trust relationship between the patient and doctor, which will ensure the commitment and continuity of the behavioral change journey.

(3). Internal factors:

The internal factors include two groups of factors, service quality factors and organizational factors. The key service quality factors are time, proximity, interaction, environment, and technology. While the important organizational factors are the structure, staff behavior, law, performance measurement, and support resources.
i. Service quality factors:

To begin with is the relationship enhancers group which consists of service quality factors. First of all, **Time** in this service takes a long time to ripen and see the fruits of all of its awareness and prevention efforts. PA explains, “The problem with education, reinforcement, and awareness is that it requires a long breath. If you want to change people's behaviors, it requires years” (IDI3, p. 6). “behavior has totally changed, but this is within 25 years, it took generations” (IDI3, p. 7). This type of relationship takes years of education, and hence the results and outcomes are not seen soon after the campaigns but after several years. It is an ongoing relationship of communication, awareness, and re-enforcements in different life aspects of public lives. In addition, it takes weeks to change behavior, “The program was 8 weeks because studies have proved that the behavior of every person changes in 8 weeks, so they need 8-10 weeks” (IDI3, p. 10). Some behavior is short-term and other is long term, but it’s the consistency that is important. So, the relationship should be consistent to ensure that positive behavior continues and sustains. Therefore, the role of government here is the sustainability of good public behavior. Continuous interaction over time is strengthening the relationship, “she hears that daily, this patient comes. A day went by and this patient didn’t come. So, the other doctor asked her ‘why didn’t you come yesterday?’ she said, ‘I wasn’t feeling well, I couldn’t come” (IDI3, p. 15). The longer the time the family doctor treat the patient the better relationship. The relationship strengthens by seeing the doctor every time.; rapport is built and hence trust is established.

However, with regards to **interaction** and time factors, some doctor’s due to performance indicators cannot spend much time with each patient which affect the relationship development. PA explains, “Our problem is that we cannot give a patient sufficient time because we have too many files. They tell you that you have only 10 minutes with the patient, but sometimes the patient needs more time” (IDI3, p. 17). Here the number of patient needed to be diagnosed and time dedicated for each patient, affect the quality of the relationship. There is not enough time to discuss with the doctor freely, the doctors are in the rush
of finishing with the patient in 10 minutes and starting with another. Therefore, giving enough time is important in developing a good healthy relationship with patients. As put by PA, “education and awareness require a long breath and it needs to cook on low heat” (IDI3, p. 31) Time is a key factor in building that relationship and delivering the results of the relationship.

In addition, the proximity of services is essential to getting closer within the relationship. An example was drawn by PA about a patient, “woman used to come on a daily basis to the center. As you know, the center is in every neighborhood, there is one health center” (IDI3, p. 14). The closer in terms of location the better relationship. The relationship strengthens by seeing the doctor every time and in a close location. Rapport is built and hence trust. Outreach is even designed around the workplace of the public, PA explains, “This is mainly what we are doing, going down to where society gathers, to their workplaces” (IDI3, p. 21). The public administrators outreach public in their social gathering area or workplace. Therefore, sometimes some neighborhood gathering places set by government called Majlis are used to connect with citizens, “I wished there was a gym because these Majlis’ are in every neighborhood and I went in there, it’s like a majlis in a hallway, so if there were a gym which had days for men and days for women, it would have truly been something else and made a difference” (IDI3, p. 27). Utilizing community centers such as neighborhoods centers (Majlis) is great in reaching people in different communities, and effectively benefiting from key respected people in the neighborhoods in spreading awareness.

Technology would be an important factor in the outreach, especially in that the segments of the whole population that is scattered in seven Emirates cities across the country. PA highlight by stating, “we are seven Emirates …. for sure there is a large segment that it doesn’t reach out to and that don’t hear us” (IDI3, p. 25). The geographical distribution of the population in seven emirates (cities), is a
challenge in spreading the awareness campaign and building the relationship with the public. However, technology with social media emergence will be great in reaching the mass.

Furthermore, behavioral change relationships need supporting environments for it to thrive. The public administrator explains, "She used to ask where she should walk and it's true, we haven’t provided a supportive environment (IDI3, p. 2). Relationships need a supportive environment for the customer to follow through with the service and implement it. Even an external environment not in the customer service area. Such as the example of a female having a place to walk and exercise that is for free. Furthermore, other government entities play a role in setting the environment, “so there is the ministry of commerce, the standardization departments, there are different entities involved. I put a description of a walking path and how many, but whose role is it? The (road and transportation authority) RTA has to get involved or the ministry of labor, different municipalities, the parks, I tell them what the parks should include, but the reinforcement is a lot of hard work that requires a lot of cooperation” (IDI3, p. 3). Enforcement is not one entity it needs several entities to work together. Hence this type of relationship is dependent on the government to government relationship to deliver the value. But it may at sometimes not be clear to entities how important is the collaboration, and hence the measurement used for delivering the value should be divided among entities to ensure the continuity of those efforts.

ii.Organizational factors

The second group of internal factors is the organizational factors. In the organizational factors, several factors are influencing the relationship including the structure, law, performance measurement, staff behavior, and support resources. An essential trend in awareness campaigns is using the organization structure, by moving from a centralized, one department delivering the message to a decentralized approach. Tapping into the neighborhood clinics and doctors, who have one to one relationship with customers. PA explains, “And things have started changing a lot. A doctor is the one
managing it all. For example, the same way you need a doctor in the hospital scene, the same way
you need a doctor in educating and spreading awareness” (IDI3, p. 16). Doctors are delivering all
services not only treating patients but also leading the change and spreading awareness and educating
patients. The decentralization of roles and delegating it to doctors is tapping into the patient-doctor
relationship and giving credibility to the information and widening the spread of knowledge. However,
the doctors might have a problem delivering all of that with the required time frame. This affects the
patient-doctor relationship. The restructuring of the ministry has helped PA in doing their efforts,
“reinforcement and education should be a separate entity, a separate ministry. If it is a foundation, all the
entities would participate. They wouldn’t say ‘oh, this is for the ministry, what do we have to do with
it?’” (IDI3, p. 29). By separating the enforcement and education role from the service role of the MOH,
the collaboration between government entities will be strengthened.

Staff behavior is another essential relationship factor. Especially that the government shifted
from one to all to one to one. Therefore, there will be an emphasis on the display of excellent staff
behavior and engagement to deliver high quality customized service to meet each patient problem.

In addition, law and support and resources are important organizational factors, PA states, “The
legislation, the laws, providing a supportive environment” (IDI3, p. 24). In this type of service, law plays
a key role in terms of supporting the awareness by the next step of enforcement. Without the legislative
framework, it would not be able to deliver. Therefore, in this relationship, the legal framework is
important to manage the relationship between public and government.

Furthermore, public-government relationship measurement is another important factor., “The
matter of education and reinforcement is not something that is tangible. People want an instant effect”
(IDI3, p. 7). Measuring is difficult because its outcome is not tangible and it requires years to be
quantifiable and that does depend on many factors starting from the people themselves of deciding to change, and other external factors including the cooperation of other entities.

Measurement is based on strategic objective and vision. From an organization level, the UAE vision is to drive the entities to establish relationships with the citizens. “I’ll tell you frankly speaking with the new vision of the UAE, everyone is focused on reducing the obesity rate amongst children” (IDI3, p. 16). Organizational objectives are key to developing the relationship with the public, however, whatever is the segment the ministry organizational vision is focusing on, the public administrators will focus on as well. For example, the obesity issue and they are focusing on certain age group. This might have positive and negative effect in terms of getting things addressed but at the same time lose focus on other segments which will affect equality. The focus on a specific relationship might affect the other party relationship.

An area requiring additional attention is effectiveness, there are no evaluations of campaigns, PA explains, “We don’t have an evaluation system so you can’t say whether the campaign is successful or not. Now the campaigns we started from 2016, we are evaluating all of them. Even the WHO, every campaign, if it’s a mass media campaign, it must last for 3 years. So, the one-day or two-day events, they call those an event, not a complete campaign, and one of the conditions are that every month they must evaluate the campaign and check where the gaps are to plug them. From the successful experiences and through research, they saw that the percentage of diseases has reduced and people are practicing more” (IDI3, p. 23). The time frame is important when evaluating the success of campaign and impact on the relationship with the public. Research is important in improving the relationship that is based on information and data, PA, “The last health screening survey was 2010 and if we do another health screening survey and find that our rates have dropped, we will know that our campaigns have truly affected people” (IDI3, p. 23). Research is a tool of measuring the impact of the campaign on the people.
Furthermore, time is a factor in evaluating campaigns because the outcome takes time to manifest, “Even the WHO, every campaign, if it’s a mass media campaign, it must last for 3 years. So, the one-day or two-day events, they call those an event, not a complete campaign, and one of the conditions are that every month they must evaluate the campaign and check where the gaps are to plug them” (IDI3, p. 23). Time is important in measuring the results of this relationship since these campaigns need time to change public behavior and awareness. And they differentiated between events in days and campaigns that at least go up to three years. Time is a key factor in assessing the success of the camping since its outcome takes the time to manifest. Moreover, awareness study is important in understanding the public behavior that the ministry wants to change and improve, “this was an awareness study and we found that people have a good awareness level. This year, we started to do a study to check people’s habits and behaviors” (IDI3, p. 24).

Evaluation for this service evolved from measuring the awareness level to more about how people’s behavior changed. This is more effective because it gives details about the reason the relationship worked or did not work. In addition, it’s the longest relationship of all type of typologies to get the service, PA explains, “It needs a lot of patience and a lot of time- 10-15 years to see the effects of your programs. The effect is not quick, it’s not like a patient, you give him medication and he recovers and you ask him what he thinks of the hospital and he says ‘oh, it’s great’” (IDI3, p.a30). The outcome of this service is long-term; therefore, it is a different relationship than the patient and doctor relationship which is quick and can be evaluated easily.

(4). **External factors**

Finally, are the external factors affecting the “Future Guardian” relationship. They include competition and collaboration.
i. Competition

Here competition among individuals, local health government departments, and countries are considered. First, competition motivates people into changing their behavior. An example is given by the interviewee of competition made by the Ministry of Health and Prevention of Health and Prevention on who would lose more weight and reach a healthy weight. In an example of one family, the mother and her kids were supporting each other by participating in that competition. Moreover, the competition value is in the UAE culture, not only among nations but among members of the family, the ministry recognized that and leverage it, “he came and asked for a counter for her son, everyone is encouraged to walk and the competition is heated at their home in terms of who has walked 10 000 steps, and they kept going around the house to see who can complete the number of steps. So, some programs, even though they are simple, everyone gets influenced.” (IDI3, p. 10). Competition is one of the key methods of the motivation of losing weight. This shows that the competitive nature of UAE people is a good pattern of behavior to tap onto in changing negative behavior to positive behavior. It seems that comparing your efforts to others is more motivational than comparing it to your own improvement. Therefore, relationship with others and ranking is more important and more motivational than a relationship with self.

Second, is taking this factor to the international competition level is that countries ranking in the international index are very motivational for government leadership and administrators to focus their effort and achieve that objective. This goal is cascaded down to the organizational level through Key Performance Indicators in the organization. Competing with Other countries in terms of health is on the highest agenda of the ministry. PA explains how this competition takes generations, “For example, we tried the North Karelia experience from Finland, it started in the 70s and they noticed that the heart disease rates are high for the young ages and they discovered that people are using too much butter and fat. After 25 years, they came from the countries where people go and learn from their experiences. When
you go to Finland, people are all fit and exercising, and there are walk paths and parks; their behavior has totally changed, but this is within 25 years, it took generations” (IDI3, p. 7). Best practices focus on finding the root cause of the problem and consistently working on raising awareness and changing behavior. It takes a generation to manifest the results of such change in behavior. An interviewee also, share his experience of other countries education, by stating about a foundation for reinforcing health, insurance obligatory by a percentage, “For example, in Switzerland, I like their experience, their education, they have a foundation for reinforcing health, it’s not part of their MOH, and insurances are obligatory. A small percentage goes to the foundation and there are 2 million in the population, so all the campaigns are all made by this foundation” (IDI3, p29). centralizing the enforcement of health and funding it from percentage from insurance companies is great for the leveraging the power of foundation on the insurance company for funding social causes. Moreover, about countries, PA explains, “So they focused on these things and it is now from the countries -I don’t know what percentage of cardiovascular disease- but it has dropped drastically. It was all low while in other countries it’s rising” (IDI3, p. 22). Competitive relationship with other countries is important, especially when it shows in international index’s that show the performance of one government to another. This effect indirectly on the public trust and evaluation of the effort of the government into improving the quality of life of its citizen and hence the trust level.

Finally, local health government departments are also competing, “three health organizations: Abu Dhabi, Dubai, and the MOH, and each has its own direction and its own campaign so whenever you do a campaign or something” (IDI3, p. 25). Local and federal government entities are competing and not collaborating in terms of the direction of awareness campaigns which dilute the awareness campaign and loosen its strength. However, if they collaborated in terms of budget, message and delivery their partnership and relationship would help achieve all their objectives more effectively.
ii. Collaboration

Collaboration factor is key in this relationship compared with others. It enables the whole community to help the government in raising awareness to change behavior to a healthier public and better relationship. With the one to one, patient-doctor relationship, the reach is only for the people who visited the clinic, what about the remaining public who did not visit the clinic. Collaboration with government entities, private, NGO’s and community can work together in raising awareness and preventing unhealthy lifestyle. First government entities can collaboratively put the standard for food and health industry. In addition, organize the awareness campaigns with local government. Another key collaboration factor is with the local government has an influence on the environment factor for supporting the public in their behavioral change. For instance, if the public wants to exercise more local governments would collaborate to provide facilities for such activities. The interviewee gave the example of Dubai Municipality building parks and Road and Transport Authority building bikes lanes. Moreover, local government can influence the proximity factor in terms of providing health clinics close to the neighborhoods of societies. In addition, Dubai Economic department controls the licensing and not permitting unhealthy products. Entities also collaboratively work together to achieve the same objective, “The legislation, the laws, providing a supportive environment, they take time and it might change but it requires a lot of entities working together” (IDI3, p. 25). Government cooperation and collaboration is important in widespread programs and campaigns that need laws and regulations to spread awareness and enforce the law that assists in changing public behavior.

The private sector has a positive role in supporting government preventative initiatives and campaigns through sponsoring and other socially responsible initiatives. In addition, private companies are also, collaborating through the window of sponsoring and carrying out their own programs of social responsibility. PA explains, “Also, some organizations and private companies have social responsibility so we started getting them and they want to help sponsor some campaigns and these matters” (IDI3, p. 
Social responsibility is creating a type of the relationship between private sector and community. The social and economic exchange where the private sector helps the communities in developing by utilizing their investment in the good cause. Moreover, partners and sponsors by sharing the cost and covering it, “they find partners because we must rely on and look for partners in our campaigns. Even for sponsors, those educational campaigns are costly, so besides the budget we have, we have sponsors” (IDI3, p. 24) Since spreading awareness is very costly due to the scope of outreach, finding a partner or a sponsor is fundamental to cover the cost. Therefore, a key public-private partnership or relationship is important to be able to deliver the government role of spreading awareness in the community. This relationship value chain factor between them is adding value to the whole public.

Collaboration with non-government organizations (NGO) is a key differentiating factor in this relationship because without it the government cannot fulfill its role due to the wide segment. PA explains, “There are some NGOs for instance in Sharjah. We have an NGO for joint disease patients and so on, so there are groups, support groups and those who have cancer or people who have survived it, so they have awareness and volunteers and during our campaigns, they have really helped us, so it has started” (IDI3, p. 26). Social exchange relationship between NGOs and the community because they exist for social causes and their value focus on assisting in delivering social values without looking at profit, the relationship can be leveraged in the community and NGOs can play the role of government in support sorting segments and spreading awareness among them. In addition, NGO’s volunteer in various projects with government and private and create support groups for diabetics, heart disease, and others. Moreover, individuals in the community create social initiatives to help others in improving their health and lifestyles.

Some social initiatives are not driven by organizations but by individuals, who make the difference, PA highlights, “And there are social initiatives were people in the area themselves…in every area, for
example, there is one person in charge for looking after the needs of this area in terms of education and awareness, and maybe this is lacking here. I think they call it social initiatives” (IDI3, p. 26). Tapping into the network of people who already have a relationship with the community is more effective in spreading awareness campaigns and connecting and communicating effectively with the community to meet people needs and wants.

Overall the “Future Guardian’s” typology, of health prevention changed the relationship management from one government entity to all public relationship that used to focus just on communication to deliver education. To adding more decentralized relationship approach of one to one doctor-patient relationship that is focusing on personalization factor to change behavior and deeper dive into emotional handling to be able to trigger awareness, guide the behavioral change and sustain it. Changing the public behavior and teaching them the right way of living a life, they will are able to prevent future health problems. Therefore, it has been titled as “future guardian” public beneficent relationship. It is a long-term relationship, influencing the public behavior, that is more difficult to change a measure without the citizen involvement and awareness of the problem in the first place. This is what differentiates this relationship from the other seven typologies. Next one is Arbitrator, “Judge” relationship that will highlight even more the variance in factors, description, and management of the relationship.

d. Arbitrator “The judge” relationship typology

The “Judge” is the name of the arbitrator role of the public-government relationship. It emphasizes its neutral and fair role in balancing and resolving the relational problem between two parties. This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration. The Arbitrator “Judge” relationship figure highlight all of the factors. It illustrates the key players in this relationship.
both negative and positive parties who approach public administrator (PA) to raise a medical complaint. The PA then ensure all paperwork is completed then raise it up to medical complaint committee. The figure demonstrates how the key values of justice and arbitration in the center of the relationship get deliberated and delivered in the exchange relationship. Not only that but there is another outcome dictate the relationship the between government and parties that reflect positively on the feel of justice in public.

(1). Government relationship exchange factors

Understanding the role of the government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include government’s role, relationship description, service concept and value, exchange relationship. To begin with, the government’s role is to protect both patient and doctor. Here it is performed through the service to manage and investigate the medical complaint as explained by public administrator, “a committee listens to two parties and decides which is accepted by the Ministry of Justice” (IDI 21, p. 14). Therefore, a legal framework for this rational relationship, since it is seeking the value of justice. Hence proof and evidence-based approach is the objective way in providing this service.

The relationship is a negative relationship from the start due to the conflict between two parties (IDI 23, p. 15). However, this does not mean it is negative as in terms of government performance. The relationship exchange factor here is purely based on the social exchange relationship, there is no economic benefit from managing these complaints. It is more of taking out doctors who made an error and stop them from repeating it, in addition, to delivering justice for both parties.
(2). Customer Journey factors

In this relationship, there is two public segments direct and indirect segment. The direct segment is called (disputers). One is negative disputers because he made the mistakes and is complained upon. And the other segment is positive disputers who is raising the complaint. After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 9).
i. Before interaction

First, is the relationship before the interaction, that focuses on the customer himself and his persona. The customer persona factors, which include customer profile, emotional status, right, responsibility, expectation, experience, customer behavior and choice.

There are two benefits and outcome of public direct and indirect segments. A direct disputer gets justice through an arbitration. Consequently, this positive outcome reflects on the indirect segment. Therefore, resolving medical complaints is not only for benefit of directly involved parties in the complaint but also for the general sense of justice for the public. When the complainant arrives, he is in an emotional state of pain, or grief in some cases, if he is relative to the deceased of medical error. The experience he went through is dramatic and very emotional. The behavior would be to look for someone to blame for the pain he is in. He has different choices, either he lives with it, complain about it to the committee or take it to court (IDI21, p13). The public gives an example of the link between words and feeling, “You feel that through the words, “I am oppressed and want to get my right through you” (IDI21, p22). The direct disputer comes as patient feeling of pain, loss of a child, disappointment of expectations are negative emotional states from the beginning of the relationship. Therefore, it is important to calm disputers and not set high expectations. The public administrator manages by setting the expectation from the beginning, “But I do not give him full confidence that he is at right, I say that there are laws, and we have to consider the testimony of the second party, not only his.” (IDI21, p. 23). The public administrator does not take any sides in the case but rationally listen to both views.

The patients initiate that relationship with the high expectation of doctors to succeed in operation by 100%. However, complications can occur even with the best doctors, as one of the doctors explains, “human remains a human being. In all things, there must be a percentage of complications. If we make the operation a hundred times, we may get complications in one of them” (IDI22, p. 23). However, doctors are humans, and as one doctor describe “This does not mean that we are angles, and we have no
problems. I have a patient that complained about me” (IDI22, p. 22). The gap between the unrealistic **expectation** and the **experience** of actual complication is vast. Patients also expect that the government would be on their side, which is not fair and awareness should be spread to reduce that expectation (IDI23, p. 6). Therefore, the dissatisfaction level, in this case, is very high. As explained by the interviewed doctors, in the past patients did not have high expectation, and when their operation failed they would accept what God has given them. Nowadays, more patients are aware of the opportunity of compensation from litigating doctors for medical errors, and some of them complain for that reason (IDI 22, p. 20). However, patients have **right** to complain when the doctor makes a medical mistake. Never the less, managing complaints need to be handled with great confidentiality since it is affecting the doctor’s reputation, career, and life. The sensitivity of the situation, make the management of the relationship crucial.

However, another factor affecting the relationship is **responsibility**. Some customers admit that they are responsible for their conditions because of reason such as not having enough money to follow up with the doctor (IDI21, p. 15). Therefore, when the committee decides they accept it. However, due to perceptions and beliefs, some customers do not accept the committee’s decision because they believe that they are always right (IDI21, p. 12). Therefore, whatever the results, one of the parties will sometimes be unsatisfied with the results.

**ii. After interaction:**

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are choice, rational, emotional handling, trust, reputation, referral, relationship management, communication, awareness, and knowledge. First is the choice factor, if the complainer decides to file a complaint with the committee, then it would be managed **rationally** rather than emotionally. Therefore, the emotional handling factor does not apply, fully but the relationship is managed rationally. A good
example would be the case of one of the complainers trying to get the public administrator sympathy, by telling the details of the operations, showing the pictures, and even showing the scars on her body to convince them that she has a claim (IDI23, p. 8-9). The response from the public administrator is total refusal to see all of that and referred to the complainer to keep it for the committee (IDI 23, p. 11). Refraining from getting emotionally involved in the approach the public administrator adopts to keep being objective and hence delivery fair handling of the case. This does help in building trust in the committee decision. However, if the complainer loses the case, he or she might not be satisfied with the results and accuse the committee of conspiracy. This was the case of the interview, even before the committee finished the evaluation (IDI 23, p. 19). Here the patient has highlighted an unofficial relationship in the relationship chain that might have an influence on her case called in the UAE native language “Wasta”. Wasta means the influence of unofficial relationships from networking and previous relationships. She stated, “I heard that they had complained and the ruling was not in their favor, I heard that (laughing) he has a wasat” (IDI23, p. 17). The relationship here is neutral as judges and they would not have used the unofficial relationship, it would be unethical. Having said that, this pinpoint that there are unofficial relationships in an organization that affects the value chain of relationship. Therefore, knowing which is the most influential link in that relationship it would be better to enhance the overall relationship.

Next factor is trust, were in this relationship the government does not trust everything the patient says (IDI21, p. 6). If the doctor is being investigated he loses the trust of people (IDI21, p. 8). However, when the patient wins the case especially if he is an expatriate, the trust level increase and he spreads the word which increases the trust of government in the relationship value chain (IDI21, p. 16). Which reflects positively on the Ministry of Health and Prevention’s reputation. On the other hand, customers do trust the government as explained by public administrator, “I would say that the relationship between us and
the patients is a mutual trust relationship, if there is no trust, they wouldn't have contacted us for counseling in medical matters; so, I can say that there is trust by patients” (IDI21, p. 17).

Relationship management becomes important in the interaction part and consequently, reflect the achievement of a good relationship. First, it is essential to understand the nature of the role that the ministry plays. The Ministry of Health and Prevention is neutral, rational, and evidence base judgment because it needs to be objective and not subjective (IDI21, p. 9). When the committee’s decision is not in the favor of patients, the public administration handles the emotions and relationship delicately. The public administrators build the relationship with complainers on mutual trust, confidence, and safety and gently explain the laws and defect in her behavior and consequently how it's affected the committee decision (IDI21, p. 22). The public administrator states that the way she manages the complainer, “So I introduce to her the topic in a simple and predestined manner, not all at once; I do not tell her “You made a mistake and the blame is on you, do not come back here again, and you have to pay attention” (IDI21, p. 22). One of the identified key success factors is keeping in touch with complainers. This has been emphasized by public administrator, “Follow-up, follow-up is very important so that the patient does not believe that we have forgotten him and that the complaint had been filed for a long period of time” (IDI21, p. 29).

Therefore, **communication** is a very important factor in this relationship, because the public administrator can calm and manage the angry emotional customer and reach a solution. One doctor explains, “Usually, communication is the main reason behind complaints. So, we always train the staff, and this is a sentence we always tell them when a patient comes to the hospital, he is full of negative emotions and in a weak state. So, you must contain him. You must give him room for… to feel that you support and understand him” (IDI 5, p. 10). It is a process that communication is the lubricant for slowing down the steam engine of an angry customer, and training people is the readiness
method used to manage the complainer. Furthermore, effective usage of communication channels is vital in disseminating the message. Communication channel like social media can reach many unreachable segments like illiterate who can see videos of health awareness campaigns (IDI21, p. 15). Storytelling good when sending a message such as sensitive as complaining, explained the public administrator, “they show people simple scenarios for cases in which we dealt with, so people may recognize the cases and see that this case is like another one, so they come and file a complaint and communicate with us” (IDI21, p. 18). Relating one story to their own story and emotions that resonate encourage them to come forward and raise a complaint if they faced a medical error.

In addition, knowledge and awareness were both factors in raising public information about the procedures for filing a medical complaint, public administrated highlighted, “And through awareness campaigns, there will be greater trust between us and the patient, and there will be education as well” (IDI21, p. 17). Moreover, it seems that public awareness of laws is one of the key reasons for complaints (IDI21, p. 13). In this same complainer case, she came with documents regarding the medical error (IDI23, p. 8). Statistics are also gathered and used by management departments in the Ministry of Health and Prevention and some are utilized for the marketing campaign (IDI21, p. 18). For instance, most of the complaints were related to women and childbirth and dentist too so marketing campaigns focused on those two segments (IDI21, p. 18).

(3) Internal factors

The internal factors include two group of factors, service quality and organizational factors. The key service quality factors are time, technology and interaction. While the important organizational factors are law, staff behavior, and leadership.

i. Service quality factors
To begin with is the relationship enhancers group of factors which consists of service quality factors. Time is one of the factors, was the complainer wanted her case to be finished quickly, yet the public administrator told her she needs to wait 9 weeks. The complainer did not like the timing, however, when the public administrator offered her to go to the presidential affairs that compared to her the timing was much longer in months, she accepted the timing. Here we can see that the public administrator managed the expectation, but reducing it and showed how the timing the Ministry of Health and Prevention offer is the best timing compared to other (IDI 23, p. 9). Anchoring is a behavioral tool used here to influence or nudge complainer behavior about the expectation of time to resolve the complaint by comparing to another entity time frame (Thaler, Richard H., Sunstein, Cass R., 2008).

Next internal service quality factor which is Technology. The Ministry of Health and Prevention only accepts complaints online and stopped manual (IDI21, p. 20). However, it might not be the right way to absorb the customer complaint. Disputers are angry, due to the frustration triggered by technology rather than human interaction. Therefore, there is no relationship fit, due to the miss-match between technology, and nature of the preferred interaction. When someone is in emotional distress he needs comfort from another human being, not cold-hearted technologies.

Furthermore, interaction, if the patient wanted to confront the doctor with evidence and bring in the whole involved health professionals (IDI23, p. 30). However, there is no confrontation and each case is listened to separately. This is another indicator of the objectivity of many public government relationships.

ii. Organizational factors

In the organizational factors area, several factors are influencing the relationship including the law, the behavior of staff and leadership. First, the legal nature of this service has been proactively
reflected on the medical procedurals, especially surgery. Now patients need to sign a consent form to confirm that the success rate and risk rate of operation have been communicated clearly to them and they agree on it (IDI 22, p. 20).

Second is the behavior of staff, they should be rational and not emotionally engaged in order to be fair to both parties. Behavioral change of the doctor, if he was found guilty of the accusation, measures will be taken to rectify that behavior (IDI21, p. 10). There are several ways the Ministry of Health and Prevention decides to punish the doctor for the error and behavior as explained by the public administrator (IDI21, p. 10). It is interesting to find out that “most of the complaints to the MOHAP are about doctor behavior, bad treatment, customer prefers to deal with certain nationality” (IDI21, p. 13). This is means that the human element is key to the relationship’s development. Third, is the leadership factor, in some cases, the complainer escalated her case to one of the senior leaders in the organization (IDI23, p. 6).

Some doctors are initially reviewed based on their previous records, as stated by one of the committee members, “If a hundred with only one complication, that is something normal, not negligence, because there is something called a medical negligence and this is a special status” (IDI22, p. 23) it seems that doctor’s previous performance and behavior help in this case which is influence the committee ruling.

(4).External factors:

Finally, are the external factors affecting the “Judge” relationship. They include interdepartmental collaboration, and network and influence.
i. Collaboration factors:

First is the interdepartmental collaboration, this factor is about checking the details of the case and being proactive by inspection and or community support by notifying any doctor malpractice (IDI21, p.4 and p. 31). In addition, cooperation with other ministries like Ministry of Health and Prevention of justice regarding opinion on the medical case. (IDI21, p. 14).

In addition, other external key influential factors are network and influences. They affect the integrity of people. For instance, the case of one of the low-income patients his brother knew about the government covering the cost of low-income people, hence prolong their stay at the hospital until the cost reached AED 200,000, then resorted to court (IDI21, p. 17). The court would be another key influencer to such cases, which would be if some patients or doctors do not like the decision of the medical committee (IDI21, p. 17).

Overall, the key factors to managing this type of relationship, are rationally and managing expectations. Managing expectations is achieved by raising public awareness about what to expect from doctors and medical complaint procedures and laws. Moreover, it does have an emotional handling side, but being neutral in terms of evaluating and assessing the case and coming with a decision. Public Administrator and committee will be busy in judging this relationship and being fair to deliver justice not to complainers but to the public as a whole. The legal framework and rationale are key in managing the relationship between two parties. Therefore, it has been titled as “Judge” Arbitrator relationship. This is what differentiates this relationship from the other seven typologies. Next one is Social beneficent, “The provider: Doctor and teacher” relationship that will highlight even more variance in factors, description, and management of the relationship.
e. Social beneficent “The provider: (Doctor and teacher)” relationship typology

Social beneficent have two sub typologies, one is related to hospitals services, called “doctor” and the other is more like education which is training and development called “teacher”. In this typology, the common key factors affecting the relationship will be highlighted, then separate factors for sub typologies.

The social beneficent was given the name of provider because they provide direct service that has a great outcome. For instance, a “doctor” heals a patient, and prevent disease spread in the community. Similarly, a “teacher” educates one student who creates a civilized and literate society. Therefore, it was named social beneficent, because benefits are gained on two levels of direct students or patents and indirect segments of society.

e.1. Social beneficent “The provider: Doctor”:

First, we will start with the Doctor relationship that is shaped by providing health services to the patient. Three interviews were conducted for this relationship including public administrator, doctor, and the public. Each has an angle of the view that draws the scenery of the relationship taking place at hospitals.

This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration. The social beneficial “the provider: doctor” relationship figure highlight all of the factors (See figure no. 10). It illustrates the key players in this relationship including Beneficent (B), who approach doctor (Dr.) and Nurse (N) to get health services. The Doctor then ensure all diagnoses and paperwork is complete then
raise it up to the government (G) or the insurance (I). The government has another relationship with medical suppliers (S) for providing medicine and medical equipment to ministry.

The figure demonstrates how the key values of providing health and product service to beneficent (B) in the center of the relationship get deliberated and delivered in the direct social exchange relationship. Not only that but there is another outcome from the indirect relationship between government and public (P) that reflect positively on the feel of the healthy community.

(I). Government relationship Exchange factors

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, government’s role, service concept and value, social economic exchange
relationship, and relationship value chain. To begin with is the government relationship exchange factors. This relationship is more social than economic exchange relationship, due to some services need to pay nominal fees for other nationalities. As explained by one of the doctors it’s an obligation service that government must provide it to citizen whatever the cost (IDI 6, p. 6). It’s like a parent who has obligation to their child out of love and parenting role to do everything they can to make their child health better. This could be a reason for trust, highly visible when there is an emergency, usually, patients go to the public hospitals (IDI 8, p. 5). However, due to recent structural changes in the government the Ministry of Health and Prevention, would be focused on the legislative and preventative part rather than service providing aspect (IDI5, p. 1). Explained further by a public administrator, “Separate the legislativing, judging, and monitoring organization and audit and all from each other. So, the executors should not be the ones judging their services” (IDI5, p. 1). This means that hospitals are now managed like a private sector since the government is going towards privatization of its services. Private healthcare companies see that the government should focus on health education and prevention (IDI15, p. 24). One doctor highlights that the shift into an economic exchange relationship effect on the decision made for public health (IDI6, p. 7). An example of doctor discussion with purchasing committee about buying the type of beds for certain patients, “You have to think of the long-term. What will happen if you have a patient and you buy a bed? Ok, so this bed will prevent bedsores. They say, “No. Just a regular bed. This costs 10 times more.” Just for example. Ok, but ten patients will not get bedsores. If you get one patient with bedsores that’s the cost of the bed. So, this is very simple.” (IDI6, p. 7). The doctor sees that only one infection from bed sore will ruin the patient’s life, therefore investing in expensive beds is better for the long-term health of patients (IDI6, p. 7). While committee only focuses on short-term and this negatively affect the health of patients (IDI6, p. 7). Therefore, in the shift to economic exchange relationship, the ministry should still have the long-term benefit of patients in mind even if the cost is higher.
The relationship will be affected from a purely economic exchange perspective. Currently, however, the Ministry of Health and Prevention is more about social exchange relationships than economic exchange relationships, because it is not intending to make a profit, and rather is looking after the social benefits for the patients (IDI22, p. 18). In comparison with the private sector, a clear difference between the exchange relationship and its effect on expectation, a private company representative explains, “We should take care because he’s paying and he will say, “I paid. I need something in exchange for the money I gave you.” But in the government, it’s free so they don’t give him care or more time in the appointment…he would get angry and leave” (IDI15, p. 2). Therefore, when customers pay money they are keen to demand the value for money and would fight for it. However, when it’s free, not much-vested interest, explanation by the company, “But with us, he would be fighting because he paid for the service. And his expectations are higher in the private than in the government because he’s paying for it” (IDI15, p. 2).

Next are the service concept and value factor. It seems from the business of health cares as if it’s a merge of various type of businesses (seems like an incomplete thought). Therefore, managing a hospital is like managing a different type of businesses at once, explained by one company, “You’re doing the hospitality, because like a hotel, you’re providing food, like a restaurant. Hospital management is very difficult because you have everything” (IDI15, p. 12). It is not about giving medicine anymore, customers expect luxurious services and welcoming services like hotels and dining in restaurants. On the other hand, various participants describe the relationship in different ways. One participant explains that it is a service that focuses on social treatment before actual treatment (IDI 24, p. 9). This emphasizes the importance of diagnosing and handling the psychological pain or illness before the physical pain. Healthcare has always talked about psychological wellness along with physical wellness. Therefore, handling the emotions of the patient is important to delivering the whole service. Public administrators should be aware of the psychological element of delivering the service and how to design for it
effectively. However, this type of relationship has a service element and product element which is medication which is important to consider when studying and managing the relationship (IDI10, p. 29).

Next is the relationship value chain factor which is important in the healthcare service relationship. This relationship is one to one relationship, between the doctor and the patient (IDI5, p. 4). This means customization of the services to meet customer needs. However, there might be a third party added to the relationship value chain. The Ministry of Health and Prevention is considering working with insurance companies, adding them as a link between government and the public in terms of payment of services. The benefits are explained by public administrator, “Insurance companies take the responsibility of costs, not the individuals. And we can take advantage of the revenues that we gain from the insurance to have a budget to improve the current services.” (IDI5, p. 2). It is an added value to the operation and cost; however, the question remains would that have any effect on equal access to health services. Payment is segmented based on citizenship and where citizens either don’t pay or residents pay only cash and insurance is not accepted (IDI5, p. 2). However, a third party might adjust that relationship by bearing the cost, which is the insurance companies (IDI5, p. 2). This changes the relationship with the customer to become better due to a further investment of revenue from insurance companies in enhancing both medical services and hospitality. This increase the competitive advantage for government in the relationship between the private sector and government sector. In addition, insurance is another motive for going to the private sector with great customer service and healthy environment. The insurance has shifted the relationship value from the government to private mainly with non-citizen, but it’s now dragging the citizen to private sector services (IDI22, p. 6).

Another relationship value chain is between the patient, doctor, supplier, and government. A good example of this type of relationship is the case of a patient asking for medicine from the government
doctor, however, he could not prescribe it due to the relationship that the government has with another supplier (IDI4, p. 5). Even though the product comprises the same medication but the patient wants the other medicine (IDI4, p. 6). Therefore, the doctor refers the patient to another doctor or hospital who has that medicine (IDI4, p. 5). This increase the trust between the patient and doctor. That he cares about it to refer him to another competing organization. Or the doctor tries to convince the patient to take the same government medicine (IDI10, p. 13). Here the customer has the choice to make which medicine to take or doctor to be treated by even if he needs to get it from the private sector (IDI6, p. 5). However, what is really interesting the relationship value in the government sector between government admin, supplier, doctor, and patient. It seems that the doctor-patient relationship is strong to the extent to be referred to another competitor (IDI4, p. 18). The oath that the doctors take is stronger to make a decision that is in the best interest of the patient. On the other hand, the relationship between the government administration and the supplier is purely economic were the best bid wins (IDI6, p. 5). However, these two relationships contradict with each other in the whole relationships value chain. It seems important to look at the impact on one type of relationship on the other type of relationship in the relationship value chain. The financial aspect drives the choice of the relationship between government and supplier (IDI6, p. 5). For instance, the medication choice is influenced by cheapest price and same quality of suppliers, the profit that the supplier can make, and the committee who make the decision (IDI6, p. 5). For example, some good quality medication is not provided in the country because the supplying company does not see the profit in selling it in the market; therefore, patients will order it from abroad (IDI6, p. 5). This effect in the relationships with patients who trust the government to provide the best medication.

Furthermore, relationship value chain can be organizational. A good example is the board of trustees who used to influence the hospital decisions for customers because they were influential businessmen from Sharjah (IDI6, p. 17). Therefore, the value chain can be strengthening by leveraging the power of influential businessmen.
(2). **Customer journey factors**

In this relationship, there is two public segments direct and indirect segment. The direct segment is called Beneficiary (B) who are patients want to get health services. And the other indirect segment is Public (P) who are benefiting of a healthy community. Other players in this relationship are internal and external. Internal players are the doctor (Dr.) and nurse (N) treating the patient. On the other hand, the external players are the insurance companies (I) and medical suppliers (S). After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 9).

i. **Before interaction**

First, is the relationship before the interaction, that focuses on the customer himself and his persona. The customer persona factors, which include choice, network, customer profile, priority customer, direct and indirect customer, emotional status, perception, reputation, experience, referral, and expectations.

Here it is important to understand the customer profile. All segments are important in the health industry because they are parts of the value and they are connected, without the key players (patient, doctors, ministry and medical companies) the service cannot be delivered (IDI5, p. 3). In terms of **customer, profiles** are mainly patients from all age group and who are influenced by their families up to 18 years old if the family accompany them (IDI5, p. 3). However, they might be **priorities** according to their health case severity (IDI11, p. 6). This is a procedure used by the hospitals, such as prioritizing emergency cases in comparison with others. One doctor explains, “This doctor who is seeing 20 patients, for him, it’s more important to see someone who’s been in a traffic accident than someone who has a cough or a cold” (IDI6, p. 10). Commonly known, there is a code for classifying priorities in hospitals.
Therefore, emotional and physical pain, is one of the factors in priorities and segmenting patients (IDI11, p. 6). However, hospitals ask the patients with an appointment if they are permitted to give their turn to other sicker patients. (IDI11, p. 7).

Next factor is identifying direct from indirect segments. Patients are direct customers, however, treating them benefits society which is a greater incentive for providing the service. An example of this benefit is given about that relationship by the public administrator, “Lung tuberculosis, it is a contagious disease if the patient is in direct contact with anyone in the society. So, if we isolated the patient and gave him the needed treatment and followed his treatment program, so he wouldn’t infect others when he returns to society” (IDI5, p. 4). Treating sick patients reflect positively on society by reducing the spread of contagious diseases. However, the government gives public administrator which segment to focus on and which disease to be treated for free (IDI6, p. 15).

Emotional status is another important factor to unhealthy patients. Customers’ emotions are different in this typology because it starts with negative feelings due to patient sickness (IDI5, p. 10). It becomes more negative relationship when the doctor as she explains, “breaks the bad news, Very much [it’s difficult.] And even the way to convince …So it is a very emotional matter, we should convince them that we undertook all necessary procedures but it has ended with God forbid a fatality case” (IDI5, p. 10). Anger is part of the emotion that accompanies bad news for sick patients and their families. People deal differently: some cry, others blame and get into a fight. “Usually, people are in denial in their grieving period or they start blaming. Sometimes they talk about simple things that have nothing to do with the death of the patient. But that’s because they have an emotional distress that makes them feel in need to blame someone” (IDI5, p. 10) Therefore, handling emotions in this bundle is very important because it is the status of the customer, and rational management will not do emotional management would be better.
This **emotional status** factor can best be demonstrated by the customer journey in relationship with the doctor. First understanding patients’ emotions are foundational to the relationship, where one of the patients have identified that the UAE society is very sensitive (IDI10, p. 11). In one customer case, he had a broken nose and wanted to make an operation to his nose (IDI4, p. 9). His **emotional status** was worried and in pain, did not know who has his best interest in mind (IDI4, p. 20). Searching for doctors in the private sector and government sector he got direction and advice from his trusted friend (IDI4, p. 17). Some patients use **referral factor** when deciding on doctors, mainly from direct resources who experienced the doctor’s treatment or a third party like one of the mother’s neighbors (IDI24, p. 3).

This **referral factor** is powerful in this relationship because he trusted his friend in the choice of the doctor to an extent that he trusted the doctor to conduct the operation on him without seeing him (IDI4, p. 12). It was very interesting to see a fast way to build trust without interacting with the doctor. That would save a lot of time and effort by tapping on other **trusted relationship value chain** and take off from there (IDI4, p. 21). That is the benefit of **network** you can inherit the **knowledge and experience** and base decision on that. However, that was not the only reason. Other factors also, endorsed that decision, such as doctor experience, the number of years of experience, the number of patients, social media mention, the reputation of the clinic, trending where everyone is going to (IDI24, p4). Referral is more directed towards doctors and not the hospital they work in (IDI11, p. 18). Patients get influenced by a family like a husband and father (IDI8, p. 2). Also, a referral can be from one doctor to another due to the trust between doctor and patients (IDI6, p.4).

However, when a **doctor refers** the patient to another doctor, the trust in this doctor increases, this has been explained by the patient when stated, “I would appreciate it if the doctor were to say, “I'm
not an expert, but I would recommend someone else.” …. Then I can sort of build trust or a relationship with that doctor” (IDI24, p. 13) it seems that this show that the doctors care more about the patient than himself by referring him to another doctor. Being selfless and would take that extra mile of recommending someone else and stating that he can’t treat that illness is an honesty that trust can be built on. Positive experience drives some patients to spread the word as one patient explained, “if I go to the hospital and they respect the care, obviously I will market for them, I will say this city and hospital are treating me well and taking care of me or if I have a baby…. I can feel it and I can market for them” (IDI8, p. 2).

Network and influence factor is important in a doctor-patient relationship. Informal relationships through the network provide special services for patients. One example of patients who knew someone in the management of a small city hospital go special treatment, extra care, follow-up, nurses take extra miles such as taking the patient for a walk and much more. (IDI24, p. 15). Even though this patient leverages the network an informal relationship, it was good for her but unfair to other patients because they were not treated equally. However, the customer explained, “So because it’s a small place, everyone knows everything. It made the relationship stronger and better. And it helped you in getting the trust that there is someone at the top management that would be taking care of everything” (IDI24, p15). Therefore, the closer the person to the management the more trust he feels that they would take care of him.

Furthermore, negative experiences can shape this relationship even before interaction; negative experiences can haunt patients for years. A good example is a patient whose grandmother was sick, she was given wrong kidney medication which she does not need in the first place and caused her life (IDI8, p. 5). This patient linked the horrible negative memory with that hospital and she does not go only recently to these shops. Some people will raise a complaint and others might not. One customer explains the reason for not complaining, “Not because of not taking their rights, but we forgive a lot. We say ok,
Alhamdulillah (Thank Allah), this is happening. Or maybe some people are saying, no one will listen to us. And some of them are saying this is what Allah has predestined for us. Why should I go complain, fight, and I can speak to God” (IDI8, p. 6). One reason highlighted is that the relationship with Allah is strong and that is enough they can complain to him and he will rectify things for them. Relating the relationship value chain to the higher divine power to customers can’t help them going through the process. Another reason is that they do not trust that there will be a good response from the government and wasted effort in fighting. With no one coming forward with complaints, public administrators’ things are going well for customers and there are no problems which are not the case as highlighted by one patient (IDI8, p. 8). Now people are using social media as a channel to reach out to the government because they think it is more effective (IDI8, p. 8). The public shares their negative experience with others and influence other people’s, expectations of government health services and hence their choice and trust. There is an opportunity of using social media data to improve customer service by engaging and communicating to the public.

Furthermore, people trust their own experience versus referral. For instance, the customer indicated in another situation if his personal experience was bad with a certain doctor, then the referral does not influence the decision-making (IDI4, p. 18). These factors need to be taken into consideration when designing the relationship that leads to trust. However, that does not apply to all patients as we would see from the other typologies of relationships (IDI4, p. 20). The experience factor in some cases is more influential on the relationship in comparison to referral factor.

Another important factor in attracting patients and gaining their trust is the reputation of doctors and not the hospital. One company explained, “reputation is very important, and I will not say private is better than the government because some doctors in the government are better than in the private” (IDI15, p. 9). Private or government hospitals do not make a difference, the influential factor in the relationship
is good doctors. Some patients trust nurses more than doctors because they are under audit and accountable (IDI10, p. 16). In addition, word of mouth can spread both positive and negative feedback about doctor and effect reputation. A negative feedback spreads quicker and even ruined relationships. A doctor misdiagnosis a patient was given as an example by one of the patients, “if a doctor were to make a simple mistake, then everyone is going to talk about it. There would be miscommunication. “The doctor was really bad” (IDI24, p. 14). Therefore, communication can be used as a double sided sword, therefore, it is important to quickly handle complaints because it ruins current relationships and future ones by damaging reputation.

Another factor in this relationship is perception and how it affects the relationship patients have with the government. As per the earlier example of patients wanting to get a specific medication, the perception factor places an important role in the relationship. Customer perception of one brand of medicine is better than the other although they have the same component (IDI18, p. 17). Public administrators and doctors are facing some cases when customers are asking for certain brands and not the other and may go to the extent of traveling across the country to get it (IDI18, p. 17). Some doctors refer patients to go to the private sector to get medication because the patients believe it's more suitable (IDI6, p. 5). In addition, customers perceive higher priced medicine as better quality than the free medicine from the public, although it is the same (IDI18, p. 17). Perception factor plays a key role in trust and satisfaction by influencing body reaction to the medicine and overall service judgment hence the relationship. This is where the public administration tries to change the perception or behavior through awareness and communication of the generic name of the medicine, “MOHAP are utilizing their medication by using the generic name as the brand name. So, the patient comes and we say we have Paracetamol but they say they want Panadol, so it has to do with behavior and trust.” (IDI25, p. 4). Maybe there would be other ways to change that perception through understanding customer behavior.
In addition, perception or beliefs affect the patients’ acceptance of doctor diagnosed as explained one patient, “some people may not trust the doctor whom they are talking to. Even if the doctor may give him the right diagnosis and medicine, they don’t feel they like to believe. So, personal conviction affects the individual” (IDI11, p. 4). It seems each one of the customers should put some amount of trust in the relationship to go forward with it, or they will not find any doctor to trust if they doubt all. In addition, perception about government by supplying the same medication for everyone drives one patient to the private sector for customization of medication (IDI8, p. 3).

The expectation at the early stages of the customers’ journey is an important factor that patients measure the ministry and doctors’ performance against. Patients build their expectation from the various pass mentioned factors including the emotional status, referrals, network, reputation, experience, and perception. Patients’ expectation is sometimes the results of both positive and negative referrals of other network experience. For instance, one case of one patient’s friend had cancer and due to lack of money to go abroad she had the operation in UAE government hospital (IDI24, p. 18). However, the operation failed and that negatively reflected in the expectation and trusts the patient have about treatment in UAE (IDI24, p. 18). Therefore, even though had positive experience her overall trust is still low due to the story of patients’ friend (IDI24, p. 19). Therefore, she now believes in getting health treatment abroad because she did not hear anything negative about them (IDI24, p. 19). Another important factor is that she believes that doctors abroad are more experienced and more specialized and hence take less time to diagnose the illness (IDI24, p. 20). While here in UAE she sees that it takes too long and too many tests to reach a bad diagnosis, this has reduced trust in UAE government health in curious cases such as cancer (IDI24, p. 20).

Even though referrals are influential, a patient’s experience is a key factor in deciding to get treated by a doctor or not (IDI11, p. 3). One of the patients explains, “but I don’t like to believe all that
they say until I see the doctor. For example, that doctor whom I visited, I didn’t know him before.

But when I listened to the way he speaks and the way he treats people, I felt there is nothing to worry about” (IDI11, p. 3). Here the customers go to the doctor and evaluate his services according to the method and attention gave by the customer.

In addition, external media sources and images prevailed by other nations raise expectations of patients. For instance, one customer watches American television series ER and Gray’s Anatomy related to hospitals and states, “I can see how they are taking care of their patients so much, they just go to the surgery, they are taking care of the emergency itself…and they can even do the surgery in the lift (elevator). I wish we can have the same. It’s not true, but at least we can take advantage of the fact that they are taking care and everything is emotional there.” (IDI8, p. 11-12). It is very interesting how she rationally recognized that some of the scenes are not real, but still yet she wants to have that care and emotional experience that they demonstrate. It is evidence that emotions win over rationality in expectation for health services.

Therefore, managing expectations is important, as one doctor explains about being honest by informing the customer if he can’t meet his expectation before surgery, “And if the patient wants to do this surgery, and you think his expectation is different, then don’t do it. Sometimes they respect you more if you say, “I will not do this. There is a different doctor who might do this for you. But for me, no. Because I think you want something else and I cannot do it.” So, this trust builds with time” (IDI6, p. 11). Especially it’s the case in cosmetic surgery, setting the right expectation of the surgery results is key in meeting it and achieving customer happiness. Furthermore, in severe cases, like a full-body burn, patient’s relative should be informed of the situation and expectation that the patient will not make it (IDI6, p. 13).
In addition, patients’ **choice** factor about deciding where and whom the best to be treated by several filters come into place. These filters such as patients’ knowledge, referrals, reputation, private versus public capability and trust, and doctor behavior and availability. Interviewee highlighted the choice is affected by the doctor himself, type of hospital, private or public, location, and finally doctor origins (IDI24, p. 4).

First, **choice** factor in the relationship is based and **influenced by other people**. For instance, one patient makes her choice of health treatment based on her father and husband experience, and their opinion as being responsible for her (IDI8, p. 2). The choice is affected by other people choices and recommendations or referrals, such as the example of a patient, “I had a broken bone when I was young. I had a Jordanian friend who told me that they have a good hospital with a doctor of a good reputation.” (IDI4, p. 7). He got into operation even without seeing the doctor, which tremendously shows how referral and trust in friends’ judgment are even more important than meeting the doctor himself. Referrals are key in decision-making about the best doctor or hospital to go to.

Second, **reputation** in another related key influencer of choice. Therefore, informal communication and word of mouth are more trusted than public communication. In addition, a good reputation is important element influencing choice “has a good hospital with a doctor of a good reputation” (IDI4, p. 7). The reputation of the Dr. is also key in deciding to be treated by him or not. And it’s a key choice of starting this patient-doctor relationship. If it starts with perception and trust that is supported by doctor performance, then it would increase. However, it might be reducing trust if the doctor did not deliver.

Third, the doctor is key ingredients for patient choice, not the organization. **Customer choice** was affected by many elements, a key one how does the **doctor** make him or her feel, one patient explains, “Usually people meet many doctors, but they feel comfortable when they deal with some of them, when
I see a doctor and I listen to his diagnoses, I see if his diagnoses was the same as that I have been told about in the private hospital by good doctors, I know that he is a good doctor. ....by comparing” (IDI4, p. 6) The choice the patient makes in deciding which is a good doctor is by the following evaluation criteria and process: (1. how the doctor makes the patient feel comfortable, 2. Dr. diagnosed compared to the good doctor in private sector.) the anchor or the benchmark here is the private sector good doctor, which indicates that there is already trust in the private sector. This relationship in the public sector should be compared in the private sector to provide the customer with similar experience if not better. Even the body language of a medical professional when interacting with the patient. For instance, one patient did not like that both the nurse and the doctor did not make eye contact with her (IDI24, p. 13).

The choice of doctor depends on his availability, one customer explains, “I had tests and surgery there, but I couldn’t see the doctor because he was very busy doing surgeries” (IDI4, p. 7). The appearance of surrounding give indicators of how popular and highly demanded is the doctor in this case not being able to see him because he is busy. Unavailability here is good to have because it gives another message of high demand. Moreover, visual aspects of the place and people can influence choice, a good example of long ques of customers, one patient explains, “There were so many people from areas around Jordan. There was a long queue waiting for him only for review after the surgery. He does about 8 surgical operations every day” (IDI4, p. 8). The choice is affecting by information obtained visually and numbers are important too. Here the picture of so many people coming from all around Jordan, and the long quest gave the impression that this doctor is highly demanded. This can be deceiving what if it was one of the cheapest, or they were coming to another doctor. In addition, numbers play a role in convincing or influencing the patient that the dr. is good such as the number of operations per day. Which gives an indication that he is used to operations and he is that good to be able to handle that number of operations
on daily basis. These are positive information adding to the trust level of doctor even before meeting him. The relationship started before interaction.

The choice is an important factor where private and public sector varies; citizen sees that the private sector gives them other alternative treatment, while the government does (IDI11, p. 12). The reason behind that is that the government is not willing to risk patient life trying new treatment without confidently knowing it has good success rate and does not have serious side effects. Also, the choice depends on the health condition the patient has, “that depends on the health state that I have. If I have a cough or flu, I go to the public-sector hospitals, but if I have serious illnesses such as tumor, broken bones, or eye or nose” (IDI4, p. 7). The public sector is only trusted in minor illness but for serious illness, the private sector is more trusted to provide better health services.

Choice influenced by the patients himself, his awareness, knowledge. Due to patient’s increase awareness, knowledge and understanding what suits him, he can discuss treatment options that he will be committed to (IDI5, p. 5). This gives him better choices that suit his behavior, lifestyle, and health. Even though the patients have access to search engines and information, not everything is true or related to his or her case (IDI5, p. 5). Therefore, another role of the doctor is to clarify what is false information and what is not, and ensure to keep up-to-date with information to deliver that service (IDI5, p. 5). This change the relationship for patients from a receiver to a decision-maker on the suitable treatment, hence deliberating on the right health treatment. Therefore, discussion, communication and convincing is part of the relationship for the customer to trust and be confident of the doctor and treatment. Also, the insurance is accepted by the government gives non-citizen the choice to be treated by the government (IDI22, p. 2).
ii. After interaction

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are choice, rational, emotional handling, trust, reputation, referral, relationship management, communication, awareness, and knowledge. First is the patient-doctor relationship changed from disease centered to the customer-centered (IDI5, p. 7). The doctor explains further, “That this is the disease and that is the treatment. But now it is patient-centered. The focus is more on the patient. It is a complete focus, social, psychological, malady… all these factors are taken into consideration” (IDI5, p. 7). It is a holistic approach to treating patients, focusing on them as human beings with emotions, psychological status and social conditions that need to be healed to provide full treatment. The patient-doctor relationship should have respect as a boundary, and not cross this line or the patient will lose trust in doctors (IDI22, p. 18). Also, one example of how a positive relationship with the government increased patient trust in government when humanity was more important than law (IDI11, p. 15). The example of one patient who recalls when he was young went to get surgery using his school health card that expired, yet the government treated him and when they wanted to update his health cared they were asking more about his health after surgery more than the paperwork (IDI11, p. 15). This human-centered service is the heart of delivering a positive experience and gaining the public trust, instead of focusing on administrative procedures that were put in place just to enable a better service delivery.

Furthermore, the best management of patient-doctor relationship is through the methods of family physicians. The reason behind that recommended approach is due to the connection and emotional handling of weak ill patients. Also, the follow-up and use historical data of the patient to treat them helps in along-term relationship and consequently reaching the level of trust.
The family doctor is good for building long-term relationships because continued interaction provides a full understanding of patients’ condition and surrounding environment (IDI5, p. 7). This affects the government policies of not changing doctors in health centers, as highlighted by public administrator, “That (doctors) should be fixed and not changed. Because the families feel connected to their doctor and that builds a long-term trust relationship” (IDI5, p. 7). Physical proximity to customers, enable the doctor to see them frequently, hence a relationship bond is developed along with the feeling of trust.

It is important to have a customer-centric culture in the ministry. The relationship described by a doctor is a family relationship with the patients, “Al-Baraha Hospital was even characterized by its family atmosphere. It was a family-like atmosphere until recently, and we know many families who come - I mean not only the doctor and patient relationship, but there are family ties and especially with me” (IDI22, p. 11). This show a deeper relationship, not one to one but one too many patients as families and maybe generations. In addition, some of the customers who remained in the relationship with the government are old customers; even if they are rich they still trust the government (IDI22, p. 6). However, the younger generation does not have that link with the government and goes to the private sector (IDI22, p. 6).

**Emotional handling**

*Emotional handling* is important for customers, a simple smile and taking care of them can even help them wait when an emergency room is busy with other more seriously sick patients (IDI8, p. ). One patient further explains, “When we go to the hospital, we are already emotional about our situation so, it’s just a small word and a smile that will help us calm down and think everything will be fine” (IDI8, p. 5). The patients further explain that even though they were emotionally handled that does not mean that the hospital gained their trust (IDI8, p. 5). However, the ministry train employees how to deal with patients, break bad news, how to brush customers off when their times up without upsetting them (IDI6,
One doctor explains the importance of emotional handling, “It’s how you deal with the person. We are not just robots, “Ok we’ll do this.” You know, it’s how you deal with it. If you're good with dealing with patients, even if you make a mistake, they will understand it.” (IDI6, p. 12). Robots and rational systems will not fulfill the emotional handling that humans can. An example of how to break news to patients is the case handled of a patient who had an infected and swelling breast unapproved filler turned to be cancer that spread widely in her body (IDI6, p. 13). The doctor explains how he handled it, “I took her to a room. We must break the news. We should ask them, “Is there anybody else with you?” You should tell them how to deal with this cancer. So, they didn’t expect this and suddenly it’s a shock” (IDI6, p. 13). Informing patients about their status, how to deal with it and having someone in their family with them is good in terms of breaking the bad news of their condition.

Customers make their decision to engage in a relationship with a doctor based upon his **emotional handling** of the customer during the interaction. For instance, a healthcare company explains how soft skills in the way of treating, taking care, communicating and even tone of voice creates a first impression that leads to trust in the doctor and the relationship (IDI15, p10). In addition, he compared it to health services delivery in Thailand by sharing one of the customer's answers when asked why travel while hospitals in UAE have best equipment and doctors, “They take very good care of us.” What they do in Thailand when they seat their patient, they appoint someone for this patient. Only this patient. To stay with him all the time. From A to Z. Until he finishes” (IDI15, p. 10). Personalization of the service to cater to everyone is really satisfying and attracting patients to cross the sea and pay money for such service. In addition, the health service provided by the doctor is great because of the way he treats patients. The company explains the competition method of treating customers, “When the doctor talks to the patient, the way he talks…in a nice way. Maybe he’s not a doctor but he has a lot of time to talk. And in a nice and soft way. “I will make the patient happy.” He [the patient] will like it. We have seen that. And some are very good doctors but they are rude when they talk to patients” (IDI15, p. 10). So, the
emotional handling and treatment is sometimes more important than a good doctor and really affect
the relationship with the healthcare institute. One patient explains doctors’ treatment factor affect
the organizational efficiency, “The attitude of the doctor, how he diagnoses the disease, how he treats
the patient, how he directs him and the medication, and many other things” (IDI11, p. 1). Individuals are
drivers of effectiveness and efficiency in the healthcare industry, not the organization.

Knowledge and awareness

Knowledge and awareness factor is key in developing the patient-doctor relationship. Relationship
management here as explained by the public administrator “In medicine, this relationship is used to be a
parent to child. Now it's an adult to adult relation” (IDI5, p. 4) This due to awareness growth in society.
“Patient discuss, so now in an indirect way we can allow the patients to help as it raises the level of
provided services. Patients nowadays are more educated. Society in general. That helps in raising the
relationship between us” (IDI5, p. 4). Knowledge factor is key in enhancing the relationship between the
public and government. As explained by a public administrator the health sector changed from a medical
provider to a health educator raising public awareness (IDI5, p. 10). She further explains, “Reinforcing
health, educational discussions for disease, taking treatment, for follow-up and all these things. Now we
have to care for supporting health services as part of treatment plans” (IDI5, p. 10). Education should be
through all stages of providing health service from prevention, during the interaction with the doctor, and
even after the health service. A good example was given, “Before, doctors used to tell diabetes patients
for example not to eat so and so, but now it is different. We go to a nutrition specialist who explains in
detail about nutrition and that awareness has become more specialized and directed more to the patients”
(IDI5, p. 11). Specialization in raising awareness in health area is important to customers and customized
to meet their needs and health status for effective results. This decentralized approach to raising public
awareness is the shift in the preventative role of government. Not only the customer is educated, but also
their relatives and staff, their knowledge is enhanced as explained by one doctor, “you will train the
nurses on how to deal with the patient who is coming, and the relatives of the patient themselves have to know about it. So, it’s a broader spectrum” (IDI6, p. 2). Knowledge and awareness increase with everyone around the patient help enable the staff and relatives assist the patients in his healing journey and provide both medical and emotional support.

Knowledge and trust in a doctor is key to this relationship. One customer associates the link between universities and hospital and trust, “this is a school and a university. The hospital of King Abdullah. People go there from around the world to study medicine there. So, they practice all these surgeries regularly. And that makes me get relaxed “(IDI4, p. 8) The more the hospital-associated with universities the better it is from a customer perspective. Trust would increase due to the belief that universities would be up to date students would be practiced already, this has an impact on their emotional status where patients feel relaxed because this gives them of assurance of doctor quality and trust in the results.

Communication

Communication is an important factor in handling emotions and deciding on the amount of information provided to the customer is key to calming or panicking patients. A good example of a patient who had a broken nose who was first diagnosed by one doctor who kept providing the patient with all probabilities to the extent that made the patient feel depressed (IDI11, p. 17). The customer did not want to have the operation with this doctor who scared him and not assured him of the operation. Then he met another doctor who was the opposite as he explained, “I felt comfortable with his way of dealing, his way of speaking, the way he assures the patient, how he explained the medical procedures” (IDI11, p. 17). It seems that patients gain trust in the doctors who make them feel safe, assured and hopeful that they would be fine after the operation. However, who scares the patient unintentionally with too much
information’s and probability, then they will not have customers. Therefore, there should be balanced in terms of the amount of information and handling patient emotions.

With communication affecting the health service delivery when explaining the diagnosis, treatment and after treatment process (IDI22, p. 25); Some doctors learn through experience and repetitive interaction and gain the knowledge about different patients; some doctors go to the extent of learning Indian language (IDI22, p. 25). One good example given by a patient of both good and bad doctor in terms of communication with patients is as follows, first bad doctor, “they look at the patient and do not say anything, they just say "swallow", and don't ask anything, they immediately start writing something! And tell the patient to take the prescribed medicine” (IDI11, p. 4). Not communicating well with the patient and giving attention and having eye contact gave the patient a negative impression about the doctor that he does not care. On the other hand, a good doctor would behave differently as explained by the patient, “other doctors see and check the patients very well and ask them many questions about what they have eaten or drank. And they explain why this medicine is good and what side effects it may have” (IDI11, p. 4). Here the good doctor examples use communication effectively in diagnosing, asking about the customer, which indicates he care and explain fully about the illness and the medication. Enough information about diagnoses and what patient need to do and what not to keep away from is comforting and relaxing the patient (IDI11, p. 5).

In addition, to that communication and engagement with patients is compared to other relationships. For instance, the public administrator explains that they discuss and convince patients like a teacher to student relationship (IDI5, p. 4). However, different languages sometimes are barriers in communication, especially when dealing with different nationalities (IDI22, p. 24). Not only different accent between Arabs make a difference, but also the various cultural background that if not be sensitive to might be offending to some patients. (IDI22, p. 25). A good example is the case of a complaint about
an Egyptian surgeon, “I investigated a complaint by a citizen lady against an Egyptian surgeon. The doctor did everything well. After the operation, she felt pain, so he said to her you are petting! This is a normal word in Egypt, but here, it is not acceptable” (IDI22, p. 25). One word changed the whole experience from a successful operation to a complaint on a good surgeon; words have power especially when patients are in pain.

Communication and how doctors deal with patients can make patients complain about a good doctor and be good with a bad doctor who made mistake (IDI6, p. 12). For instance, one doctor explains those two cases, first is the case of patients who have a medical mistake, “They’ve used material that is not even approved. They say, “No. They were so nice. It’s ok. I will not say anything” (IDI6, p. 12). Then there is the other case of good doctor operation and complaining patient, “And sometimes you’ll see some patients come with very good results. And they're so angry with the doctor that they will complain. And you tell them, “There is no mistake. There is nothing.” They say, “No. He wasn’t good” (IDI6, p. 12). It seems that communication and way the doctor treat the patient effect on the trust and reflect positively or negatively on the patients’ response. In addition, communication is utilized in Public engagement is also practice in the ministry through suggestion, complaints and national council representatives of each city (IDI5, p. 12).

In addition, communication and referral of customer experience do affect organization reputation. The interviewed healthcare companies explain, “They do marketing for themselves by the way they treat patients. So, a happy patient will tell others. And one angry patient will tell how many? And one happy patient will tell how many? Then they will say, “This doctor is not good. Don’t go to him.” …You get a second opinion from your friend. Word of mouth. That is very important in services” (IDI15, p. 11). This example shows off how quickly can communication both negatively or positively strengthen or weaken the relationship with the doctor in the network even without other people
interacting with the doctor. The relationship is stopped even before it got started. Another example of negative behavior that effects reputation is when an angry patient did not complain but did the worst, “I tried to tell everybody to avoid this doctor” (IDI10, p. 24). Communication is more effective when directed towards the targeted patients, such as focusing on diabetes patients through the diabetes group (IDI5, p. 11). Another important segment is schools since the behavior of youth is developed in early stages, the ministry focuses on an awareness campaign for kids so they can adopt a healthy lifestyle at an early stage and till they become adults (IDI5, p. 11). However, one doctor sees that the government practice one-way communication (IDI6, p. 16).

Trust

The trust also related more to the doctor not the organization nor relatives and network (IDI24, p. 3). The key unit affecting the trust is the good doctor, not the private hospital nor is the government (IDI15, p. 14). This has been clearly emphasized by one of the private sector companies and even gave an example of himself as a patient with the government because he trusts the dentist there more than the ones in his private hospital (IDI15, p. 14-15). Trust in public sector doctors has been highlighted by one of the patients when he stated, “I take the doctor's diagnosis, how he gives the diagnosis, how he assures the patient and gives him a complete and detailed diagnosis. Here I take his consultation. Patients are affected by doctors not by the administration” (IDI11, p. 15). So, the doctors are direct influences on trust which is achieved through diagnosis and good communication and attitude. A doctor individuality of how he gains the trust of patients is the key to the relationship building (IDI6, p. 5).

Patients see their personal one to one relationship with the doctor as neutral, credible, and positive (IDI4, p. 7). Especially patients more inclined to be treated by doctors who have a positive attitude with good behavior (IDI4, p. 8). The behavior factor is influential in the decision or starting that relationship with the doctor (IDI4, p. 8). This starts from the first impression the patient takes about the doctor that
last for long (IDI4, p. 10). For instance, the friendly doctor would welcome the patient, smile, laugh, be in a good mood, and reflect that on his body language (IDI4, p. 10). Also, he would treat all patient equally and care for them enough to refer them to another doctor (IDI4, p. 11). It shows honesty that he can’t treat this illness and that there is a better-specialized doctor to do that. This really increases the trust between patient and doctor. (IDI4, p. 9). Even after the service is delivered, the follow-up made after the service reflects positively on customer experience. One example is a follow-up call for the patient from the doctor, “Then after one week, they called me again to make sure I am feeling well. So, they are caring.” (IDI11, p. 19). This extra mile shows that doctor care about patient health and hence enhances the relationship and strengthens it.

Some customers do not trust the doctor if they did not like them, an example would be as explained by one of the doctors, “a patient that comes to the doctor, and the doctor writes a prescription to him, and everything is just fine, and then the patient comes out and takes the prescription and shred it because he did not trust the doctor, did not like the doctor” (IDI22, p. 17). It seems depends on the overall review that the patient creates about the doctor from experience, interaction, knowledge, and feeling for the doctor character. One patient explains how does a good relationship feels, “you should feel comfortable at ease with the doctor you deal with because each doctor has his own way of diagnosis” (IDI10, p. 4). The doctors go the extra mile of making them feel better, “they try to relieve you like joking with you, flattering you or just holding your hand and say that everything is going to be ok or don’t be afraid” (IDI10, p. 5). That kind of empathy and interaction with calming and assurance change the patient ill and worried feeling to comfort. If the doctor plainly gives the diagnoses without gradually and calmly informing the patients of results, the ministry will have low satisfaction (IDI10, p. 6). Not only should that but doctors change how they treat adults from seniors and kids. The more personalization of services the better it is. This is emphasized by one of the doctors, “They will not go to a doctor they don’t like. A
personal thing is different between one person and the other” (IDI6, p. 9). Therefore, individualization and personalization of service deliver a better service to the patient.

Customers expected an ideal relationship and service with the Ministry of Health and Prevention starting from the reception, then nurse and finally the doctor. She focused on the attitude of the reception, her politeness, empathy, sweetness, greeting, smiling and enquiring about her health, and ensuring her that everything will be fine (IDI24, p. 8). She clearly stated the benefit of a nurse attitude and communication approach, “Don’t worry now. The injection will not hurt you. Your skin is very sensitive. Don’t worry. I will take care of you. I have experience.” Even if she doesn’t. Hearing it would make me believe that yes, I can trust her. I shouldn’t worry” (IDI24, p. 8) That also applies in the doctor case, however, she wanted the dialog with the doctor to be more of consultation and not a checklist to be ticked (IDI24, p. 8). What was interesting that she would trust the reception or the nurse referring the good doctor in the clinic (IDI24, p. 8).

Trust varies between private and public. Trust varies from one patient to another, but one of the patients who said that government is her first option and second came the privates (IDI24, p. 3). Trust in government services is realized in an emergency, where patients go directly to the emergency without a second thought. As the patient explained the reasons, “it’s easier to reach public hospitals and you don’t have to think of a private hospital… It’s the safest to go there. And then from there, they can refer us to a specialist within the hospital itself” (IDI24, p. 2). Moreover, there is some specialization that government is more trusted, such as baby delivery for pregnant women (IDI11, p. 15). However, the checkups for a pregnant woman in the 9 months are done in the private sector (IDI11, p. 15). In addition, one of the customers trust the government due to the stated reason, “If there is any wrong, the administration always warns about it, and takes actions, they don't let people do things by their own way” (IDI11, p. 14). This is the opposite response from the private sector (IDI11, p. 14). Another proof of
patient trust in government is high occupancy of beds in the hospital as highlighted by one doctor (IDI5, p. 8).

Furthermore, one patient indicated that even if the government does not have specialized doctors she would go to them in emergency and not private due to those reasons, “We believe that they are going to cure us or give us the best treatment” (IDI24, p. 9). Another patient seconds that opinion and give more reasoning, “for emergency things I know, whatever happens, they will not leave us. I heard that if I’m pregnant or something if I’m in a private hospital, they will not cover my kids. The government is safer and more trustworthy” (IDI8, p. 4). The feeling of safety and that whatever will happen the government is there to provide full support is reassuring for patients.

In terms of the trust, it seems that the patient's trust government due to the benefits, medication and even future insurance (IDI10, p. 13). They have trust in the private sector for reputable doctors, not the organization they work at (IDI10, p. 14). Another important influencing relationship link between the government, doctor, and patient are medical suppliers. For instance, they used to provide a reusable pen for surgeries, however, now it’s changed to disposable machines that are only used once (IDI22, p. 14). The suppliers’ intent here is to increase profit to cover research and development work, however, either the patient or the government bear the high cost (IDI22, p. 14). The supplier's greed affects the relationship between the Ministry of Health and Prevention and patients.

The Ministry trust patients if they are well educated to make the right decision. Therefore, some doctors’ effort in collaboration with private sector to educate customers and nurses about certain campaigns, such as pressure ulcer campaign (IDI6, p. 10). One customer highlighted that trust is not constant and it does change over time whether to the positive or negative, “I didn’t trust the public sector
at that time” (IDI4, p. 11). Trust can change over time, depending on the experience he has with the government.

Other indicators or visual and environment that affect the patient-doctor relationship. For example, a patient’s Jordanian friend has informed him of an excellent famous Jordanian doctor for conducting nose operation. He trusted that reputation because it came from his friend relative working in the hospital (IDI4, p. 20). When he traveled to Jordan for his operation the place was crowded with ques of people waiting for that doctor, the visual high demand indicated that doctor is very good (IDI4, p. 21). Not only that, but another visual aspect is the number of students in the hospital, he understood that this is university hospital attracting people from all over the world, different nationalities (IDI4, p. 22). This related to the knowledge factor, resulting in impacting him by feeling relaxed (IDI4, p. 23). His friend and relative were with them so they provided him emotional support during his treatment (IDI4, p. 20). This substitute the emotional handling and support were usually given by the doctor. After the operation, he met with a doctor and his body language and expertise have been demonstrated in front of him, student and another doctor who was not confident (IDI4, p. 25). The trust has increased towards the doctor and even more (IDI4, p. 20). It seems that the source of information that this patient needs to decide about the doctor is all depending on others experience and trust, reputation, referral or physical environment and body language (IDI4, p. 20).

(3). Internal factors:

The internal factors include two group of factors, service quality factors and organizational factors. The key service quality factors are price, service quality, value, time, availability, technology, comprehensiveness, interaction, and environment. While the important organizational factors are the structure, performance measurement, process and standards, staff skills, behavior, character and support resources.
i. Service quality factors

To begin with is the relationship enhancers group of factors which consists of service quality factors. **First, facto is the price that is used by the private sector as a competitive advantage.** The first factor is health service fee and **prices**, which used to be free but now non-citizen need to pay, however, the problem lies in that the Ministry of Health and Prevention does not take insurance cards. Even emergency services need to be paid for except emergency that threatens patient life (IDI22, p. 2). Affordability of services is important to low-income segment, the government provides an outlet for free health services, but that may not remain the case after the privatization of government services (IDI24, p. 1). As one of the private healthcare companies explains affordability of services and attracting customer, “Also you look at affordability. Maybe it’s part of accessibility because if I get something I can't afford…I will not go to the private hospital if I cannot afford to pay” (IDI15, p. 10). In the ministry of health and prevention one customer claim that pay differs by nationalities (IDI11, p. 8). Furthermore, different pay may be considered as equal as described by one patient, “So they may give the cheap drug to someone and when they see another rich one, they tend to give him the expensive drug. Patients don’t know that both drugs have the same effects. There is a great exploit.” (IDI11, p. 13). This reflects negatively on the relationship when the patient who feels exploited feel a negative relationship with the government.

In addition, in the relationship, there is a link between **price** and appreciation of entity providing services (IDI6, p. 3). For instance, one doctor explains that if the patient does not trust doctor he will not go to him, however, appreciation and price of service affect the relationship as he explains, “if you do the same procedure on two different patients, the one who is in the private will appreciate more. They will thank you for it more. In the government when it’s free, it’s not the same.” (IDI6, p. 3). Therefore, when customers pay money they evaluate the service better and hence more appreciate, but since they
don’t see the cost associated with government services they do not appreciate it. If the government just highlights the cost of each service even if it does not charge it, the patient will appreciate it and hence understand the effort of government and gain their trust. The same effect will happen if insurance companies were involved in the relationship with the government, there will be more appreciated.

However, the price is not as important as the quality of service. Health is important and having the right surgery and specialization to deliver this service is important to customers and government entities (IDI5, p. 8). The government sector is focusing on delivering high-quality service, while the private sector on the luxury service (IDI5, p. 8). One of the government doctors explains why customers trust in government surgeries, “This is due to the hard work to prevent the infection that happens in hospitals and patient care” (IDI5, p. 8). One customer explains about paying for health services, “we don’t pay any fees in the governmental hospitals. But if we don’t have the card or if the card is invalid, we pay some fees. About 70 to 80 AED” (IDI4, p. 3). Most government health services do not have fees only for administrative purposes.

Moreover, one example is shared about the value and exchange of the medical service for the maid and card, the customer stated, “The value that I get in exchange of these services. First, when I do the medical check for the maid, they give us a health care for her. We can use it in the medical centers for some annual fees” (IDI4, p. 3). For maids, the citizen pays for the health cards, access to services at health centers as an exchange for fees paid. And the customer, have highlighted that those are considered additional services, “I think it is an additional service” (IDI4, p. 3). Customers classify the maid services as additional services and not core services. It is important to classify services to priority and non-priority from the customer perspective and work on the relationships building of the key priority services. However, sometimes it is not clear for customers, “The idea is not clear yet for me. They give me a health card, but what are its uses? I don’t know yet. Can I get her to have treatment in exchange for the annual
fees which I have paid? The card is valid for one year. So, what are the rights of the maid? They are still not clear” (IDI4, p. 4). Some exchange values in the relationship are not clear to the citizen, to have a better relationship and experience the government should pinpoint what is the exchange in the relationship and that service and communicate it to the public. This will get the government closer to the citizen, hence strengthening the relationship by understanding their needs and wants of this relationship and how the government can satisfy that.

The second factor is **time**, in a life threatening condition; time is critically resulting in life or death situation. Therefore, doctors who take too much time diagnosing due to low experience, reflect negatively on the customers’ health status (IDI24, p. 20-21). Patients who go for tests and different doctors have trouble making the right decision, that needs time to think about and sometimes patients do not have that time (IDI24, p. 21). In addition, time is important in building the connection and relationship with patients. One doctor explains what one of the patient’s experience, “We didn’t even see the doctor. He just came for two minutes and he left.” He didn’t give them the time they wanted. So, the communication is key” (IDI6, p. 3). Communication is important to have during the interaction time with the doctor. This will give the doctor opportunity to understand the patients need and hence provide the right solution as explained by one of the doctors, “actually if you know what they want, you talk to them, you’re honest with them, I don’t think you’d have a problem.” (IDI6, p. 13). Communication helps as a bridge between patients’ needs and doctor’s solution. Moreover, **service quality delivery factor** is the **time** which includes waiting time is short and working people in different timings (IDI4, p. 8). In addition, the flexibility of time in terms of working hours and availability of employees 24 hours (IDI10, p. 31). However, the **organizational factors** of **performance measurement** and **time** reduce the time the patient spends with the doctor. Here the operational objectives affect the public objectives, and negatively affect on it. Not only that, but several times patients’ appointments were delayed due to other
administration meetings (IDI18, p. 15). Here the supporter relationship hinders the social beneficial relationship, which is negatively affecting the relationship rather than enhancing it.

The third factor is the availability of a specialized doctor, medicine such as vaccination and appointment (IDI4, p. 20). For instance, one patient trusts the private more than the government due to the availability of specialized dedicated doctors. (IDI24, p. 1) Another factor is proximity to health services are important for the patient (IDI5, IDI11). One customer explains proximity of accessibility by stating, “When I say accessibility, how near is the hospital from my house? If it’s near or far. If the nearest one is private, I will go for the nearest one.” (IDI15, p. 9). In addition, accessibility includes the availability of parking lot around the hospital or clinic (IDI15, p. 10). Moreover, Technology factor, used in the Ministry of Health and Prevention of Health and Prevention and prevention is a holistic system, even though it compromises of a different system. Mainly the internationally JCI adoption system, Health information system (HIS), appointment system, a quality system (documentation system), a patient feedback system (questionnaire and messages), accreditation system, other soft issues like patient’s rights and safety systems (IDI5, p. 13-14). It seems there is too much system reliance, and they can put together in one system or at least be connected. Gathering information from different sources and system and in one to have a good data about the customers might be time-consuming. That might affect the management utilizing the data for analyzing the current patient-public relationship and hence being able to plan on how to improve it.

This will aid public administrative provide a comprehensive service which is another factor influencing the delivery of Ministry of Health and Prevention of Health and Prevention and prevention services (IDI15, p. 10). One of the companies explains that “Also comprehensiveness to have all the services. So, if it’s comprehensive than we have preventative care, treatment, and post-treatment. So comprehensive care. So, I will go to the one who is giving me everything. I can find him if he has dental,
etc. All the specialties in one place. And maybe somebody will have some specialty. They don’t have all. So, it’s not comprehensive. So, comprehensiveness is very important.” (IDI15, p. 10). It is a one-stop shop that private-sector providers to attract customers with all health services under one roof with specialization. This helps the customers in deciding of where to get treated. Not only that but customers would go to the best quality service whether it is in the public or private (IDI15, p. 10). A government sector doctor explains that even if the private sector is trying to provide more services, the government sector is more comprehensive and specialized because it can bear the cost (IDI6, p. 3). One example presented by the doctor is the neuro and heart surgery where he explains, “Neurosurgery is only in Al Qassimi Hospital because the cost is high. It’s mainly trauma cases. The private will not benefit. So, they don’t do it. There is cardiology in some of the private sectors, but it’s not as advanced as in Al Qassimi. So still they refer patients from private to here. So, there are complete services in the government than in the private” (IDI6, p. 3). Even though that the private sector competes in providing luxury service, available doctor and some specialization, the government sector competes by providing more comprehensive and specialized services (IDI6, p. 3); this effect on the trust and relationship with government.

**Technology** can be used positively to increase the scope of customers by referral through the electronic network in social media (IDI22, p. 11). The doctor gave an example of customers who promote the hospital and himself specifically to do beauty abdominal operations through the Facebook group (IDI22, p. 11). Moreover, the appointment system has helped organize customer flow and reduce waiting time ((IDI22, p. 27). The customer desire to have all her data in one file transferable to both public and private sector by just using her ID (IDI24, p. 7).

In addition, computers and systems affect the interaction between the doctor and the patient. As explained by one of the doctors. That entering the data in the system, while the customer is there, takes
time from the patient. Moreover, looking at the screen, and not to the patient, give the impression that the doctor does not care, because he seems as if they are not listening and not paying attention to the patient (IDI 22, p. 28). A good example is the doctor case as stated, “I was investigating a complaint from a patient's parents against a surgeon, they told me, we know that he is a good surgeon, but he left us and sat down to write on the computer, take a word from me and write on the computer, he did not care about us.” (IDI22, p. 28) The doctor explained to them that this is the Ministry of Health and Prevention system and he needs 20 minutes to enter information because this is information used for audits (IDI22, p. 28). This also is related to the environmental factor, how is the computer set up in the doctor’s room and how it a barrier in the interaction with the patient (IDI22, p. 28). Another example of environment factor is the patient who feels she is going to die when entering this emergency room in the old hospital, with old bed cover sheet that are dirty with stains (IDI 24, p. 7). One customer clear description of that experience, “the bed sheets, there were stains and big spots on it, and they were clear. It makes you feel sick” (IDI18, p16). Furthermore, patients indicate that there are several features that attract patients, such as new buildings (IDI 24, p. 5). The patient indicated that her desired experience if there is a renovation to feel like she’s at home, a place that she can trust with trustworthy doctors (IDI24, p. 7). A fancy place like private sector with cleaner sheets, everything colored, and appropriate beds and that it is equality standardized in all hospitals (IDI24, p7, p. 8). One of the patients explained his feeling when he enters one of the federal government old hospitals that smell and always under maintenance, “When I go to so and so hospital I feel like I become ill” (IDI18, p. 14).

Finally, marketing interactive communication technology for providing services is preferred by customers who prefer an app instead of a website (IDI8, p. 9). One of the doctors indicates that the current system used by the ministry is not a CRM but more of patient’s files (IDI6, p. 15).
ii. Organizational factors

The second group of internal factors is the organizational factors. In the organizational factors, several factors are influencing the relationship including the complex organizational structure, process and standards, performance measurement, staff skills and behavior and support resources.

The first factor that is affecting the provider: doctor relationship is the structure factor. Complex organization to manage with diversified staff, customers, roles, and services. A healthcare company that has been managing hospitals explains, “Hospital management is very difficult because you have everything. You’re dealing with people; with doctors, with a staff of different nationalities, and with customers of different nationalities. For example, staff nationality is another factor affecting the trust of patients. For instance, one customer stated that she trusts Indian doctors more than Egyptian doctors because of specialization (IDI24, p. 6). The patient understands that she underestimates the Arabs expertise in medicine, even UAE nationals (IDI24, p. 6). However, she still unconsciously makes their choice per nationality due to her perception of its link to expertise and knowledge. Therefore, doctors’ different culture and training in different countries such as Sweden will be different if trained in the UK as explained by one of the doctors (IDI6, p. 21). This will create variance in the delivery of services due to the different way of handling customers, the diagnoses, and the treatment itself.

And even in management, you must focus on quality, on care, on nursing care, on hospitality, the food you’re giving. Everything. You're managing many organizations in one.” (IDI15, p. 12). Therefore, understanding the different typologies of services and how to manage them effectively would be important and helpful for managers. One customer sees the complexity of ministry work and suggests it adopts a divide and focus approach to managing it, “if they get divided, organized and there is a sector. Everyone will be more responsible and he knows what he’s doing because he will have tasks delegated so he will be more focused.” (IDI8, p. 11). Delegation is key to having a quick response from people in
the field to customers’ needs. In the ministry, decision-making is centralized with top management, which creates a bottleneck for middle management and front lines who can’t push the services to finish quality. This will take time and customers will get angry and maybe will be losing money if procedures and not approved.

The second factor is related to various processes and standards followed by the ministry of health due to its complexity and diversification of provided services. Some quality checks (QC) are burden on doctors and hinder their service delivery to patients, one of the doctors explains the QC, “It observes the doctor in case he writes or not, if he did not write, so he made a mistake, you should know how he met the patient and what he did. This QC exists in all the world and become a sword hanging over the necks of staff. Now, what should be done by the doctor? Check the patient? Or write on the computer?” (IDI22, p. 29). Even though that the quality checks are to ensure the delivery of excellent service to patients, it is burdening the doctor of clerical work and distracting him from focusing on the customer. Therefore, it is defying its purpose and causing more harm to the relationship. Even though there are standards, customers see that different level of services is provided.

The third factor is performance measurement, that needs to measure the right thing to reflect both the individual and the organization efforts. One measurement factor of good doctor patients’ relationship is the increasing number of customers over time (IDI22, p. 29). The recurring customers show that they have been managed well and have a good relationship with a doctor. One example is what one of the doctors highlighted, “I have a doctor appointed by interview, he was excellent and holds licenses…. Since he began to work with us, we would see patients leaving him, and they complain, they say, I want to go to…another doctor.” (IDI22, p. 29). It is not enough to have good education and knowledge but more important to have social and emotional intelligence skills to deal with patients and gain their trust.
Another measurement factor is focusing on operational management like the number of beds and number of patients. The focus should be on the patient and public satisfaction or even happiness (IDI5, p. 15). This emotional indicator is important to show how effectively the public administrator or doctors are handling the customer relationship. However, being realistic it is not possible to achieve for everyone as highlighted by one of the healthcare companies, “you cannot make everybody happy. There will always be some complaints. If there are no complaints that mean the hospital is not working. There should always be complaints” (IDI15, p. 2). This is important when setting expectations for management and customers of what can be delivered. However, a public administrator suggested other indirect subjective indicators for service quality, “for example, decreasing the number of death, the percentage of infection cases, the decrease of periods of staying at hospitals, reducing the number of re-admittance, and the decrease of medical mistakes done.” (IDI5, p. 15). Even that they are not directly about happiness but it shows the level of health quality from such indicators.

Others may put a forward better indication of a positive relationship which is trust. That is an important indicator, however, patients might trust the doctor but not be happy with the availability of the service or proximity of the service. Therefore, the end results define the emotional status of the patient or public sum up all effects of different factors affecting the relationship may overall be negative. However, satisfying everyone is mission impossible as highlighted by one of the patients, “Whatever she did and she will do, will not satisfy everyone. People’s mentality is different, some of them can understand that this is happening and it's fine and some people don’t understand this and want the things immediately.” (IDI8, p. 11). This should be reflected in the design of key performance indicators.

One doctor highlighted several indicators that patients trust the government. He gave the example of VIP’s come to government because they trust the government intent, “The private will do anything to
get the money.” (IDI6, p. 6). Intention and drivers of the relationship affect the level of trust, even if you have money. Furthermore, even if customers have insurance, still they will not total trust private because as they state, “No they just want money there” (IDI6, p. 11). In addition, increasing number of customers is another indicator for trust, “And the load is heavy. If you're seeing 300 or 400 patients in casualty, if you have a huge load, the quality will drop.” (IDI6, p. 6). However, this can reflect negatively on the relationship if the increase is higher than hospital capacity. Mistakes will happen and this will affect the level of trust (IDI6, p. 6). On the other hand, what was surprising that even if customers complain they come again (IDI6, p. 6). They have other options to go to other clinics government and private sectors.

The next factor is employees behave well with customers like they smile, have eye contact, comfort patients and apologize for the delay. Other staff members are just rude, a good explanation for that difference in behavior is, “...it’s individual-level. But I think they are told, as a receptionist, doctors, or nurses, they are told to have respect for everyone. But then it depends on the individual if they actually want to practice that or not.” (IDI24, p. 17). Therefore, motivation should be one to one and not one to all. Some customers even judge the character of the doctor and affect their acceptance of his or her diagnoses. One customer explains that by stating, “I like the doctor whom his character reflects what is in his heart. For example, I judge the character of the doctor by the way he treats me, and how he welcomes me when I went to him.” (IDI10, p. 8). So, the character is important in gaining the first impression and trust of patients. In addition, one patient identified how a caring doctor who has your best interest in mind have a better response from patients (IDI10, p. 11). Other patients identified that the doctor diagnose is the key to trust, the more it is convincing without hidden agenda of financial gains like just going ahead to surgery the better it is (IDI18, p. 4). The patient justified that by stating, “Because if he is not comfortable and the diagnosis is not truly touching upon the problem that he has or is not easing his concern, the patient will continue to feel concern and will not feel comfortable.” (IDI18, p. 5).
In addition, Doctors who are friendly with patients and calm them down gain patient trust (IDI24, p. 5). Even some nurses do not know how to deal with patients especially senior and elderly and need training, as mocked by the customer, “They are not qualified for this nursing job. They should be, what is called “the angels of mercy’. This is almost non-existent in these places, through experiences. Except for those whom God is merciful with.” (IDI18, p1. 5). If doctors do not have the skills nor the positive behavior they lose the public trust in them as explained by the customer, “Maybe rarely…over the past 20 or 25 years in the city of Khor Fakkan and its suburban areas, we have heard of skilled consultants that a person may trust and go back to.” (IDI18, p. 14). This indicates a direct relation between staff skills and trust in Ministry of Health and Prevention. Skills were highlighted by one of the patients as a success factor for delivering great services, “by sending the doctors to workshops outside. Maybe if they keep doing exams for the doctor to make sure he remembers everything that he studied. They are touching a very sensitive thing in humans- health.” (IDI8, p. 11). It is not the systems that are important it’s the knowledge and updated skills and experience doctors obtain to provide the latest health solutions to patients and consequently save lives.

Moreover, evidence of negative doctor behavior on patient trust is when the doctor is smoking and preaching to patients not to smoke. (IDI18, p. 14). Providing great health services is not only for doctors and nurses to deliver it should be all employees as emphasized by one of the healthcare companies, “To me, from the cleaner to the top manager, they should have in mind their service and how they treat patients.” (IDI15, p. 11).

Motivating staff is key to making customers happy and better patient-doctor relationship. One of the doctors explained that they have equal pay although some work more than the others. However, internal motivation as one of the doctors stated, “we feel a priceless joy when we see that the patient has been cured and got back to his family and his job happily.” (IDI22, p. 32). It’s good to learn from the
private sector on pay scale and bonus on several customers would help motivate employees. Nevertheless, pay is not everything the emotional gratification doctors get by curing people and saving a life should be celebrated and spread among medical professionals.

It is important to recognize that organizational aspect of internal relationships affecting external one, for instance, to deliver the family relationship with customers, the staff work collaboratively in a family spirit, with no discrimination (IDI22, p. 13). Moreover, public administration support is important for delivering government services, such as providing technologies, new ways of surgery, and providing expensive resources (IDI22, p. 13). However, if there was miscommunication or coordination between employees it might reflect negatively on customers. A good example of angry patients who came for an appointment that was re-scheduled between two departments without notifying him (IDI6, p. 12).

Finally, support in terms of medical resources, usually the doctor recommends the best medical device for the patient and another committee evaluates the price (IDI22, p. 16). Here is doctor intent is to benefit the patient with the best technical device in the market, however, limitation in the resources might lead the Ministry of Health and Prevention to choose a less expensive and similar medical device. In another example is buying the expensive high-quality beds to reduce bed sores, is the committee decision, however, having a doctor who is customer center and wants the best for patients is key influences for high-quality equipment and facilities (IDI6, p. 7).

(4). External factors

Finally, are the external factors affecting the “Provider: Doctor” relationship. They include competition and collaboration.
i. Competition factors

Competition factor in the social beneficent “the provider: doctor” relationship is related to the private sector, local government, and other countries. To begin with, now with the restructuring of the UAE government, mainly within the Ministry of Health and Prevention; the privatization of hospitals and clinics will help in raising efficiency and effectiveness. And stop the waste that was taking place in hospitals. For instance, one of the doctors explained that while he and his colleague were busy with one operation after another, other doctors did not have patients (IDI22, p. 3, p. 7). If the government engages in a partnership with insurance, this will help in competing with the private sector (IDI5, p. 2). However, is that what it wants to do especially with the structural changes that focused more on the legislative and preventative role. The ministry was even considering partnering with the private sector in providing services using the insurance system (IDI5, p. 2).

However, since the insurance is not used by the government and only with private health organizations, this has created a migration of customer from the government to private (IDI22, p. 6-7). At the private sector with insurance, they get health service without paying and getting excellent service (IDI22, p. 6). This is not only an effect on non-citizen but also on the citizen, even though they get health service for free in the government sector (IDI22, p. 6). However, the private sector provides many other aspects of the service that would be more appealing than the government. The private sector also competes even with the government of pricing services one example is Belhoul private hospital next check the government prices in Al Baraha hospital and then provide a cheaper check up (IDI22, p. 9). There are two types of private hospitals competing with the public. One company is competing on target segment of the patient, which is from the low to middle-income individuals, hence competing on price like Belhoul hospital and Zaleekha (IDI22, p. 10). Another type of companies is targeting high-end segment, which is a rich patient who will pay for a good elegant and luxury hospital like Saudi German Hospital (IDI22, p. 10).
The private sector competes with the government sector on several factors including experience, availability, proximity, emotional handling, time, price, and reputation. In a private hospital, the customer would be treated as if they were in a luxury hospital pampered and taken care of (IDI22, p. 4). The flexibility of appointments and availability of doctor is a key factor to attracting patients (IDI22, p4). The private sector hospital environment is provided in beautiful, chic environment, with the air full of perfumes scent (IDI22, p. 8). The doctor, nurses and other medical staff have a welcoming positive attitude, smile, listening, cheerful with patients (IDI18, p. 5). In addition, they would give enough time to explain the diagnoses and help the patient decide that best fits him or her (IDI18, p4). The private relationship with patients is based on doctors’ attitude and clarity of diagnoses that demonstrate real care (IDI11, p. 11). Moreover, the private sector is stable and they are doing something good they continue practicing it, and if it’s not good they stop it (IDI11, p. 11). Overall, the operations of hospital depend on market competition and population. For instance, the highly operational hospitals are either the ones working in the active market such as Dubai even with competition, or the hospitals that are sole providers in another city without competition (IDI22, p8, p. 10).

The private sector is also competing with the ministry, PA explains, “They are still not clear. That’s why most people get their maids to private clinics; they prefer paying money and getting things done without a headache.” (IDI4, p. 4). Exchange here provided by the private sector is peace of mind as an exchange of paying money for health service. This is the emotional experience that the citizens want to get in exchange for the money he pays. Competition exceeds the country borders due to high cost, “and the cost here was very high.” (IDI4, p. 7). The competition here is not limited to the public and the private sector, it goes beyond the borders by competing with other private hospitals in the world.
Other countries compete with UAE health providers by being good at quick diagnoses (IDI10, p. 26). Time is a competitive factor that drives people to travel abroad to be treated (IDI10, p. 26). However, due to the distance, some patients do not have their relatives and friends with them hence no emotional support and then leave them to depression and hence affect negatively on their health (IDI11, p. 23). The UAE national agenda is driving UAE to be one of the top 20 countries in delivering health care services. The UAE is striving to provide a comprehensive service and excel in each area of healthcare sector. Other countries have been noted to excel in certain areas as explained by public administrator, “Japan is very advanced in hospitals services. Norway is very advanced in raising the health awareness and education.” (IDI5, p. 15). Not only those two but also United States of America and Sweden fulfill the competitive health criteria (IDI5, p. 15). Other countries are good in terms of creating societies for small groups of sick people with the certain disease (IDI6, p. 18). This helps in raising awareness, providing emotional support, and good reference of how to deal with the disease on daily basis.

Finally, going back to local competition, the ministry is competing with other local government bodies. The local government Dubai Health authority competes with the federal government by providing good services at a higher price (IDI22, p. 7). The variety of government authorities both local and federal providing services affect the level of services delivered (IDI6, p. 21).

ii. Collaboration factors

The collaboration in this relationship is with individuals, NGO’s, government bodies, other countries and the private sector. First is a collaboration with local government. Even though there is competition between the local and federal government. The various government bodies collaborate on different health standards, laws and direction of the government.
In addition, the UAE government collaborates with other countries such as Korea in providing health services for the public (IDI 11, p. 24). One example is that sheikh khalifa hospitals in the city of Ras Al Khaima have Korean medical professional as an added value to the healthcare system (IDI11, p24). The Korean administration partnered with UAE government to provide health services in the hospital (IDI11, p. 24). It was an excellent service that when the patient explains how the doctor felt relieved finding of his father external tumor rather than internal (IDI11, p. 24). This demonstrates how close the relationship between the doctor and the patient is.

In addition, the customer explains how cooperation between consulates of UAE can be beneficial, “So if she is 18 years old, she must have a document of travel approved from the Consulate in addition to the medical check. This is done by the Embassy of UAE and her country’s Embassy too.” (IDI4, p. 5). Cooperation would be between two countries government, in this case, the two countries embassies. Then the UAE embassy coordinates with the Ministry. More cooperation and partnership from local to international cooperation when dealing with customers coming from around the world. Here diplomacy is important in the relationship and in addition, the form of Memorandum of Understanding and higher partnership agreement shape as an umbrella that support the development of processes and administration between the countries citizen.

Furthermore, collaboration is with Siemens company to manage the laboratory and radiology department too (IDI10, p. 26). Collaboration in a relationship can be on certain services in the hospital such as this example. This collaboration benefits both sides were UAE benefit from technology and knowledge of Siemens and in exchange Siemens benefit financial gain.

Emotional support, awareness, and knowledge are also provided by a health support group, which are people who want to support each other or people who are facing a certain illness. For example, there are many societies support group explained by one of the doctors, “We have the cancer society, with the
Pink Caravan. We have the Rheumatology society. And it’s a relative of a patient who has this disease. And they gather under the umbrella of the Sharjah ruler’s office. They have their own budget. They do certain activities. It’s in the supreme council.” (IDI6, p. 16). Therefore, community plays a big role in providing support at various times, even outside hospital working hours. The relationship is strengthening among this group and the government. This collective effort with the collaboration with the government helps patients in their journey and aids them from falling into other illness like depression. In addition, some doctors and TV stations provide health and funding support for patients (IDI6, p. 16-17).

In summation, the social beneficent relationship “the provider: doctor” between patient and doctor. Is the most complex one, yet the most emotional one. Here, key factors are highlighted such as communication, emotional handling, doctor behavior, and skills of staff that affects the trust of the patient. Important factors of which is referral and reputation can help the customer to take the relationship directly to trust relationship without even interacting with the doctor. Overall, a human-centered, family oriented relationship with doctors based on trust and personalization is key for the success of this relationship. This is why it has been titled as “The provider: doctor” social beneficent relationship. This is what differentiates this relationship from the other seven typologies. Next one is the next part of social beneficent “The provider: Teacher” relationship that will highlight even more variance in factors, description, and management of the relationship.

e.2. Social beneficent “The provider: Teacher” relationship typology

The other type of social benefit is training and development. This service has been chosen to see if there are different factors affecting managing of this service. It would be like the education system in terms of concept and value delivered. Three main interviews have been conducted for this service, public administrator, trainee and one person representing the public. The following are the main factors in each
group of factors. It includes government exchange relationship, customer journey factors both (before and after interaction), internal factors of (service quality factors, and organizational factors) and finally external factors (competition and collaboration).

This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration. The social beneficent “The provider: teacher” relationship figure highlight all of the factors (See figure no. 11). It illustrates the key players in this relationship including beneficiary (B), in other words, students and health professionals, who approach Trainer (T) to get Training and development services. The trainer then ensures all training materials are delivered and understood by students. There is a strong relationship between the training and development center and universities (U) for accrediting experience and getting certified licenses. The figure demonstrates how the key values of learning and education, accredited experience, and continuous education in the center of the relationship get deliberated and delivered in the social exchange relationship. Not only that but there is another outcome from the relationship between government (G) and public (P) that reflect positively on the feel of high-quality health care professionals in the market through the constant update and cultural change of healthcare industry.

(1). Government relationship exchange factors

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, government’s role, unique relationship, service concept and value, social exchange relationship. To begin with, government role in the training and development department was to create cultural change in the professional healthcare industry (ID19, p. 1). Relationship management of this typology is to build trust and credibility of the healthcare industry. This center provides a unique
combination of services which are continuing education training, postgraduate selection, and leadership development program (IDI9, p. 14).

Currently it is a social exchange, however, in the long run, it is planned to be an economic exchange relationship (IDI9, p. 6). There will be fees for those training sessions and programs. The difference between the training and development and hospitals relationship is that the first is the one to many while the latter is a one to one (IDI10, p. 22). It is not customizable per person exactly but a trainee can try to reach a different level of students and bring them to a common level.

(2). Customer Journey factors
In this relationship, there is two public segments direct and indirect segment. The direct segment is called beneficent (B) in this relationship they are the students. The indirect segment is the public who have an experience and well-updated health care professionals. The provider of this service is the government through teachers (T). Universities (U) also collaborate with training and development center for accreditation of students’ experience. After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 11).

i. Before interaction

First, there is the relationship before the interaction, that focuses on the customer himself and his persona. The customer persona factors, which include customer profile, experience emotional status, reputation, referral, reference, responsibility, expectation, and choice.

To begin with is the profile of customers include trainee, students, professionals and even members of the public (IDI9, p. 2). They are not only receiving knowledge but a practiced skill that needs to be gained in the health industry to be licensed. Therefore, the experience factor in this relationship is important, it differentiates it from educational institutions like the Ministry of Health and Prevention of education. Further clarification is in the following statement, “The Ministry of Health and Prevention of Education is developing people academically, we are developing people professionally” (IDI9, p. 17). The hands-on experience of the how to conduct CPR is important even for the general public; learning through experience. However, the most important customers are the patients (IDI9, p. 3). Even though this department does not interact with them directly, the training given by the department raises the quality of health services delivered by doctors (IDI9, p. 3-4).
Next is the **emotional status** of students in this relationship. The emotional group mainly students are worried, as stated, “One of the defining moments in these students’ lives to get their license. Their families have made a huge investment for them to come to here, do their internship, and get their license.” (IDI9, p. 9). The stress for students and families need to be addressed and assured by communication and delivery from the training. When some students have problems that are resolved by management, the center **reputation** is spread, and these are good **referrals**. Reputation and referral factors significance are clear in the following statement, “When they see that they have people listening to them and understanding their story rather than telling them, “these are the rules.” This changes a lot. These types of stories spread a lot. And we are depending on this word of mouth to spread across our target customers.” (IDI9, p. 9). On the other hand, trainees explain their feeling in training, “At the first day you feel that it’s a new place but then you get used to the place, the people and even to the lecturer himself.” (IDI10, p. 4). It seems that relationship develops as time goes by and daily **interaction** help gets people closer. The more exciting the lecture the more its add value to the trainee, this has been highlighted by one of the trainees, “because his lecture was excellent in a way that would make your mind "electrify". I think it was called "Positive energy” (IDI10, p. 5). The **emotions** that the trainee goes through the training is positive as explained by one customer, “Maybe leadership, sometimes you feel that you have some talents but your rate in that talent declined so by attending the course you feel that this talent is there and improving as well.” (IDI10, p. 16). In this **interaction**, the customer gains knowledge, and hence self-assurance about the skills he has and it takes him to next level.

The **referral factor** is essential in this relationship. Referral factor is important and builds on the image of the ministry and hence trust. Positive stories spread by referrals, one public administrator explains, “These types of stories spread a lot. And we are depending on this word of mouth to spread across our target customers.” (IDI9, p. 9). Therefore, communication between people is trustworthy and affects the image of ministry among targeted customers.
Along with this line reference is another factor affecting the relationship. This customer sees the trainee as a referee for checking the information even if both do not agree on the point of view (IDI10, p. 15). The trainer is not the only source of information, the internet today has many different sources that customers use (IDI10, p. 15). The teacher experience is explained in the following statement, “The teacher’s experience would be in teaching you to be able to improve yourself by yourself” (IDI10, p. 15). In comparison with doctor experience, the doctor experience as highlighted by the customer is, “the doctor’s experience would be by having knowledge about reference and finally provide you with the result which you will notice in the improvement of your health.” (IDI10, p. 15). Therefore, trainee does not need trainers for a long time, but patients need doctors because they cannot treat themselves.

Trainee responsibility is a key factor in obtaining the benefits from the relationship. However, it’s the responsibility of the person attending the training and engaging in this relationship to decide to interact and learn. One customer explains further, “If the trainer finds that you are participating, asking questions, or maybe you’re trying to learn more from him. Then he will pay more attention to you.” (IDI10, p. 19). Therefore, in this relationship, the trainer gives information, but it’s the trainee’s responsibility of obtaining the knowledge. Some customers do not put much effort and just want to pass the subject. (IDI10, p. 19). In addition, the customer has the choice of choosing any training that fulfills their needs (IDI10, p. 21). Furthermore, the more creative and talkative lecturer the more engaging lecture the less (IDI10, p. 21). The methodology of delivering the teaching services is not the bureaucratic and old school just reading from a book, it is more engaging, creative and social.

In addition, another factor is customer expectation. Since the center provides high-level services there should be an effect on expectation. As explained by the public administrator, “From day one we are starting to apply world-class quality of service. So, this leaves us with very high expectations from
our customers.” (IDI9, p. 7). This means that better communication what will the center delivery, and how to maintain the delivery of such high standard, so it does not lose the customer trust.

ii. After interaction

Next group of factors that are highlighted in the after interaction part of the customer journey. The key factors are personalization, communication, trust, knowledge, engagement, emotional management, relationship management. First is the personalization factor, which applies to those customized programs that are dedicated for certain segments, and that value is achieved by delivering the trainee personal objective from training (IDI10, p. 9). Communication factor is key in terms of delivering those training programs.

Even more important is the knowledge factor. It is the competitive edge for a training and development center. The public administrator has pointed that they can’t compete with Abu Dhabi because as he stated, “their e-library is more comprehensive than ours. Because they have been maturing their e-library for over 10 years.” (IDI9, p. 4). This highlight that the e-library is a source of knowledge that strengthens the preference of students to engage in a relationship with Abu Dhabi local government instead of the federal government.

Overall, training and development centers adopt the stakeholder management approach as a relationship management method follows the following steps. First, the center tries to engage its stakeholders/customers by conducting surveys and interviews as a base of reference (IDI9, p. 11). Then, it is finding assistance in assessing the relationship and develop engagements accordingly to be reassessed on an annual basis (IDI9,p. 11). After that, stakeholders are invited to attend strategy engagement workshops and events on an annual basis and vice versa. Through the year mutual meetings and projects are conducted. Finally, interactions get measured on an annual basis (IDI9, p. 11).
This **customer engagement** is one of the key relationship factors. The public administrator highlighted that they engage the customer through focus groups, annual training analysis, survey and other data, to understand their needs and design training programs that satisfy them (IDI9, p. 8). It has even been able to identify problem faced by students who have been following a rule book to get their license which is old and not following current standards (IDI9, p. 9). Even though they were following the international standard, they did not obtain the license (IDI9, p. 9). In addition, parents look for the best for their kids, and since the parents trust the government they recommend their children train and get licensed from MOHAP (IDI9, p. 9).

**Emotional management** is an important factor, as explained by public administrator, “So the reaction of the students and the reaction of the parents when they see that they have people listening to them and understanding their story rather than telling them, “these are the rules.” This changes a lot” (IDI9, p. 9). Listening and understanding customers even before doing action is highly respected and trusted by the customer. When the customers if they trust the trainer, she said she trusts him and stated, “but I’ll discuss more with him if I am not convinced about a certain idea.” (IDI10, p. 14). Even if there was trust in the relationship, taking the information needed convincing and dialog between customers and trainers.

In addition, the **trust factor** here as per the public administrator does not apply, as he explained, “It’s more a matter of research and study, rather than trust” (IDI9, p. 7). Therefore, it seems that the **knowledge factor** is more important, learning about the customer is the way to gain his trust, he elaborates on that by saying, “When I understand them and provide them with what they need, in this way I will trust them.” (IDI9, p. 8). Knowledge is another influence customer choice because Abu Dhabi health authority has a comprehensive e-library matured over last 10 years (IDI9, p. 4).
(3). **Internal factors**

The internal factors include two group of factors, service quality and organizational factors. The key service quality factors are time, proximity and price. While the important organizational factors are process and standard.

### i. Service quality factors

To begin with is the relationship enhancers group of factors which consists of service quality factors. First is **time**, as a factor in building trust, the public administrator stated, “Building trust, credibility, and dependability takes time” (IDI9, p. 4).

Second, is the **price** factor which is important when competing with other government services. Pay influence the relationship, it encourages the customer to come to the training center because customers are encouraged to come to training centers since the services are free (IDI9, p. 4).

Finally, is **proximity** factor in service quality factors. Location influence customer choice to interact with the training center (IDI9, p. 3). For instance, students and professionals in Abu Dhabi would prefer to be trained in there and not at Sharjah center (IDI9, p. 4). For students coming from Abu Dhabi, it is difficult. Therefore, most of them in that are relying on Abu Dhabi local government. (IDI9, p. 4).

### ii. Organizational factors

The second group of internal factors is the organizational factors. In the organizational factors, several factors (factors redundant) are influencing the relationship including the process and standards. It focused on the process and standards factors. The results of having various service concepts under one umbrella are to have different standards to deliver those services. It seems the center is overwhelmed with technical bureaucracy or steps and procedures that may let him lose focus on the customers and how to develop emotional relationship management. It seems it more management by rational than emotional
management. There are government requirements for the federal excellence model - sheikh khalifa program, the organizational requirement and standards of health and safety ISO, and competition level of international awards requirement (IDI9, p. 15). Other international standards for training and development are the Chartered Institute of personal development and the American Association of talent and development standards (IDI9, p. 15).

However, the training center is engaged in more practical, scenario, simulation kind of training, that helps gain the trainee an actual experience and help manage his reaction and emotion. One example is stated by a public administrator in reference to medical dummies, “the dummies that people practice on are nearly alive. They are reactive and you can measure their breathing and their heartbeat. And if you hurt them they will tell you are hurting them” (IDI9, p. 16). The more hands-on experience, the better qualified the trainee should operate with real patients and hence they deliver better service.

The application of world-class standards is faced with an internal resistance to change, this negative relationship is managed and is supported by leadership, “change has to happen. And thankfully we have very clear instructions from our leaders, that you change or you will be changed. So, the motivation is there. And what follows is only a basic change in management processes that we follow.” (IDI9, p. 7). It seems the department and leadership’s strong relationship and support will aid in changing the relationship and behavior of doctors. Organizational culture towards training is important in developing individuals who provide patients with high-quality service. However, managers in the ministry have a different view, “I would rather invest time in you helping the patient rather than you go into training. However, if I dislike this employee, I will send him to training.” (IDI9, p. 10). Therefore, the public administrator sees that training is a tool of punishment instead of a reward for good effort or development for a better career (IDI9, p. 10). In this relationship value, it is more important to develop the customer-ministry relationship rather than employee-ministry relationship. Although the latter
relationship will have a positive impact on the patient-ministry relationship because the employee will be knowledgeable, trained and experience on how to handle a relationship and deliver a high-quality service incomplete thought. The solution proposed by the training and development department is communicating positively about training and rewarding trainees by celebrating their achievement and spreading the word among the organization via internal communication channels (IDI9, p. 10).

(4). External factors

Finally, are the external factors affecting the “Provider: teacher” relationship. They include competition and collaboration.

i. Competition factors

Competition is mainly from the government sectors such as Abu Dhabi’s local government, who provides similar training and competes on knowledge, experience, and location. (IDI9, p. 4).

ii. Collaboration factors

Since this relationship is striving to develop healthcare network skills, most of the collaboration is with universities and licensing departments (IDI 9, p. 5). The ministry wants a bigger role with universities as explained by public administrator, “we are also aiming at regulating the way they accept their students. And the way they structure their curriculum for their students to make sure they fit in with the needs in the UAE. We also accredit their training hours. And we also train their students to be licensed.” (IDI9, p. 5). Therefore, the earlier the collaboration and the relationship develop with the university the better is the results of matching the UAE needs of doctors. Also, there are social responsibilities projects for the public like CPR training for kids, or they go to schools for spreading awareness (IDI9, p. 17).
The credibility of the education and training is influenced by knowledge and international standards. In addition, the systematic management of relationship was understanding the student needs and responding to it. However, personalization can only be achieved if there is cooperation from the students and trainees in being responsible for attaining the knowledge they want through participating in the practical experience. This why it has been titled as “the provider: Teacher” social beneficent relationship. It is a one to many relationship that can apply some customization but it’s a two-way communication and engagement. Where the results for the community is the responsibility of the student and the government along with creating a well experienced and updated healthcare professional. This is what differentiates this relationship from the other seven typologies. Next one is Organizer, “Market organizer” relationship that will highlight even more variance in factors, description, and management of the relationship.

f. Organizer “Market organizer” relationship typology

In the organizer relationship, there are three types of interviewees’ public administrator, company, and the public. Four of the interviewed public administrators are providing services for services. Three of them are licensing such as Ad license, company license, and professional license. The fourth service is a different one, which is a medical professional assessment. The following are the main factors:

This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after,
internal factors of service value and organizational factors, and external factors of collaboration. The organizer “market organizer” relationship figure highlights all the factors (See figure no. 12). It illustrates the key players in this relationship including registrar (R), who approach public administrator (PA) to get a medical license for individual or company. The PA then ensure all paperwork is complete then raise it up to third-party company (3P), for the due diligence and check-up on individuals’ qualification and experience.

The figure number (10) demonstrates how the key values of regulating, licensing, authentication, a supplier of health care sector and updated knowledge in the center of the relationship get deliberated and delivered in the social-economic exchange relationship. Not only that but there is another outcome from the relationship between government and public (P), that reflects positively on the feel of healthy high-quality health care’s services and products in the community.
(1). Government relationship exchange factors:

Understanding the role of the government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, government’s role, service concept and value, complexity, social and economic exchange relationship, and relationship value chain. To begin with, the **relationship description** is organizing the healthcare market by the government from fraud and facilitating healthcare companies to operate and authenticate health care professionals. The relationship varies from collaboration, partnering to doubting. The public administrator does not trust the companies or professionals from the start, by explaining, “no because we are responsible; if there is an error, it must be stopped right here from us.” (IDI29, p. 5). It seems that licensing is a certificate of trust that the government provides for the public. On the other hand, companies in the private sector believe that the relationship between public and government should be based on partnership and cooperation (IDI18, p. 2).

Then is the government role that shapes the public-government relationship. The **government’s role** here is a regulator to organize the market by licensing companies, professionals, and ads. Also, ensure the safety of the public, by assessing the capabilities of healthcare professionals (IDI12, p8). One customer explains the importance of licensing role, “to check the doctor to see if he has a lot of certificates. Nowadays, they are opening clinics and mention that they are doctors but they are not.” (IDI8, p. 1). License protect patients from frauds and help save their lives from unauthorized or bad quality medication (IDI8, p. 1). After the restructure of privatizing hospitals and government focusing on legislative and supervision role the government provided both the distinct services as in private sector and the trust of government overseeing private sector operations and holding them accountable (IDI18, p. 3). Government’s role is to balance between ensuring the safety of patients and encouraging investment of healthcare companies to increase the availability of services in various locations (IDI12, p. 15).
ensures the credibility of health care services and ads in the market to deliver the value of protecting the public from misleading and fraud products and services (IDI13, p.1, p. 2). It’s a mix of formal and informal relationship as explained by public administrator, “it’s not totally a formal relationship, it’s open for the client to express what they want, and you get their opinion; it’s in between” (IDI29, p. 5). One customer stated the unclear role of organizer, “Actually, I don’t know that much about this field. But what I know is that they have strict procedures towards doctors and pharmacies. So, it is a very long process, they make sure of their certificates and everything.” (IDI4, p. 2). There is the organization role of making sure that the doctors are certified and the medical institute is following procedures. Here the longer process and more complex the better and it gives the customer and sense of assurance that the government did take enough time to ensure that the doctors are good and the medical institute can perform well to deliver good health service for the public.

Then there is the service concept and value factors. These services (which are you referring) are complex with many procedures and laws to follow to obtain the license. Moreover, the health professional assessment is not assessing knowledge level but the experience level (IDI14, p. 9). Therefore, it is important as Public Administrator to double check health professionals experience, “My job is to verify and confirm that this doctor is truly qualified for the job that he has applied for.” (IDI14, p. 11).

Next factor is the social and economic exchange relationship. Social exchange is more than the economic exchange since the fees are nominal (IDI29, p. 4). An evidential statement of the social intention of the service is, “we are an establishment that is service based on not for profit.” (IDI14, p. 3). However, the public administrator coming from local health authority that charge AED 4000 instead of AED 100 see that the benefit of the high price is to act as a barrier to entry for fraud companies (IDI14, p. 3). It was interesting that there were more trust and fewer procedures and fees for semi-government
entities that have a mixture of social and economic exchange versus companies who are focusing on economic exchange relationship (IDI12, p. 12). Companies interact with the government, not doctors who work with them, therefore, its indirect relationships with doctors working for other healthcare companies (IDI29, p. 2).

Then there is the relationship value that affects the whole relationship. The Ministry of Health and Prevention mistrust professionals and companies from the beginning of the relationship. Therefore, the relationship chain value is extended to a third party in the medical and professional assessment to do the qualification and experience check abroad (IDI14, p. 11). This takes a long time, and it affects the companies and professionals’ money since they started renting and promoting their services. In the organizer relationship value chain companies are more powerful due to their experience and knowledge. The government needs them for developing assessments and legislation and policy for the healthcare industry (IDI14, p. 6). A doctor explains about Data flow which is the company contracted by the ministry of health and prevention to check the credential of doctors and health care professions (IDI6, p. 21). The intention of that process is good, yet the execution of it is horrible, complex and takes a long time (IDI6, p. 21). The doctor gave the example of himself when he applied for a license, after graduating from Sweden 14 years there were many questions and requests (IDI6, p. 21). For instance, contacts of people in Sweden, and good behavior certificate from the Swedish police were requested to get the licenses (IDI6, p. 21-22) These requests are creating complexity and difficulty to healthcare professionals and companies. As the doctors describe it, “This is a mission impossible. It doesn’t work.” There are so many complicated things. I think putting too many rules also becomes negative. You can complicate things so much if you want. And even rules implementation is so slow. The bureaucracy is so slow.” (IDI6, p. 22). The licensing department might have good intentions of protecting the public, but it’s overdoing it that tightening the knot on the companies to the extent they bankrupt or don’t want to operate in UAE. Hence creating a negative and not appealing environment for attracting healthcare providers to invest in UAE.
In addition, relationship value and power can be obtained through association. For example, one of the private companies wanted to create private hospitals association so they can have bargaining power over insurance companies, medical equipment, and other hospital supplies. Therefore, the government can collaborate with the private sector in making those associations help reduces the cost for companies and patients. Relationship chains can be created with the value of power, connectedness and enhanced relationship.

Tapping into the informal powerful connection was the way this doctor has been able to raise his concerned of absurd rules and obtain his license (IDI6, p. 22). However, others who don’t have the privilege of connections would be stuck or even lose their business (IDI6, p. 22). Moreover, some companies who obtained the license, then they are stopped quickly for inspection and then took them months to reopen the business (IDI6, p. 22). One example of a treatment was acceptable called PRP however, one VIP got complication from infection, the ministry stopped that procedure for months, and afterward, they found that it was not the cause (IDI6, p. 22). Stopping a cure from being used is an opportunity cost not in terms of money or business but for patients to regain health which ultimately affects the government, private and public relations.

In addition, the health professional assessment service is a pre-requisite for licensing (IDI14, p. 2). The department place standards for the accepted education level, experience, and the countries and organization he is certified from (IDI14, p. 2). Since this licensing and assessment service is a complex integrated procedure with many entities both federal and local government, the Ministry of Health and Prevention focus on its role, “What matters to us is that we check the activity that is related to us at the MOHAP.” (IDI12, p. 6). This means that no one is considering the whole customer journey across all entities to obtain the license, where it is important to deliver high-value service.
(2). **Customer journey factors**

In this relationship, there is two public segments direct and indirect segment. The direct segment is called Registrar (R) who apply to register and get licenses for practicing medicine and selling healthcare products and services. This relationship is positive if the registrar does not break the laws. On the other hand, there is the indirect segment represented by the public (P), they are the ultimate beneficiary from this relationship by having a high quality, authentic doctors, and healthcare companies. In addition, there is a third party (3d) in this relationship represented in companies doing the due diligence and check on companies and individuals' qualification and experience. However, the main interaction is done with the ministry representative, public administrator (PA). After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after interaction is important to comprehend how factors influence relationship. (see figure no. 12).

i. **Before interaction**

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer **profile, priority customer, emotional status, experience, expectation, choice, customer behavior, responsibility, and right**.

To begin with is **the customer profile** is very high-level professionals with great experience and education level. Companies are mostly medium to large healthcare companies with a lot of investment in the country health industry. The most **important customers** are the patients, “if there were no patients, there would be no procedures nor any companies and no investors coming to us. The patient is the basis for us.” (IDI12, p. 7). The status of the license of the health professional changes as the customer grows in his or her career by education from a specialist to a physician to a consultant (IDI14, p. 8). These life events for health professionals are important to realize when designing the customer journey. In addition,
there are some high-level customers such as sheikhs who are a high level of investment and they have political power (IDI15, p3). Even that they have got some government support in recruiting nurses, however, even they got problems with the services (IDI15, p. 3).

**The experience factor** is an added level of the knowledge and affecting dramatically on the relationship. Next interesting findings is the factor of doctors and companies’ level of experience, and how it changes the relationship to collaboration and partnership. The experience factor here is more important than knowledge as explained by public administrator, “to allow you to work, we must confirm that you have the experience and not only the knowledge- the practical know-how. Experience matters more.” (IDI14, p. 12). Operating in the health sector in people’s lives it is not enough to be knowledgeable but health care professionals should have enough experience to practice medicine. Government highly values its relationships and collaborate with doctors and private sector who are more experienced in certain areas in the development of health laws. Developing law entails high risk and it is a complex process. The implication of the law is important to the health of public and ability to manage relationships with the public in case of medical error. Therefore, the more experience and knowledge is used in developing the law the more it would be realistic and implementable with positive benefits for stakeholders. One example is when a doctor voluntarily developed the assessment system for alternative medicine and provide it to the government and it’s under review (IDI 14, p. 7). Public administrator explains further about how the alternative medicine specialist used her knowledge and effort in developing the assessment outline, “She went and did a course on her own and she did a benchmark and everything and she came and gave us a proposal, and she did it on her own initiative as a volunteer. She did a complete outline” (IDI14, p. 7). Companies’ engagement in developing assessments is a good relationship management where both parties exchange social benefit of knowledge that benefits the healthcare sector and industry and ultimately the public.
Then emotional status is an important factor when being frustrated in a complex service.

A good example, of licensing department, customer become angry, upset of complex service, no one to talk to and a technology that doesn't have time to use or learn about information available such as laws and detailed requirements. Health professionals become upset when failing the assessment and start negatively accusing the committee of purposefully trying to fail them (IDI14, p. 12). However, patiently the public administrator explains the procedures, and takes great measures to satisfy them even to change the committee and redo the test, however, they seem to fail if they are not good to practice medicine (IDI14, p. 12). For the licensing and evaluation doctors, the private sector is suffering and express their emotions by stating, “Before it took 6 months to 1 year to get the doctor’s evaluation. Some of the doctors gave up and it was a bad impression for us in the country.” (IDI15, p. 2-3). Desperation from the time-consuming procedures that make people leave the country. In addition, customers find themselves in a constant fight with the Ministry of Health and Prevention rather than a stable positive relationship, one of the companies’ representatives explains, “Fighting, fighting…What is this? Very stupid. I got angry. Why is the Ministry of Health and Prevention doing this to us? You know they are not, unfortunately, encouraging anyone to put investment in the private hospital.” (IDI15, p. 6). Angry, upset and confused about why is this treatment and putting obstacles rather than opening paths for healthcare companies to open in UAE. Furthermore, in terms of customer feelings regarding inspections, public administrators are happy, “they’re happy when they receive a complaint from the hospital. They just want to catch. They never say, “thank you” …because we did an excellent operation.” (IDI15, p. 22). Resentment from private companies regarding the government relationship with them, as if they are criminals by default and they are just wanting to pounce on them.

Rather than recognition and gratification for good operations and services that encourage the continuity of behavior there is a reliance on the negative. A good example is described by one of the companies, “one time 20 people came from the Ministry of Health and Prevention. One going there, one
going there…it's inspection. It’s bad. We feel like we are stealing something.” (IDI15, p. 15). They were checking and taking pictures of non-medical things like clothes and forms instead of checking the actual medical treatment (IDI15, p. 15). Private healthcare companies and doctors are confused why they are treated as competitors rather than partners (IDI15, p. 30). Companies need for encouragement for doing a good job and bringing in best technology and machines, and recognition of good community projects like “nurse of the future” project (IDI15, p. 0). This project is focused on raising kids’ awareness about health and makes them love hospitals and not be afraid of it (IDI15, p. 24). Youth in the age range of 10-15 are given health education including first aid procedure, how to check blood pressure and other health tips they can do it at home (IDI15, p. 24). There are the positive role and good practices the private is doing in the healthcare industry and community that need to be acknowledged and reflect in changing the relationship to partnership and be involved in decision making (IDI15, p. 30).

Adding to that pain, companies are upset with last minute un-communicated laws and new procedures and requirement that put them under more stress (IDI15, p. 6). Overall with all the emotional stress status of companies they are not happy with such treatment and relationship with government (IDI15, p. 27).

**The choice** for the customer to take a license from the federal government, Dubai, or Abu Dhabi government is dependent upon many factors. For instance, a doctor or a healthcare company wanting to open a business looks at the market, price, salary, licensing, proximity to his house, city economy, network, easier government procedure and cost, and personal goals (IDI12, p. 11; IDI14, p. 3) before making such choice.

**Customer behavior** is another important factor. One example where the customer shoutout, which is a negative behavior if he did break the law. There is something called the blacklist of companies
and individual who were found fraud or made medical mistakes or broken the law. They need something to change their behavior and there are tools to do that.

**The customer is responsible** for getting a quick service, if he follows the rules and submits required papers the quicker he receives the license, explained by public administrator “Sometimes, he gives his paperwork and he gets his license the next day. It depends on his cooperation; we have no reason to reject him.” (IDI29, p. 5). Patient’s rights are an important factor in instilling in the health care professionals such as ethics, obligations, and responsibilities. This is further explained by public administrator, “One of the things we place is professional ethics, work safety, patient rights and obligations.” (IDI14, p. 14). In managing relationships *rights* and responsibility help frame and guide the relationship (IDI6, p. 15).

**ii. After interaction**

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are emotional handling, trust, relationship management, communication, awareness, and knowledge. First is the Communication factor. This process is complex, and the government believes that through clear communication and technology doctors can apply by themselves. This would reduce their confusion, and will not argue and be more confident in getting their license. Another example of communication factor on the relationship is the angry company complaining about and fines. The customer gets shocked when he receives a fine on the Add, he thinks it’s fine to the state, “Best doctor in the world, best product for slimming” (IDI13, p. 10). However, through communication law is explained to them and that increase their awareness level and hence relationship (IDI13, p. 10). Therefore, communication is key in terms of conveying messages to customers and explaining to them why did they get that result. Add licensing public administrator explains the steps of communicating and conveying the message with companies to manage the relationship, “So it’s up to me and my style of
explaining and conveying the information to them. I must start explaining the reasoning to them.

“So, and so, after a study happened…” … “There have been studies that are like this, like that. We must cooperate.” And I would show them facts. So, transparency. That’s the law. “When they issued the law, that’s the reason.” So, they worked with us.” (IDI13, p. 11). Therefore, public administrator style of explaining and conveying the message is by reasoning for laws using facts from studies and transparency to lead to cooperation with the company. In addition, awareness campaigns are running parallel with open communication channel like hotline so any inquiries could be addressed (IDI13, p. 11). Since the whole licensing process is automated, face to face communication channels with front liners is not available, therefore, customers go directly to top management (IDI15, p. 19). Private sector complains that it is difficult to communicate with Ministry of Health and Prevention of Health and Prevention because they cannot find anyone to answer the phone, set an appointment and need to go physically to reach public administrators.

The trust factor is important in this relationship from the beginning, were government distrust customer and this shape the whole relationship. The nature of this service of protecting society and testing the authentication and capabilities of doctors to ensure healthcare delivery create that type of low level of trust in the relationship. However, from the interview, the public administrator gives two main reasons for not trusting individuals applying for evaluation. One is the applicants are cheaters and fraud doctors, another reason they do not apply online due to the complexity of the IT service and the limited time doctors should do administrative work by themselves (IDI14, p. 10). Therefore, some public administrators go the extra mile in checking the authentication of the applicant, one public administrator explains, “it’s not a requirement but we try and check. Sometimes we like to check the owners, are they all with high degrees or do they have high school degrees? Because you need to know, is it simply for profit?” (IDI12, p. 10). The intent is important for the public administrator to see if this company will break the law in the future, so they do not trust companies from the beginning and as if they are looking
for evidence for their doubt. This is a negative start of the relationship from the beginning and the customer can feel that in the interaction as if he did something wrong.

The technology provided for the doctors and companies is a full system, which depends on self-service. The Ministry of Health and Prevention wants to reduce its interaction with the companies. However, due to the complex nature of the service, time, accessibility, and availability of staff to interact with the companies or professions, they become frustrated and belligerent. They start shouting, angry, and upset. No one is there to handle their negative emotions due to the process of obtaining the license. This affects negatively on the relationship between ministry and the companies. Therefore, engagement is good to collectively solve problems faced by companies and health professionals. Companies engagement are important in meetings for developing new procedures as explained by public administrator, “Everyone attends and shares and present their opinions. We cannot just come up with new procedures and make them apply it.” (IDI12, p. 9).

Managing the relationship is vital in this relationship typology. One good example showcasing some factors of managing relationship is the hospital that applied and got approval in 2011 and then came five years later and demands remaining procedures to be finished quickly. To begin with, the hospital was responsible for providing the documents on time but was not met. Yet, the representative came with emotional baggage, he was angry, upset, shouting out, close-minded and not letting the public administrator talk (IDI12, p. 17). He was demanding a quick response, and complained about the system is difficult and that he is not an employee to fill up the papers, even though the public administrator suggested the typing centers can do that for them (IDI12, p. 17). She refused to do the paperwork on his behalf. The hospital representative did not like the system and preferred face to face interaction, yet the public administrator insisted that he goes and do it online (IDI12, p. 17). There was a difference in customer preference of face to face interaction and direction of smart government to go full automation
and customer self-service remotely. This created a tension that can be demonstrated in the following dialogue between public administrator and customer, “A doctor comes and he can say ‘you have made life difficult for us, I’m going back to Egypt or Syria’. I say ‘ok, go’. They say that we closed it up for us. I tell them don’t come, you can upload the paperwork in the system, all the paperwork you need” (IDI12, p. 17). She justified that it’s a change and it takes the time to adjust to the change and adopt new technologies in processing services (IDI12, p. 17). However, it seems more than in such complex, integrated service with many entities and procedures, face to face interaction seems easier than going through long procedures and different entities. Here the public administrator did not handle the customer emotions well and was stressed by being new with the instability of three managerial changes during her first year (IDI12, p. 17). Therefore, happy staff and well directed and the informed employee is key to being able to handle angry customers.

On the other hand, the ad licensing relationship management is a good example of handling difficult customers, as explained by the public administrator, “First it must be a friendly relationship so that the client can accept it from you. The approach always plays a very big role. So, I reject your transaction. But I reject while you are smiling and you understand why I have rejected your application.” (IDI13, p. 17). It is important to understand the emotional status of customer and balance between his business needs and the government needs to protect society (IDI13, p. 17). Public administrator emphasis on being diplomatic in managing the relationship by stating, “First and foremost, I must take into consideration how he feels. Because he also wants his business to go through. And I also want to serve society so that the advertising material is honest. So, there must be diplomacy in dealing with each other” (IDI13, p. 17).

A different relationship management is used in the health professional assessment service, that is based on collaboration as explained by public administrator, “we are with them hand in hand because
sometimes they come to us and approach us and say that ‘right now, we want to do so and so procedure but there is no law to protect me’” (IDI14, p. 6) so laws and standards are not a burden on health professionals, on the contrary, they demand it to protect themselves. Therefore, they need the government and vice versa the government needs them to assist in developing new laws. Public administrator gives a good example, “when I want to place a law, I don’t have knowledge on everything; I need specialists to help me and give me their technical opinion.” (IDI14, p. 6). There is power on both sides and the only way for them to have a win-win relationship is to collaborate and work together. Managing the relationship is explained in the following, “We are not rigid, and think we are the ones that judge and rule and no one has an opinion, no. We converse and if there are any issues and they have a valid point, then we are flexible to change the laws to what suits the market and the practitioners themselves.” (IDI14, p. 7). Listening to customer feedback and being flexible with the law as a response to practitioners and market is a key to success in this type of relationship.

**Engagement** is an important and valuable ingredient to the relationship if utilized by the ministry. The government does not always engage healthcare companies in developing laws but it happened accidentally and by need basis, as emphasized by one of the companies (IDI15, p. 18). This company gave an example of the government wanting to put some rules for the industry in collaboration with the Chamber of Commerce for opening new establishments, and they called him because he has network and knowledge from his experience of trying to establish an association for private hospitals. (IDI15, p. 18). However, private companies emphasize the importance of engagement by stating, “People who plan the battle, don’t battle the plan.” So, if we’re involved in putting the plan together, the private sector, then I will not fight it. Because we are important.” (IDI15, p. 19). Instead what is happening more often are new plans are being imposed on private sector without time to understand and implement, “There are new rules but we are not warned of it in the beginning. So, what I suggest is involve them, and they will not battle it. They will both battle together. And they will develop the health care.” (IDI15, p. 19).
Partnership with the private sector is encouraging collaboration and help in developing the industry. Companies want to try the product and new laws together with the government to see what works or fail as a practical human-centered design (IDI15, p. 20).

(3). Internal factors

The internal factors include two groups of factors, service quality, and organizational factors. The key service quality factors are price, time, technology and interaction. While the important organizational factors are structure, law, performance measurement, process and standards, accountability, staff knowledge, and behavior.

i. Service quality factors

To begin with is the relationship enhancers group of factors which consists of service quality factors. The first factor is the price. One of the public administration highlighted the reason for raising prices, “We are also trying to raise the value of services currently…because we have found that people are being lenient in the startups of establishments. They are taking it from a commercial perspective, that they get a percentage but the safety of the patient doesn’t matter, or if the service offered is good or not” (IDI12, p. 2). Then to stop health care companies and professionals’ negative behavior, the government will use the tool of raising the price on both licensing and inspection. Then the government has the power to influence the behavior and hence the relationships with healthcare companies and professionals. The government’s price is low compared to private sector and other local governments. However, the time to get a service might encourage them, for instance, go to Dubai health authority pay AED 4,000 compared to AED100 at MOHAP just to get the service (IDI12, p. 11; IDI14, p. 3). Here the Ministry of Health and Prevention is losing customer and companies it wants to attract to start in northern Emirates to make services available to the public.
Second, is the **time** factor is important since it affects people’s business, “the sooner the better”, however, it takes six months to a year to obtain the license (IDI12, p. 9). However, there are some appointments delays or no show up from the public administrator or the committee due to inconvenient time for meetings for doctors traveling in summer (IDI15, p. 3). In addition, another factor is the time taken to issue a license or get the assessment is too long. It is harming people business, careers and even the country’s ability to attract healthcare companies and professionals.

Third, is **technology factor; where** Technology is used mostly by the customer as a self-serve system, resulting in the reduction of face to face interaction and communication (IDI29, p. ). One public administrator explains by stating, “He can do all the requirements and everything himself, he doesn’t need to call us but if some new procedure comes up, they may get a bit confused, so they might come back to us” (IDI12, p. 13). Technology here is intended to speed the relationship, however, due to the complexity of services with the law and regulation reducing communication and face to face discussion and relationship might be hindering to the relationship. On the other hand, the ad licensing uses a different system customized because it’s the first country that monitors ads in the Arab world (IDI13, p. 18). In comparison with other countries, UAE is restrictive in what messages are being advertised, other countries are more open for the market to compete but that has a negative effect on customers (IDI13, p. 19). Furthermore, the health professional assessment system uses two systems one is a specialist which is an electronic test, and the other for rare specialties like consultants is conducted through the oral interview (IDI14, p. 15). The private sector is not satisfied with using various systems to get Ministry of Health and Prevention services (IDI15, p. 26).

Finally, is the **service complexity.** The service is very complex due to integrated services, needs collaboration between parties to deliver the service. For example, integrated service with Ministry of Health and Prevention of Human resources development and Emiratization provide a “relationship
network” (IDI14, p. 16). Here collaboratively the Ministry of Health and Prevention of Health has access to the system of Ministry of human resources development and Emiratization, and get informed if the customer got the labor card (IDI14, p. 16). This single customer data information, reduce paperwork duplication and save time for customers’ (IDI14, p. 16)

ii. Organizational factors

The second group of internal factors are the organizational factors. In the organizational factors, several factors are influencing the relationship including the structure, law, performance measurement, process and standards, accountability, staff skills, knowledge and behavior and interdepartmental coordination and cooperation.

The first factor is the structure and its effect on the organization relationship. Most issues got resolved after escalating it to the Ministry of Health and Prevention leadership. Centralized management at the Ministry of Health and Prevention cannot be decentralized until they empower employees, one of the companies explained, “They cannot do anything. They spend money. They have people’s stuff, but all our work is with Dubai. Why do you have people there? They cannot do anything there. Even the directory cannot do anything in Dubai. So why they are there? Cancel the department and finish.” (IDI15, p. 6). It is a waste of time, effort and resources if the employees are not empowered (IDI15, p. 19). In the relationship chain if power was not cascaded down to the employee the management would be a bottleneck and employees will not have the power to solve problems in the field.

Next important factor is staff skills, experience, knowledge, and behavior. First, communication skills and emotional handling is key to the success of the relationship, especially with the frustration and anger faced by the healthcare professionals and companies (IDI29, p. 14). The employees’ attitude is very important and directly affects the relationship management (IDI29, p. 14). In addition, staff
knowledge is also important in being able to manage the relationship, one public administrator explains, “I've worked on workshops that teach that it should be this way.” (IDI13, p. 11). This training was focused on how to communicate and convince customers using reason and statistics (IDI13, p. 11). However, customers have indicated that sometimes employees do not answer them or even come back to them with the answer because they do not have the knowledge or expertise (IDI15, p. 4). Furthermore, the company sees that the Ministry of Health and Prevention employees do not have the healthcare experience, hence request changes that are not even required or different than JCI standards (IDI15, p. 27).

However, it is important to recognize, the effect of staff satisfaction on customer satisfaction. In this relationship, the staff is also frustrated and not in an emotional status to handle upset customers. Therefore, the customer goes to the top management to resolve the problem (IDI29, p. 6). There have been three director changes in the time that this study was being conducted.

In relations to the staff, factor is an accountability factor. It seems that the accountability factor is also affecting the relationship because the public administration seems more worried about that than the customer. This is also related to the next important factor of performance measurement.

Performance measurement factors of both employee and organization also affect the relationship. From an organizational perspective, performance indicators are more focused on the indirect public benefiting from health services provided by licensed companies and doctors (IDI29, p. 1). On the other hand, the individual performance factor needs to be better suited to the organization benefit and individuals too. There is a waste of resources, doctors do not seem to conduct many operations the reason lies in the following: “We don’t do any operation. Here if you don’t work, you’ll be ok. If you work and you do an operation, and you make a small mistake, you’ll be fired. So, they don’t try. They only deal
with small operations. The big operations send it to an outside country. They don’t encourage and protect the doctor. They don’t encourage him to do the operation.” (IDI15, p. 22). Therefore, not only is there an extra cost for doctors who cannot deliver, but also, treatment expenses abroad.

Next factor is the process and standards of service. This factor can be overwhelming and damage the relationship between the Ministry of Health and Prevention and the private companies (IDI15, p. 5). For instance, one of the hospitals were totally disabled because the owner could not renew due to new observed requirement and procedures such as having two ambulance entrance one for the patient and one for an ambulance (IDI15, p. 5). Other new laws that are not communicated earlier to companies and Ministry of Health and Prevention acting on it without explaining and giving time for them to adjust to new laws are bad (IDI15, p. 5).

The factor of laws and the way of rolling them out are deeply affecting the relationship. Laws are very much related to licensing; however, the communication, launch, and implementation of laws are not clear, too close and complex (IDI6, p. 23). One doctor explains by stating, “Suddenly they changed it. They said that we need to get approval. They didn't notify anybody. Suddenly you do that and you're fined. “Why?” “Oh no. We changed the rules 2 days ago.” Ok, so how would I know?” (IDI6, p. 23). The ministry is flooding companies with new laws and regulation and fining them without engaging them in developing it, time to comprehend it and implement it (IDI6, p. 23).

Changing laws without understanding the impact of it on people and business affect negatively on the relationship. For instance, the case of assistance nurse used to get years to take nurse exam (IDI15, p. 7). However, after canceling the post of assistance nurse, the company face a difficult situation of being unable to give the assistance nurses a certificate experience of being a nurse (IDI15, p. 7). This stopped them from taking the nurse exam. It is a continuous loop of tangled problems built by government
bad implementation and launching of law, even though the Ministry of Health and Prevention did not extend for that to happen (IDI15, p. 7). The consequence of that is on the frustrated company, employee rights, and demotivate skilled expert to work in UAE. This negatively affects the relationship and it is more difficult if the law was not reviewed to enhance the relationship.

Finally, is the Interdepartmental coordination and cooperation factors that are key for capturing and controlling illegal companies and professionals, PA states, “we are responsible. So, there must be cooperation with other teams” (IDI13, p. 13). Although, customers are under the perception that the government is not cooperating internally (IDI13, p14). A good example is the clinic in Sharjah that used an ad before getting approval, as explained by public administrator, “So the ad was rejected. I did not write the reason. Immediately I sent a date. An inspection to the other department ... I told her, “From the ad, there is so and so service. Send an inspection immediately.” (IDI13, p. 13). The clinic was caught in the illegal act, then the owner came asking why not informing them about the reason for rejection, the public administrator answer was, “I was being diplomatic. If I had written, “Your ad has been rejected because you're writing PRP service”, immediately he would remove the kit. So, if the inspection team goes, they will not find anything.” (IDI13, p. 13).

(4). **External factors**

Finally, are the external factors affecting the “market organizer” relationship. They include competition and collaboration.

**i. Competition factors**

**Competition** is another influence of the public-government relationship. Competition is realized with local government and other countries. Since the objective of the government to be the destination of health tourism, it tries to increase the number of health specialist and providers in the UAE. However, some local government is competing with the federal government to evaluate and license health specialist
and doctors. Furthermore, the market status for each city is influential on the decision and choice of specialist to acquire the license from this city or not.

UAE is also competing with other countries in terms of delivering health services and attracting healthcare professionals and companies. In comparison with other countries, for instance, USA, professionals can obtain an initial license but operate under the supervision of one of the senior doctors for six months. Then the report of whether he is qualified or not comes from the supervised (IDI14, p10). In UAE they can’t practice until all professional exams, qualification checks and other procedures related to organizational license be ready. Also, in Saudi Arabia, healthcare professionals take the license and then do the test while they are working (IDI15, p. 3). However, here it seems there is a risk on the patients’ health if the doctor was not experienced enough to operate. This indicates that the relationship value between government and public is more important than the relationship value between government and healthcare professionals.

**ii. Collaboration factors**

This collaboration extends to other Emirates when finding ads in Abu Dhabi or Dubai for instance, the local authorities are notified of these ads to act from their side (IDI13, p. 14). In addition, collaboration in the same city between the Ministry of Health and Prevention and municipality when finding some ads of food products related to municipality responsibility and vice versa with health products handled by Ministry of Health and Prevention of Health and Prevention and prevention (IDI13, p. 16).

Collaboration is important between government bodies regarding developing laws with the cooperation of the private sector. Also, government entities share the blacklist of the names of doctors who are not allowed to practice medicine in the country (IDI12, p. 9). However, due to the jurisdiction
of some local government, there is a separate and different committee for some of the cities which take time and creates duplication and extra effort from the companies and doctors to obtain or even just to renew the license (IDI15, p. 5). Therefore, the company representative suggests if the government can have one committee and one license for the whole country (IDI15, p. 5).

In addition, Community members help in notifying the licensing ad about unauthorized ads, “We always tell the public, “Check the licensing, if it is licensed by the MOHAP before you read it.” So, the ad has a code.” (IDI13, p. 16). Educating the public how to differentiate an authorized ad from unauthorized, enable the public to protect themselves from fraud and assist the government of unauthorized ads. Not only that, but some individuals influence the collaboration. For instance, one company highlighted that social responsibility projects are often derived from individual efforts in the private sector (IDI15, p. 25)

Collaboration and partnership with the private sector in the availability of health services in different locations, such as providing dialysis treatment in areas with no or limited service such as northern emirates (IDI12, p. 2). A company malpractice such not abiding (not clear)by law and put an unauthorized add, would get its name on the blacklist that is circulated between federal and local government. The amazing part was the collaboration of competing companies who notified ad licensing department of illegal ads (IDI13, p. 10). A public administrator explains his approach to collaboration with companies by stating, “If you find misleading ads, you can help us.” Because in the end, we share the same objectives. So, if there is another customer. He is breaking the law. He is competing with you. I approach it that way. So, let us all tackle it together.” (IDI13, p. 10).

This has helped clean the market and reduce illegal competition and the market became more open to clean competition, a public administrator explained, “now the consumer’s happy and for the
dealer, that there is no fake competitor in the market. Whoever is advertising being someone at the same level. Equally competitive and people are not cheated, of course.” (IDI13, p. 13)

Also, the Ministry of Health and Prevention have good examples of collaboration with big investors. One example is explained by the company representative himself, “they sent a committee to the Philippines to give the exam in the Philippines because they cannot bring 50 or 100 nurses and give the exam here…We brought all the doctors from Syria and Jordan to Egypt, and they gave us support with doctors. It was very good.” (IDI15, p. 3-4). This collaboration had a win-win relationship where it sped up the process of licensing a big number of both doctors and nurses and helped the government in extending health services in northern Emirates through the collaboration with this private company.

The organizer relationship is different in its efforts on ensuring that all health care professionals and healthcare company are authentic and provide the highest quality of healthcare services. The law is a framework of the relationship, however, before the relationship starts the government distrust the companies. It was interesting to find out that the professionals and companies experiences are more than the government. Hence that factor with the utilization of engagement can change the nature of the current catching un-abiding to law companies to a more of a partnership and collaboration relationship. The cooperation will enable developing standards and laws suitable for both parties to organize the market and increase the growth of health care industry. This is why it has been titled as organizer relationship “Market organizer”. The complexity of this relationship, make face to face interaction a better solution rather than IT. This is what differentiates this relationship from the other seven typologies. Next one is a supporter, “the manager” relationship that will highlight even more variance in factors, description, and management of the relationship.
g. Supporter “The manager” relationship typology

Finally, the supporter “Manager” type of relationship. Here are four main departments that have been interviewed, and which have an influence on the public government relationship. They include Customer Care relationship unit, Government communication department, and finally strategy department from the prime minister office. These departments have been chosen because they represent key factors in the relationship such as communication, relationship management, information technology and strategy.

This typology has some common and different relationship factors within each of the four groups of factors that include, relationship exchange and government role, customer journey before and after, internal factors of service value and organizational factors, and external factors of collaboration. The support “Manager” relationship figure highlights all the factors (See figure 12). It illustrates the key players in this relationship including support department who approach support public admin (SPA) to get support services like customer care, communication, information technology and strategy. The PA then ensure all paperwork is complete then raise it up to government top management (G) for approval and then implement. The figure demonstrates how the key values of support of communications, customer care, it and strategy in the center of the relationship get deliberated and delivered in the social exchange relationship. Not only that but there is another outcome from the relationship between government and public (P) that reflect positively on the feel of right communicated and delivered services.
To begin with is government role, were the support department such as customer care, IT, communication and strategy support another service department to deliver services to customers. At the beginning, it would seem these are rational internal procedures; however, the human-centered design is the approach adapting to delivering those support services. Public emotions and needs and way of preferred interaction is taken into consideration when taking care of customers or will try to communicate with them. Even when designing a technological solution, the identification of stakeholders’ management presides the technical process and systems.

g.1.Customer care manager

First examined is the customer care relationship department, which really represents the humanitarian customer emotional handling and practical effective relationship management. It shows the
best example of relationship management, especially when customers are upset and complaining about government services. The following sections will cover the seven groups of factors. There are many factors but the top three are communication, emotional handling, and practical experience with customers and engaging with them.

(1). **Government relationship exchange factors**

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include relationship description, service concept and value, government’s role, exchange relationship and a reactive relationship. To begin with is government role, where the support department such as customer care, support another service department to deliver services to customers and maintain good customer relationship. The approach adopted to deliver those services is human-centered design. Public emotions and needs and way of preferred interaction is taken into consideration when taking care of customers or will try to communicate with them.

The next factor is the definition and description of this relationship is management by customer care relationship public administrator, is reaching and attracting customers and enhance relationship to reach the level of trust (IDI 27, p. 21). She continued to explain, “But to place policies and systems and you are distant from the customer, and you are not able to gain his trust, then I don’t think it would be a successful management in terms of customer relations.” (IDI 27, p. 21). This indicates that processes and system do not guarantee trust in the relationship, the government should reach out to citizen and work on the relationship from a humanitarian perspective. Also, customer relationship management is about awareness practice, and right approach (IDI 27, p. 5). The relationship is unique because it should be looked at as a humanitarian effort and not distance by processes and bureaucratic procedures (IDI 27, p. 11). The public administrator explains, “The relationship is more humanitarian because he is coming to
you in need. And in his weakest points, because he is ill. So, he is coming to you and the case is considered more humanitarian than a procedural service” (IDI 27, p. 11). Emotional management and realistic approach to managing relationship are one of the ways to gaining public trust.

Then the other important factor is service concept and value. The support services that are examined here are many, one example is the complaint management service. The value here is to change the behavior and emotion of angry stakeholders. It is a reactive service; the exchange here is purely social. Moreover, the focus here is on customers as per the public administrator statement, “There are values that the Ministry of Health and Prevention serves, of course, such as focusing on customers dealing with us, focusing on transparency, and focusing on more concepts that serve the vision of the MOHAP” (IDI27, p. 2). The focus here is on the customer and the relationship between him and the public administrators.

(2). Customer Journey factors

In this relationship, there is two segments direct and indirect segment. The direct segment is called service department (SD), which is the ministry internal department being supported to deliver services to customers of the ministry. And the other segment is the public (P) benefiting indirectly from the support of internal departments. The key ministry support department is represented by Support Public Administrator (SPA). After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 13).

i.Before interaction

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer profile, emotional status, customer behavior,
reputation, and choice. To begin with is the Customer profile factor that the public administrator defines the customers as, “Anyone that requires a service from the entity MOHAP, is considered a customer. Regardless of which segment, be it an individual … of course what falls under individuals is more than one classification. Whether they are patients, or individuals that would like to get one of the services, for instance, therapeutic, preventative, other service-based services be it administrative or procedural.” (IDI27, p. 3). Still, this segmentation is general and needs more details. The customer's profile consists of all stakeholders complaining about problems or dissatisfaction in administrative services delivered by the Ministry of Health and Prevention. Any legal or medical error complaint goes to other units in the Ministry of Health and Prevention. Sometimes the indirect influencers complain such as relatives of senior people or kids’ parents. They explain to doctors the symptoms although they do not live with the person, or they refuse to give the treatment to the patient, hence influence the diagnose and health of the patient (IDI 27, p. 5). Customer’s right to confidentiality is key in such a sensitive situation.

After understanding the customer profile, the next emotional factor is equally important to highlight. Patients emotional status is bad, because patients have many complainants, and when they interact with the government they are angry and upset. Therefore, the experience is negative from the beginning, due to the negative situation. However, the way that the public administration handles the situation and manage the relationship change it into a positive situation.

Next factor is the customer behavior as the embodiment of the negative emotional status. Customer behavior can be aggressive. One extreme example, an angry patient who been getting psychological services, is angry because the government refused to provide him with psychological medicine that can make him addicted (IDI27, p. 16). Unfortunately, this patient became addictive and asked for more medication and they needed to stop his behavior. The approach of managing such a patient is explained in the relationship management factor, “we try to calm him down and retreat him in a manner
such as a mother and a child type of treatment until he calms down. And we speak to him in a humane way until he starts to get convinced.” (IDI27, p. 16). The emotional management of such case and talking to him humanely after calming him down is key for successful relationship management.

Consequently, reputation as a key relationship factor would be affected the image and trust of the relationship between government and patient. For instance, Reputation would be affected negatively in case the complaint was not solved and would have a positive story if the situation was handled quickly and with emotional and relationship management. Health professionals play a key role in shaping the reputation of the Ministry of Health and Prevention as explained by public administrator, “the doctors and nursing as they play a big role in improving the reputation of the Ministry of Health and Prevention, improving the satisfaction percentage with the offered services.” (IDI27, p. 6).

Furthermore, the choice is another factor in the support relationship. However, some of the services are compulsory while others are optional, so there is a limit of what the public administrator can do in certain situations (IDI 27, p. 10).

ii. After interaction

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are relationship management, emotional handling, awareness, communication, knowledge, engagement, and trust. First is the relationship management plays a vital role in handling complaints. Angry customers are blinded by their emotions. Therefore, the public administrator cannot talk to them rationally until they calm down and use the factor of handling their emotion. Hence, the public administrator listens to the patient, letting him vent out all his feelings. After he calms down, the public administrator starts to communicate and explain in a humanitarian way where things went wrong and how to rectify it. This was explained by the public administrator when emphasizing not talking about the
law with an angry customer, “if a customer is upset or angry or wants to complain, do not say the word law. First listen to him, absorb his anger so he expresses the problem, and then say what you want.” (IDI27, p. 5). This show that before talking rationally about laws, emotions should have expressed to be out of the way. The approach taken towards a complainer by customer care administrator is a mother to a child approach (IDI27, p. 16). After handling customer emotions, “The result a happy customer who’s trust of the government took a leap” (IDI27, p. 16). Communication, awareness and emotional handling lead to trust.

Next is **awareness** factor in the customer journey after the interaction, the public administrator explains, “The most important thing is awareness and the ability of the practitioner or nurse in dealing with these cases. This is really influential and it has many positives such as customer relations.” (IDI27, p. 5). Customer’s awareness is important; demonstrated by the story of once patient going to the ER and he was going to receive a medication. However, due to his awareness, reading the instruction on the bottle, that this medicine is only for one use, he stopped the nurse from giving it to him because it was opened (IDI27, p. 13).

In addition, the **Communication factor** is important in helping to raise awareness and knowledge with the public about health instructions, laws and information. The Ministry of Health and Prevention communicates through different channels with different segments like individuals or companies. It uses meetings and other new social media channels like Twitter (IDI27, p. 14).

Another factor is **engagement** as a key factor in building a good relationship with the public. Engagement with the public is done through different methods. For instance, the Ministry of Health and Prevention adopts the human-centered service design so they go with the customers on their real journey of getting services from the Ministry of Health and Prevention. On one of the customer’s journey, a
customer stated, “Finally you went out of your offices to see our suffering?” (IDI27, p. 7). The public administrator spread this quote as a wakeup call for public administrators to go out in the field. Interact with people to know the problems and the solutions as explained by the public administrator, “if you see on the field...you see where the negatives are, where the flaws are. And there are very simple, not very costly. If you resolve it, you increase the confidence of people in the service available and the confidence and trust of people in the entity itself. So, this has a huge impact.” (IDI27, p. 7). The engagement was recommended to be used in all stages of managing the organization, from planning to implementing, for a better understanding of the situation (IDI27, p. 7). Having knowledge alone is not enough, but obtaining the experience of the service through the eye of the customer is key to better planning. Other ways of engagement with the stakeholders are through the weekly meetings of health council, that is led by MOHAP with other government entities (IDI27, p. 20). They develop laws with them before showing it to the UAE cabinet affairs. MOHAP also engage customers in two meetings per month for different groups of customers each time such as supplier, doctors, companies, and nurse. (IDI27, p. 20). In addition, of regular focus groups and questionnaires about the channel of communication and service delivery or other feedback are being used. (IDI27, p. 19). One suggestion came from a patient to put manufacturing and expiry date on medicine give in certain quantities. The management said they already issued this decision (IDI27, p. 13).

Finally, as a cement to all those factors, the **trust** is a key factor in the relationship. The government obtained the higher trust, due to the fact of many complaints on the private sector. Also, trust is gained by individuals due to their behavior with the customer, not only do they come back to them for service related to the Ministry of Health and Prevention, but its extension to other ministries. A case of one service center manager that customers come to her asking for help to process other services in other entities, she does not say, “No this is not our scope of work. You may go and communicate with this entity.” (IDI27, p. 17) she goes beyond her work responsibility and takes the extra mile to help them.
solve their problems. Trust to one person can be used with another service. It is not easy to build trust, however, from a relationship value, the government can benefit from that in terms of using that person to delivery services.

(3). Internal factors

The internal factors include two group of factors, service quality factors and organizational factors. The key service quality factors are price, technology, and interaction. While the important organizational factors are staff skills, education, behavior, cultural background, measurement, responsibility, law, and process and standardization.

i. Service quality factors

To begin with is the relationship enhancers group of factors which consists of service quality factors. The first factor is the price of services are nominal fees according to the law and they are free for UAE citizens. Moreover procedural services fees like licensing both local and residents to pay it. The cost is not profit-oriented, it is barely covering 50% of the cost (IDI 27, p. 2).

Next factor is technology in the customer journey part of the service quality. Technology distance customers, feel the change in the service. Also, some assessors see it as a problem not having one system, but the Ministry of Health and Prevention intentionally do that because “variety of the services makes it such that you are unable to link. The evaluation system for medical practices is under the Wareed system which is the SERNA system. Because this is a different procedure and an external customer that applies to the MOHAP as a doctor or technician or a nurse, the import-export system is a different system. For example, the monitoring and inspection, the licensing for health advertising, so there are multiple specialties in the variety of specialties or different scopes of work.” (IDI27, p. 24). Different service means different customers and processes in place to deliver the service and manage that relationship.
Therefore, standardization would not work in a diversified service, this might be one of the reasons of CRM failures.

The final factor is interaction in this type of relationship. Interaction with the customer is important to deliver the service, but more essential is to understand the problems and better plan for customers.

**ii. Organizational factors:**

The second group of internal factors are the organizational factors. In the organizational factors, several factors are influencing the relationship including staff skills and behavior, measurement, responsibility, law, process, and standardization.

First and most important factors are **staff skills** and behavior. This factor explains how government employees behave in delivering and handling the patient emotions (IDI27, p. 5). A key reason for a bad relationship as explained by public administrator, “we notice that some of the problems are caused by individual actions be it the practitioner, the nurse, or even the approach. You can attract a person with the right approach be it in therapy or even other services. Be it administrative or therapeutic. This is what we always suffer from at the service centers in general” (IDI27, p. ). Therefore, the second factor of staff **Behavior** is a key to gaining customer’s trust in this relationship. Especially, when they go beyond their duties and take the extra mile for customers. As mentioned earlier in both the examples of the doctor who accompanied his patient to the pharmacy or in the service center manager who help customers with other entities services.

The third factor is the ministry **employee responsibility to confidentiality and** acting on behalf of the customers in the organization while trying to find a solution to their complaints (IDI27, p. 9). At the same follow the law factor, but not communicate it when the customer is emotional. **Law, as**
mentioned earlier, is not advisable to put it in the face of an angry customer until they calm down and then explain it and why it’s there in the first place.

Next organizational factors are **Key Performance Indicators** (KPI) measurement should be on employee level to address, the problem as explained by public administrator, “When we try to do internal measures the satisfaction level is high. And then from an external entity, it’s lower. So, where’s the flaw? So, this study puts down people. And the leadership really cares a lot about those results. So, the employees are held responsible.” (IDI 27, p. 18). The employee gets demotivated and it's unfair to the hard-working employees, therefore it should be on the individual level so they can detect where the problem is and give him training. “The humane aspect is more individual and personal than it is a procedure or law that you enforce upon people.” (IDI 27, p. 18). So, the unit that should be measured is people and specifically their behavior and how it reflects positively on customers’ experience and trust. In addition, the overall measurement of satisfaction, it does not apply, because it depends on people, place, and services. This was explained by public administration, “You cannot judge in terms of total satisfaction. It depends on the case. For example, you go to a place and you find the people have trust. You go to other people and you find there is a lack of trust.” (IDI27, p. 6).

Finally, is the **process and standardization** factor. Process standardization and plans sometimes do not relate to the field. Processes and standards sometimes are distant from the humanitarian side of the services. Going to the field and connecting with the people is the best way for understanding their emotions, needs and how to strengthen the relationship. Furthermore, relationship management by complaint management system and it differs according to the type of complaint (IDI27, p. 5, p. 11, p. 9)
(4). External factors:

Finally, are the external factors affecting the “supporter: customer care manager” relationship. They include competition.

i. Competition factors:

Competition factor with other countries affect the relationship and drive improvement of relations. For instance, Canada has one person to deal with each customer and he coordinates with other entities to get the service delivered to the customer (IDI27, p. 25). Customer journey here is shortened, less duplication of process, and save cost because it does not affect the customer if technologies are connected or not if he gets the service.

g.2. Communication manager:

The second supportive relationship is the Government communication department. The role of the department is explained by the public administrator, “the Government Communication Department is responsible for the formulation of media messages and the image and reputation of the Ministry of Health and Prevention to the community.” (IDI 26, p. 1). Therefore, this department is leading two of the key factors of the public-government relationship which is communication and reputation. In the following section, the seven groups of factors will be examined for this supportive relationship.

(1). Government relationship exchange:

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include government’s role, relationship description, service concept and value, exchange relationship, proactive relationship, and relationship value chain. To begin with, it is important to highlight that recent
government restructures have changed the Ministry of Health and Prevention role from service to legislative, prevention and education.

The first factor is the relationship description. Relationship definition as explained by the public administrator is, “know the clients first, and find means and methods to communicate with them, and then I’ll have available channels for them and for me to collect their information and strengthen the clients’ relationships.” (IDI26, p. 27).

The second factor is being a proactive government in managing the relationship. It is important that communication is proactive so the customer does not get to other sources of information and hence affect his trust. A good example, when there is a spread of virus such as, “Zika virus, crisis management. Service cannot be provided upon request only, but we should expand and provide information proactively before they turn to sources that we do not trust.” (IDI26, p. 8).

The third factor is service concept and value, it's educating the customer and the public about the Ministry of Health and Prevention of Health Services. A good value from that is the innovative way that the government can adopt into healing a disease. The ministry has a good reputation for its heart surgery in Al Qassimi hospital, which impact people lives and their families (IDI5, p. 9). An example is a heart device they have is Da Vinci. It is a robotic machine for heart surgery (IDI 26, p. 20). Having the latest technology and expertise to operate using such technology give good reputation for the government. Therefore, leading to more trust in the government who adopt all recent methods and technology that provides a better health for its citizen. Ministry of Health and Prevention of Health and Prevention focus more now on the social rather than the economic exchange although there are some nominal fees for some services such as licensing. In addition, some ongoing benefits are the promotion of healthy patterns. Also, this can be delivered through the relationship chain value which consists of government, health
care companies, and the public. Since the government role has changed the relationship link between companies and government strengthened, this has a positive effect on the public. Further explained by public administrator, “Companies are a very important factor; there must be relationships with the best companies that provide high-quality medicines and medical devices.” (IDI26, p. 4).

(2). Customer journey factors:

After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 13).

i. Before interaction:

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer profile, emotional status, right, expectation, experience, perception and customer behavior.

To begin with is Customer profile factor. Customer profile shifted from patients to companies due to the shift in the government’s role (IDI26, p. 3). However, with the social health benefits and well-being in mind an integrated health system of various stakeholders (IDI26, p. 3). Each, the private sector and public sector are playing a role in delivering health care in the country.

Second is the emotional status of patients and public. Emotion status, patients come and they are worried and fear for their health. A good example given by public administrator in comparison with another service in government department, “when you go to the Property Department, you are happy to sign a contract for the purchase, and already prepared for the service, but here, you are worried about your health or the health of one of your children, so the quality and mood are different here” (IDI26, p.
12). One starts happy and the other is worried and fearful for loved ones the different emotional status of customers request to be managed differently.

**The third factor is the patient right. The right** patient looks for equality in treatment “I mean that we offer health services and build facilities to benefit a number of residents in a fair and equal manner.” (IDI26, p. 6). Analysis/explanation

**Next is the expectation factor affecting the relationship before the interaction. The expectation,** they have high expectation from the government due to their education and knowledge and connectedness to the world through references. As explained by the public administrator, first is the change in reference, “Previously, doctors were the reference, but now; the net speaks, experiences speak, and support groups speak, so we have a greater role in giving the information properly and grasp the background of the client.” (IDI26, p. 12). Therefore, they don’t take doctor advice for granted and demand other aspects of the services. This have reflected on their expectation of how the service should be delivered, “Because they now do not demand only the service, but rather the way to deal and style of service, and even if you gave them the correct service, they will focus on the smile and the way we communicate and this is a good and promising thing that people's expectations in the UAE society are high” (IDI26, p. 12). Therefore, more studies on customers’ expectations and in details to help in coming up with initiatives and strategies that will satisfy them. “The more you are close to their expectations and needs in technical business methods, the more data you will have to rely on and analyze”. (IDI26, p. 17) Understanding the gap between public expectation and satisfaction is better for managing the relationship, and understanding the factors that lead to closing the gap is even more important to improving the relationship.
Related to expectation is customer experience factor. Experience customers get affected by even small things. one thing goes wrong on the whole customer journey it affects the customer trust as explained by the example of public administrator “someone has a good therapeutic service but at a stage where a drug is not available, the client experience crumbles completely.” (IDI26, p. 6). In addition, the public administrator highlights key challenges, “There are many great challenges, you have the personal experiences, there are prevalent social beliefs”, (IDI26, p. 5). The previous experiences and perceptions or beliefs about the service pre-determine the organization evaluation and trust before even interacting and gaining the new experience.

Understanding the customer behavior in the relationship is important. Customer behavior is important when providing government services in face to face or electronically. People vary in their way they prefer to interact with the government as explained by public administrator, “when you tell him you made an electronic change, he might not care about that. Or he could be from a group who doesn’t like dealing with others so you should provide substitutes of the service, and you should understand even his nature, his need.” (IDI26, p. 26). So behavioral studies are key to creating a solution that fits the pattern of behavior of the customer. Even more, can find a way to influence his behavior and make a change. It would be effective in reducing negative behavior or helping in the transition to new technology.

ii. After interaction:

Next group of factors that are highlighted in after interaction part of the customer journey. The key factors are communication, trust, knowledge, and relationship management. First is communication factor, which is the heart of this supportive service. The government communication department focuses on gaining public trust by being transparent and credible through its continuous communication (IDI 26, p. 2). The message various but is related to the to the strategy of the Ministry of Health and Prevention and communicated through all types of messages. Public administrator explains the current trust level
of Ministry of Health and Prevention of Health and Prevention and prevention services, “But now, there is a positive trend of confidence in MOHAP. Yes, there is confidence in the services and projects. We inform the community with the initiatives and facilities that have been opened” (IDI26, p. 2). This has a direct effect on gaining trust and confidence of the public. Today the public is knowledgeable, which is an important factor in the relationship because it increases their expectation of services. In addition to that, is the consistency of service provided as explained by the public administrator, “But it has, for example, the stability of the service; this standard does not exist on a permanent basis, and that affects confidence.” (IDI 26, p. 6)

Then there is the relationship management factor, where with customers of the Ministry of Health and Prevention is client management where their services are designed based on human needs and expectation and through open communication (IDI 26, p. 13-14). Understanding customers’ needs and expectations are essential for designing the best management system, “The more studies of this kind you have, the more you will understand who is your client and what are his expectations and what are the changes… so we design service based on these expectations. Then comes the stage where we know that he trusted us or not because we have open channels of communication with clients.” (IDI26, p. 17).

Another factor is trust in the relationship. Trust in government is high, and the evidence is clear with the number of cases with complications that get transferred from private sector to the government. In other cases, the private is more trusted than the government. In addition, another factor is the public engagement with the government which increases their knowledge and hence their trust in government.
(3). **Internal factors:**

The internal factors include two groups of factors, service quality factors and organizational factors. The key service quality factors are time, price, proximity, technology, and interaction. While the important organizational factors are staff skills, knowledge, behavior, measurement and law.

**i. Service quality factors:**

To begin with is the relationship enhancers group of factors which consists of service quality factors. **The first factor is time of the relationship.** Time in relation to communication is key and even needs to be proactive and continuous as mentioned earlier. **Next factor is the price of the service.** Price is free for citizen and competitive for residents and companies (IDI26, p. 3).

**The third is interaction factor is important to understand the relationship.** Interaction is important and better to interact with human rather than the system. Public administrator explains that by stating, “When we say, how much relieved are people with the services. Well, if I don’t have open channels, I will never know. Everything will be expectations…. I always say that human hand is more trustworthy than any device.” (IDI26, p. 34). Human interaction and an open channel to create a better understanding of each case and its situation and enables the public administration to design a better solution. Another related factor is proximity which is linked to interaction. **Proximity** is important in outreach to patients and companies, “There are no remote areas now, but it is supposed that the coverage is ample” (IDI26, p. 6).

Finally, is the technology factor. **Technology** increases the public trust in the government if used well. If the technology was used in a way that suits the customer preference and behavior as mentioned earlier. Usually, public administrators develop and design technologies and think the customer will operate it easily. However, it is the opposite as explained by the public administrator, “You should be
close to the client, understand him and give him support, you’re the one who should direct him, and let him in the system. You don’t just give the service and let him go, you have to make him enter the system.” (IDI26, p. 26). It seems that increasing the usability of government apps and systems is one of the efforts that need to be invested so the resources of technology and efforts will not go to waste.

ii. Organizational factors:

The second group of internal factors is the organizational factors. In the organizational factors, several factors are influencing the relationship including staff skills, knowledge, behavior, measurement, and law. To begin with, government employees’ skills and knowledge are important, especially the soft skills of how to deal with patients. Therefore, the client culture in government needs to be established by training as explained by the public administrator, “so you must keep pace with these expectations and giving the kind of training and rehabilitation” (IDI26, p. 12). Furthermore, Other factors are behavior and character of doctors as a relationship influencer. However, the public needs to understand that doctors are humans and errors can be made. However, is how you are managing it and the way you communicate it that makes the difference. A further explanation by the public administrator is offered, “there are systems that are monitoring, evaluation and questioning regarding negligence. ..... I still can say that; it is how you look at it. You know it well, and put the criteria to evaluate it, and to be in a supervising and responsible position” (IDI26, p. 16)

Leadership factor and the link with measurement. Even though the UAE leadership is setting high standards and uniqueness and demands for high quality of service it is not a choice anymore it’s a must (IDI 26, p. 16). This is reflected in the measurement of success, it is not satisfaction anymore it is rejoicing by making customers happy. This pressure is not in the government sector only, but on the private sector too. The private sector is overwhelmed with new laws but that to raise the level of health care in the country (IDI 26, p. 4). Therefore, the JCI international standard is required not only for the public but also the private sector (IDI 26, p. 37).
(4). External factors:

Finally, are the external factors affecting the “supporter: communication manager” relationship. They include competition and collaboration.

i. Competition factors:

**Competition** is mainly with private sector healthcare companies and others related to the industry. For instance, cheap **food companies** are providing food that tempts customers and affect their health. As explained by the public administrator, “there is also a competition when we talk about healthy food, there are private sector companies and cheap food but for different tastes” (IDI 26, p. 5).

The competition also involves other countries in the world such as the USA. Benchmarking the USA the public administrator has highlighted that, “in the state, are different from the outside because there they trust the private sector more than the government” (IDI 26, p. 6.) more information/explanation.

ii. Collaboration factors:

However, collaboration within the community will help in achieving the UAE’s objective such as the cancer patients support group (IDI26, p. 24). Parenting is a way of instilling healthy habits and lifestyle in kids. Also, collaboration is important with other government bodies such as food censorship and monitoring. As clarified by the public administrator, “enabling awareness of the environment, and this is a joint operation between the institutions of the community, so; to give the right language and clear message, you need supportive factors partnering with you in the task of clarifying, activating and enabling this image. We say, “healthy food”! Well, this is linked to health and sports. So; you need patrols, and this requires the role of municipalities in censorship” (IDI26, p. 5).
g.3. Information and Technology manager:

(1). Government relationship exchange:

Understanding the role of the government-public relationship various roles is emphasized upon different factors. First is the government relationship exchange group of factors. They include government’s role, relationship description, service concept and value, complex service, relationship value chain, third party, and positive and negative relationship. To begin with, government relationship management is all about customer behavior and process before technology. The public administrator sees that synchronization of all stakeholders of service providing not service delivery (IDI25, p. 11) explain the relevance. Government’s role is regulating, protecting and operating (IDI25, p. 3). The main concept here for the technology to fulfill the purpose of getting data in aiding leaders making better decisions. It is a complex process and integrating all different systems is a difficult task. Adding to the difficulty is a third-party system that takes time. For instance, the system used by a company to check the credentials of medical professionals. That relationship value is adding to the complexity and adding a long-time frame to providing the service. Overall the relationship is both positive and negative depends on the service. For instance, the relationship is positive with renewing licensing but negative with the evaluation of doctors (IDI25, p. 8). It seems its per service and the performance of the department of these services.

(2). Customer journey factors:

After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship. (see figure no. 13).
i. **Before interaction:**

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer profile, priority customer, expectation, emotional status, right, responsibility, choice and customer behavior.

To begin with is understanding the customer profile. The customer profile is compromised of patients and the public, whether individuals or companies. Some of them are indirect like decision makers on behalf of the patients and they are captured in registration (IDI25, p. 6). However, they are classified into three types that help in understanding what would be the best IT solutions for them. First is the normal customer being licensed companies and professionals, the IT used the illusion of freedom solution of approaching and channel of service and his or her interaction will be captured (IDI25, p. 5). Second are hospitals customers or patients, and they are in bad health status that make them avoid technology and go directly to hospitals (IDI25, p. 5). Here the registration desk will capture the information about the customer and enter it in the data and the doctors will capture the remaining diagnoses (IDI25, p. 5-6). The most difficult segment to approach is public related to preventative services of the government. Here the public administrator does not know the individuals because they think they do not need the service although they need it because it would make their life better (IDI2, p. 5). The latter could be approached by a mass media campaign. Overall the most important customers are the patient and public and second are the licensed companies has been emphasized by the public administrator (IDI25, p. 6).

**The second essential factor is identifying customer experience.** Customers’ expectations are high, and they compare it to their actual experience or previous ones (IDI25, p11). Customer expectation is important because if influence how customers evaluating the relationship and level of services. For instance, if the customer has high expectation, then get shocked from the low level of service delivery by having a bad experience, it creates a gap in customer or public-government relationship. On the other
hand, Public managers use the difference between expectation and experience for enhancing the
customer relationship. This can be achieved by reducing public expectation, hence reducing the gap
between being unsatisfied because they will not be disappointed with the level of service provided, which
consequently will be getting a higher satisfaction from the public.

The third factor is customer emotional status that is important to recognize as part of the
business analyses. In addition, the emotional status of the public, especially in the healthcare sector, is
important. Therefore, the privacy one of customers’ rights is important to their sensitive situation (IDI
25, p. 4). However, customers’ responsibility in their interaction with the government is to be ready with
documentation before coming to apply for the service.

Next is the choice factor. Choice, is an important aspect of designing technology solutions for
customers. The IT public administrator explained the “Illusion of freedom” which is related to the
communication channel and that customers can interact with the government through different channels
(IDI25, p. 2).

Finally, understanding the customer behavior is key to designing the relationship with the
customer. Customer behavior is important for designing IT systems that match the pattern of use and
which channel prefers using. Explain it further the public administrator, “we need to define a unified
process and each step we defined a system, not an IT system, but a system on how we behave on how
we deliver the service” (IDI25, p. 2). After defining the process, the IT department categorize it into three
times as he mentioned, “Now, once we studied the services on MOHAP, we define the service as either
you like to visit the MOHAP or you don’t like to or you like or don’t like the technology” (IDI25, p. 2).
This will help in deciding how to go about developing a system or not for the relationship management.
The public administrator gave an example of a customer who likes technology but does not use it he will
be classified as “he does not lie” (IDI25, p. 2). Different customer prefers or trusts certain type of channels to get the service from. Therefore, if a customer does not want to use the available technology, the illusion of freedom. Meaning that he can use any channel he wants like the telephone, face to face or even a kiosk system, but at the same time the customer service employee will enter the data in the system. This will help satisfy the customer by having the choice of channel and at the same time gathering data about his interaction with the government and hence better analysis for the public-government relationship.

ii. After interaction:

Next group of factors that are highlighted in after interaction part of the customer journeys is communication, knowledge, relationship management, emotional handling, engagement, and personalization. First, **communication** is important because transparency helps in the gaining the trust of the public (IDI25, p. 8). The public administrator explained that they receive 29% satisfaction because the information about the services and the law and status of the customer application was not there (IDI25, p. 7). Therefore, as a corrective procedure, all information about laws and service were put online on MOHAP website (IDI25, p. 8). Also, SMS service informing the customer about the status of his or her application or file (IDI25, p. 8). An example related to fines shows that if people are notified and aware of the changes in laws, their relationship will be better (IDI25, p. 4). An explanation for that is that the customer will not approach the Ministry of Health and Prevention with aggressiveness but more defensive of his situation (IDI25, p. 4). Distinguishing between the two is important. If systems applied them it would be beneficial.

Next relationship factor is knowledge. More important than the **communication** aspect, the more government administrators know about customers the better the relationship management design (IDI25, p. 12). CRM provides a lot of information about services that help in developing strategies and solutions.
For example, the public administrator gave an example of licensing data, “the licensing will say that people are not opening, for example, new clinics. Maybe we need to modify our licensing and its policies. And it’s also related to the numbers and statistics.” (IDI25, p. 12). Here the technology spread the process of getting data and the quality, hence saving time and make a quick response to customers and the situation of the service.

Another important factor is relationship management. Relationship management starts with identifying each segment and the strategy to deliver services to meet its needs (IDI25, p. 5). Customer relationship management is explained by the public administrator as, “CRM is not about putting one business model and standardizing it, it’s something to cater to different models and bring them all together. It’s a synchronized model so that they can receive and have all the information about the Ministry of Health and Prevention customers” (IDI25, p. 13). Not only that CRM has been always linked to the system, but the focus of successful Customer Relationship Management should be people and a process followed by technology” (IDI25, p. 15).

In this type of relationship, emotional handling factor is vital. Emotional handling, especially with new technologies sometimes internally employees resist the change. Positioning and branding each project is important for the success of its launch. This will also influence government level of trust. Sometimes the public is not aware of what they need. That could be that they are not aware of their subconscious mind or they did not simply think about it. However, maybe part of being a proactive government, providing cutting-edge technology that the public did not expect they need will create the extra mile and excitement part. Furthermore, emotional handling is one of the factors affecting the relationship where patients want to be heard, calm down and have two-way communication (IDI25, p. 10)
Personalization of the service is another factor, especially within the healthcare sector. Patients regularly get registered and they apply first come first serve or by appointment. However, there is another classification depending on the severity of health condition that gives them the entitlement to cut the line and see the doctor quickly (IDI25, p. 11). Even when doing this it is captured in Wareed registration system, customers should be communicating to about the reason for the delay of their appointment. Each customer gets different treatment and attention due to his health condition.

Finally, is Public engagement which is another important factor affecting the relationship with the public. MOHAP have engaged customers in the development of technology (IDI25, p. 10).

(3). Internal factors:

The internal factors include two groups of factors: service quality factors and organizational factors. The key service quality factors are time and technology. While the important organizational factors are structure, staff experience, skills, knowledge, behavior, responsibility, measurement, law, business process, and standards.

i. Service quality factors:

To begin with is the relationship enhancers group of factors which consists of service quality factors. Time factors are clear in this relationship, the time for authenticating doctors and medical professionals is way too long and below expectation. This harms the relationship with the public. Therefore, IT department’s thought of taking it out of the system and not counting it in the KPI. They frame it as pre-requisite documents that patients should get it (IDI25, p. 9). The problem is there even if the leadership did not see it in the KPI’s reports.
Next factor is technology. Technology, as mentioned above in customer behavior, is key to designing the best IT solution. CRM gathers data about customers by capturing it from the illusion of freedom, which is the accessibility of service from all channels. Transparency of data leads to trust because customers have information about the service before he comes from the website, and have a mobile application and SMS services notifying him of the stage of service he is in. And change people (IDI25, p. 15).

ii. Organizational factors:

The second group of internal factors is the organizational factors. In the organizational factors, several factors are influencing the relationship including the structure, staff experience, skills, knowledge, behavior, responsibility, measurement, law and standard process. The first organizational factor is the structure is an organizational factor in the relationship. In this typology, PA works with champions from department so they have a sense of ownership and endorse the change. In addition, they would be the one who most knows about the service. As explained by the public administrator, “we created a team, that team basically is EIEA-Enterprise Architecture team; I’m the one leading this team also, and it’s been formed with excellence and so many of the coordinators- not coordinators, they are the champions of the sectors” (IDI 25, p. 1).

Next are the factors related to staff experience, skills and knowledge which are important where it takes employees at least two years to change and adapt their behavior to the systems. Shouldn’t the system be designed that caters to the behavior of doctors; it would be much easier to adapt and get buy-in. Staff Behavior the way that the employee treats both happy and angry customers is more important than his education (IDI25, p. 15-14). Some of the employees in the customer service center of Ministry of Health and Prevention of Health and Prevention and Prevention are not well educated yet
they are very good at communicating and handling customers (IDI25, p. 15-14). The public administrator indicates that this has an effect the reputation of the organization (IDI25, p. 15-14).

On the other hand, staff behavior can be negative, such as employees’ resistance to change especially when adopting new technologies such as CRM. IT public administrators explains, “they want to stick to the old part especially the doctors, the doctors above 50…. they still are used to writing the prescription on paper, etc. I would say the MOHAP have about 2000 above 40 or above even 50 I would say, that’s 20% of the number of employees.” (IDI25, p. 14). A big number of doctors must use the system or it would face failure. Changing the behavior of people needs a different method, engagement, and communication of what the benefits are.

In addition, responsibility is an important factor when starting with such big projects as CRM. Clear job responsibility, goals and objectives should be in place before automating the process (IDI25, p. 12). In addition, with regards to customer responsibility vs employees, as mentioned earlier about the shift of responsibility of pre-requisites from Ministry of Health and Prevention to customers (IDI25, p. 9). That has changed the blame in the relationship and made customers co-creator of the services. Therefore, if the customer is not satisfied it is his responsibility to authenticate his documents. That is an important change in the type of relationship it’s not only one side ask and the other delivers. Both parties need to work together to get the end service.

Furthermore, measurement of public government relationship would be the happiness index (IDI25, p. 14). Sometimes MOHAP increases public satisfaction by changing the process without changing the technology. An example of that would be a customer can renew their license by paying online without visiting the Ministry of Health and Prevention (IDI25, p8).
Next is the law should be built on transparency with the private sector. Since 70% of UAE organizations are private sectors, while the remaining 30% are government bodies. (IDI25, p. 11).

Even though the public administrator in the Information and Technology department, emphasizes the importance of the business process before the technology (IDI 25, p. 8, p. 12). He further explains the adoption process, “RUP-Rational Unified Processes. This process is used to make sure the service and the development are being done within the same time and delivered to the customer at the same time” (IDI25, p. 1). Therefore, development is not done away from the customer then brought to operation. There is a continuous effort to understand the customer and refining the service to satisfy the public. This is the type of human center design that engage on every step of planning and developing a process with the customers to meet his expectation.

(4). External factors:

Finally, are the external factors affecting the “supporter: Information Technology manager” relationship. They include competition and collaboration.

i.Competition factors:

Private sector competes with the government not only on the service level but also, on the technology level. They have an advanced CRM system, that they use effectively in delivering health services to the patients.

ii.Collaboration factors:

The private sector can collaborate with the government in terms of accessing a shared data of customer health (IDI25, p. 4). Cooperation also with international cooperation such as Gartner on knowledge by research on new technologies (IDI25, p. 10). Here the value chain of relationship is on
information and knowledge that help improve the relationship and developing of government services. Also, the collaboration is also important with local government to achieve efficiency and effectiveness. One example is that specialization is costly, like cancer treatment, this is done in Al Tuwam hospital which is under a local government (IDI25, p. 4). So, patients are being transferred to this hospital for treatment.

**g.4. Health Sector Strategy manager:**

The government strategy was based on feedback taken from the prime minister’s office regarding the direction and relationship of government with the public. There are several factors that have been highlighted from the interview that fit the groups of relationship framework.

**(1). Government relationship exchange factors:**

Understanding the role of government and public relationship various roles are emphasized upon different factors. First is the government relationship exchange group of factors. They include government’s role, exchange relationship, positive and proactive relationship. To begin with,

Ministry of Health and Prevention’s role is mainly regulator, and act as a coordinator between federal and local governments to provide health service for the public (IDI28, p. 1). Since they will not be providing the service and only regulate the MOHAPP will unbiased and hence better direct the healthcare industry in UAE (IDI28, p. 2). This department coordinates with other federal entities in drawing its strategic plan and follow up the implementation of key strategic projects (IDI28, p. 1). It is purely an indirect social exchange relationship to provide better health services to the public. It’s a positive proactive role in designing the policies and objectives of the health sector of UAE.
(2). Customer Journey factors:

After understanding the context and nature of the exchange of relationship typology. An understanding of customer journey factors before and after the interaction is important to comprehend how factors influence relationship (see figure no. 13).

i. Before interaction:

First, are the relationship before the interaction, that focus on the customer himself and his persona. The customer persona factors, which include customer profile, expectation, and network influencers.

To begin with is customer profile factor. Customer profiles are the whole public and the influential ones who take their complaints to the rules (IDI28, p. 5). Network and influence factor is clear in the earlier example of these influential people get things moving by reaching to decision makers. Next factor is customer expectation. Expectation “If you have a sickness or disease, it’s everything and you feel that you deserve to be cared for” (IDI28, p. 3).

ii. After interaction:

Next group of factors that are highlighted after interaction part of the customer journey. The key factors are communication, relationship management, emotional handling, personalization, and engagement. First, communication factor has become focused and improved lately as explained by the interviewee (IDI28, p. 9).

Next factor is Relationship management, as explained by PA “It’s by taking that extra mile for the patient that is unexpected for them. I remember one doctor where I worked, he used to go with the patient to the pharmacy and gave him instructions how to take the medication and all the patients loved him” (IDI28, p. 3).
Then there is the emotional handling factor. Emotional handling is explained by the public administrator of the experience that the patient gets, “you get a satisfied patient is a patient coming out of the clinic and feeling that you know their case and giving time to it, and you are caring for their disease” (IDI28, p. 3).

Trust is another important factor. The government has more customer trust than the private sector. Due to the Ministry of Health and Prevention experience, knowledge, specialization services, rare operations, public facilities and caliber who can operate those machines. Such as robotic heart surgery (IDI28, p4, p. 9). A good example is provided by the interviewee, “when my son had a pulled elbow, I didn’t trust the private, I went to the public. Maybe because I worked there, and I know the quality of doctors” (IDI28, p. 4). Even though when asked by an interviewer if customers trust the government, the answer was no because there are some medical complaints (IDI28, p. 8). That means trust varies from one person to another and it is not for all. Knowledge is an important ingredient of relationship. Trust in government more than private because for the knowledge.

Then there is the personalization factor of the relationship. Personalization as explained by the public administrator, “it's overall and customized, it depends on what they want from the public.” (IDI28, p. 10). Finally, is the Customer engagement leadership engaging with the public even using social media to do so.

(3). Internal factors:

The internal factors include two group of factors, service quality factors and organizational factors. The key service quality factors are time, technology, accessibility, and interaction. While the important organizational factors are structure, staff experience, leadership, and support resources.
i. Service quality factors:

To begin with is the relationship enhancers group of factors which consists of service quality factors. The first factor is time. **Time:** limited time with the doctor, to give that extra mile the doctor is taking extra time. The customer love that but the management don’t it maybe it sees it as a waste of time and creating a crowd. (IDI28, p. 3) Here it is good to make a balance and try to achieve both without affecting the quality of customer service.

**Next factor is the price of service.** The price of service varies by type of customer, and government or private sector (IDI28, p. 3). The MOHAPAP has increased its prices to be comparatively close to Dubai Health Authority DHA (IDI28, p. 4). Still expats want to get service from the government, however, the government does not have an insurance system (IDI28, p. 4).

**Another factor is technology factor was the government has many systems and there is no coherence or homogeneous** (IDI28, p. 1). For instance, when the government wanted to add insurance to the relationship value chain, they did not have a coding system for medication and services (IDI28, p. 4). However, now they are working on developing on the barcoding system (IDI28, p. 4). Furthermore, the administrator suggests teleconsultation, and sick leave automation (IDI28, p. 14).

**Finally, is accessibility factor. Accessibility** to unhealthy food influences the behavior, such as kids’ accessibility to unhealthy food in school canteen or outside the school in restaurants (IDI28, p. 6). The interview explained on different methods that the government to restrict the availability of such products through legislation, “MOHAP is working on putting regulations on food inside restaurants, for it to be a healthy diet or to put at least the calories for each meal and to put at least two options for healthy food on the menu. They are also working on regulations to restrict the sugar inside the drinks- to put how much sugar there is” (IDI28, p. 6).
ii. Organizational factors:

The second group of internal factors is the organizational factors. In the organizational factors, several factors are influencing the relationship including structure, staff experience, behavior, leadership and support resources. First is the organizational structure that is decentralized as explained by the public administrator, “the role is so diverse, and so many decentralized systems” (IDI 28, p. 1). There are many systems and they are not aligned to the same objective and hence decentralization of management would be better. The second factor is the staff experience which directly leads to trust in the public government relationship, consider the example of the doctor that goes the extra mile. Furthermore, staff behavior factor is even more important, and going the extra mile is rewarding. There was a doctor everyone loved to go to, because he took care of patient and even went to the extent of taking them by himself to the pharmacy (IDI 28, p. 3) “I think even my family; they would just love to go to this doctor because he would treat you like a VIP. He would answer your calls, you would feel important, even though you are a simple patient” (IDI28, p. 3). In addition, Leadership is also another factor, where they wanted to limit the extra mile behavior “Although the management wanted to change the way he is, and demote him but all the patients fell in love with him and they would talk to anyone to make him stay in that clinic” (IDI28, p. 3). Higher leadership had a ministerial retreat and came out with initiatives to improve healthy lifestyle (IDI28, p. 6). Furthermore, the public engaged with the whole public through social media, the prime minister of UAE has asked the public suggest ideas to improve the healthcare and now some of them are in the implementation stage (IDI28, p. 11). The final organizational factor is a support resource for limitation, mainly a struggle with the budget (IDI28, p. 4).

(4). External factors:

Finally, are the external factors affecting the “supporter: strategy manager” relationship. They include competition and collaboration.
i. Competition factors:

The federal Ministry of Health and Prevention of Health and Prevention is in competition with other local governments to deliver services (IDI28, p. 1). Federal government competes with local government on awareness campaigns (IDI28, p. 1). They override the health system and want to be recognized and known within their local population (IDI28, p. 1). It seems like a political influence they want to have an impact on their local citizen. The competitive advantage that the local government has over the federal is the availability of budget, knowledge of running health facilities, and health systems (IDI28, p2). In addition, a good competitive advantage is that the local government of Dubai Health Authority has a partnership with private sector using service level agreements SLA of treating private-sector patients for profits (IDI28, p. 5).

ii. Collaboration factor:

Between the federal and local government to unify the licensing criteria, the project is under development and in its final stages (IDI28, p. 1). Collaboration in the value chain will reduce duplication and make the customer deal with one license and hence reduce the number of relationships with each government department in case he has many hospital branches. In other services, the Ministry of Health and Prevention is partnering with other federal entities like Ministry of Health and Prevention of education for spreading health awareness (IDI28, p. 6).

The different government support service is all managerial tasks to enable the performance of other service delivery department. This is why it has been titled as “manager” government support relationship. This relationship depends on interdepartmental support, and understand the importance of human-centered service design even when it’s a support relationship. This is what differentiates this relationship from the other seven typologies.
Conclusion of the results section

Overall, the key factors that influence the public government relationship vary according to the typology of government service. However, there are common factors that are related to managing relationships. These relationship factors are more into the human aspect of the relationships rather than technology or processes. For instance, communication and emotional handling along with knowledge is one of the key influencing factors in the relationship. And since those are delivered by the staff, his experience, knowledge, emotional status and behavior becomes influential on the relationship. In addition, the customer profile, emotional status, perception, expectation, experience, and network affect his engagement in the relationship.
Chapter 5:

Discussion Personalized Human-centered Relationship management

This section will shed light on key reflections of the research findings. It would provide the solution to the One size fits all approach problem of managing the public-government relationship. In addition, the discussion will focus on the shift from technical business management to behavioral and emotional management of the public-government relationship. The results confirm that the public sector needs to customize the CRM to suit the various public-government typologies. These typologies that emerged from the literature review and research relies on various relationship management approach for different stakeholders and distinct government roles. The research has been able to provide a solution to concerns facing public administrator by first identifying different typologies of the public-government relationships and relate them to certain groups of customers, service concepts and service delivery system and value. By identifying the relational factors that address the behavioral and social nature of the relationship with stakeholders. Hence, providing pubic administrators with the right guide to the public-government relationship management tools and factors would enhance the capacity of public administrators to meet the needs of the public.

Specifically, in relation to the research question of identifying factors affecting the public government relationship, the discussion will primarily focus on the influence of factors on all government public relationship. There will be a comprehensive discussion about the key factors and how they are affecting each of the seven public-government relationship typologies. By comparing the findings of each typology certain key findings have surfaced that reflect on the academics and practitioner in the field. The following serves as the main discussion points for the various relationship.
To begin with, the overall relationship factors affecting the public government relationship are many however, the key repetitive ones are communication, reference, emotional handling, managing expectation, knowledge, awareness, behavior, and experience. These are the key factors affecting the relationships, although there are other factors, however, what was interesting is that these factors are working together to managing the relationship between the public and government or the public and public or government and government. Balancing between the humanitarian side of the relationship and the rational side is essential in the key in differentiating the management styles when managing various typologies of the public government relationship.

5.1 Personalization vs One size fits all approach:

The key benefits of this study in the field of public administration will enhance the understanding of the public-government relationship typology and management framework and tools. First, this research identifies the shift in relationship management from a One size fits all approach to more of a personalization and customization approach. Within the data ascertained there was evidence demonstrating the significance of taking the extra mile and deep diving in handling public emotions, however, this does not apply to all typologies. For instance, emotional handling like in the doctor-patient relationship is personal and changes from bureaucratic management to more of personal relationship in order to gain to gain the trust of the patient. In addition, there is emotional handling, which considers factors affecting two or more parties engaging in the relationship and the value chain between them. This relationship is also influenced by stress and the emotions of the staff compared to the citizen is another angle to be looked at and to understand the impact of handling the staff’s emotion. The different power and status effect the direction of the relationship and how to measure it and give it a priority when providing personalized service. Having said that, some services do not need emotions and should be objectively handled, such as a medical dispute or contractual relationship with an entrepreneur. If
customization and emotional handling, two approaches to managing relationships were put on the spectrum, each of the relationships typologies will scatter on that scale. For instance, if we took customization approach, at one end it’s too customized for the individual level, on the other end too standardized for one size fits all. Similarly, emotional management approach has rational or technical management approach on the other end of the spectrum. Therefore, each of the typologies has a different approach due to the nature of the service, government role, and type of customers it's interacting with. (See figure no. 14).

First, is the rational management dominance in the public-government relationship typology, mainly the entrepreneur “businessman” relationship. This relationship typology deals rationally with one
type of customer, the businessman who does not need personalization or emotional handling. They can follow the pricing and categorization of a lease announced by the ministry.

The second is the shift in the public-government relationship management used in the public beneficent relationship typology. Here the One size fits all, one size fits all management system approach to mass marketing and awareness campaigns were found expensive and infective compared to a one on one approach. In the UAE MOHAP utilized its decentralized hospitals, clinics, and doctors to personalized ad customize the approach by sending the message and raising public awareness through doctors one to a relationship with the patient. What is even more important with this relationship design is tapping into the already established trust relationship between the patient and doctor; this would infuse confidence within the patient to change their behavior. Along with this customizing the behavioral change tool to meet each patient’s special conditions and the capacity to be able to follow it up would aid in sustaining the behavioral change.

The third purely personalized and customized approach to public government relationship typology is the social beneficent “the provider: doctor, teacher”. First is the doctor relationship of providing health services, in this the provider role of doctor needs a lot of customization in treating patients and fulfilling their needs. Specifying a treatment or medicine for patients takes into consideration, not only the patient’s health conditions, family health history, but also, lifestyle, education, and awareness. Nowadays, patients are more aware of medical information, they come to the doctor with their own diagnoses of their conditions. However, a good doctor uses this knowledge and awareness factor to his advantage and explains further and convinces the patient of the recommended treatment. More importantly, the doctor manages the patient relationship by handling their emotions associated with the pain, worry, and fear. This helps in managing and sustaining the public-government relationship. This emphasizes the importance of customization and personalization of service delivery.
The other type of social beneficent relationship is the provider is the teacher. In this type of relationship, there is some personalization efforts performed in training a class composed of many students. However, due to the limitation of time and students’ willingness to engage in the learning efforts there will be variants in the level of benefits obtained from the training. It is essential to recognize the trainee’s role in maximizing his benefits from a training by engaging in the discussion and practicing during the training session. Therefore, the customization and personalization can be delivered to an extent by a trainer, however, this public-government relationship depends on trainee engagement and responsibility to learn and benefit from such training courses.

Then there is the Supporter “Manager” typology in which customer care, technology, communication, and strategy depends on customer care to manage angry customers with their help. In this case when emotionally handling an angry customer the customer care manager needs to personalize how he responds, communicates, and behaves. Furthermore, the communication manager needs a lot of customization when doing marketing campaigns and messaging that reach different segments across different cities. Similarly, the Information Technology manager needs personalization of technological solutions that reflect the best interaction method, experience design, and customer journey suited for customer behavior. Finally, the strategic manager, develop and customize the ministry strategic objectives according to the customer feedback, problems, and needs.

Other typologies that have the law as a frame for relationships, also use personalization in a different way. For instance, the “Market organizer” role that provides law enforcement and authentication services, does not have much room for personalization of the service, therefore, it is more of One size fits all approach. However, the opportunity for personalization or customization can be achieved by engaging the public and companies in the review or development of laws. For instance, experienced
health care companies and doctors can leverage their knowledge to create laws and that will support their businesses operations and enable them to deliver high-quality health services. Similarly, the protector relationship typology is about law enforcement and the legal framework by defining the boundaries of the relationship. Having said that, when it comes to handling the emotions of an angry customer, a customized approach to emotional handling is important.

After legislation of laws there is the Arbitrator “Judge” typology, which focuses on the application of the law to all citizens’ subject to the arbitrator relationship. However, investigations in a case by case scenario is isolated to the parties directly affected because of the inherent limitations of this relationship. Here a balance between a base of standardized law, and a personalized solution for each case is required.

Overall, having an understanding of the different typologies within the public government relationships aids public administrators in devising the right management system that addresses the nature of the relationship and maximizes the benefit of managing this relationship properly. Therefore, it solves the problem of CRM failure in the public sector by having seven customized public-government relationship systems with various management systems and factors.

5.2 Customer journey factors:

Since there is a big shift in customization and personalization of services, understanding the customer persona becomes vital. Especially when gaining customer trust depends heavily on what is happening in the customer’s mind and life. Understanding the customer persona means understanding the customer character, profile, background, perception, experience, expectation, personal value, emotional status, knowledge, behavior, awareness and the network influencing his or her decisions. Many typologies focus on emotional management or expectation management of the relationship. However,
reason is deployed when convincing and negotiating with customers about services and specifically
law enforcement. So, when designing the approach of each typology, a public administrator should
consider all the factors from pre-interaction to post-interaction. The relationship should be viewed as a
chain of interactions, even after finishing the experience, then it comes back to customer perception, the
reputation of the entity, past experience, expectation, etc. It is an ongoing cycle if managed well, will
consistently lead to the building, growing and sustaining trust in the relationship with customers.
Understanding the nature of the service and how it’s affecting the emotions of the customer is important
in differentiating how to manage this relationship. Some customers are negative due to reasons related
to pre-interaction such as getting a fine, feeling sick and tired or they have just received bad news.
Therefore, comprehending what is happening with a customers’ internal feelings and external
surroundings and influence becomes a key in finding the right solutions. Therefore, public administrators
should be aware that improving a public relationship is not about the technical business process alone,
but more about the behavioral and emotional management and awareness of customers and his
surroundings.

Various typologies have shown the different management of different solutions based on their
understanding of different customer persona factors. For instance, on one side of the relationship
spectrum a protector relationship typology is dealing with a negative customer who breaks the law, hence
requires a relationship management that consists of a group of management tools such as emotional
management, expectation management, evidence-based management, and behavioral management. On
the opposite side of the relationship management spectrum, is the entrepreneurial relationship typology,
were a businessmen leasing assets does not engage in emotions, hence the public administrator needs
only rational business management.
The customer journey in the public beneficent/ future guardian relationship is difficult to identify the customer persona because the service is about raising awareness and educating to the whole public. Even though the targeted segment is diversified, a common trait of bad health behavior becomes the focus of clustering the profile of a segment. For instance, MOHAP is trying to proactively instill healthy lifestyle habits through education and law enforcement. Therefore, a grassroots strategic approach to youth and influencing parents is effective in the design of the relationship. Other tools of communication can also be used and leveraged through the network of the community including individuals, private companies, government bodies. They help with the outreach and long-term relationship between the public and the government. Even though the government tries to segment the public, they have resolved to one on one relationship with citizen and residents through the doctor-patient relationship. Here, the doctor takes into account the patient’s personality, health habits, experience, emotional status, knowledge, and experience when trying to raise his awareness and convince the patient with the solutions that will help him change his habits. Therefore, in the public-government relationship, the doctor and public administrator needs take all of these factors into consideration when designing the patient experience and relationship with the government.

This links to the next relationship typology of social beneficent “the provider: doctor” relationship. The doctor as mentioned earlier has already gained the trust of the patient and has a strong credible, neutral and personal relationship. This provides good support from the doctor for patients to not only change the habit but sustain it, which is even a bigger challenge. The Doctors’ behavior, body language, and communication are important in the customization of service in order to meet the personality and emotional state of the patient. All of these together defines the way the interaction goes between the doctor and patient and ultimately how the relationship is managed.
Similarly, in terms of relationship management is the social beneficent teacher relation.

Although this is not a one-on-one relationship but rather a one-to-many in a group setting. The focus of this relationship is the interaction during a vocational training program where from the beginning of the training, the teacher understands each individual’s objective/purpose for attending the training and tries to customize it although it will not be a perfect fit. The customization was predetermined based upon what students’ job supervisor saw fit. Also as public administrator it is important to understand the level of stress that students and their family face when said training determines the employment capacity of the student, recognizing this will help manage the emotional stress in the relationship and hence gain the trust of students and their families.

The supporter typology also looks into the customer personal factors when designing communication campaigns or messages. This is also the case when handling a complaint of an angry customer, as a customer care department, they need to talk to him from parent to a child perspective and in a humanitarian way when managing his or her own emotions. Looking at the perception, expectation, experience, and need of each individual complaining to the department will aid the public administrator in designing the right solution to fit that type of relationship.

Then there is, the “market organizer” relationship, here it is less about following the government rules and more about the understanding of the customer’s emotions and expectation in managing the relationship. For instance, when a frustrated doctor becomes angry due to the implementation of new laws on his clinic, the public administrator manages his emotions by calming him down, then explain and convince him of the importance the new law. This relationship is influenced by who has more knowledge and experience in the medical industry, in this case, one would argue that to be doctors and healthcare companies. Therefore, a better shift in managing this relationship would be from current
relationship design of dictator to that ofa partnership, that engages with healthcare professionals in developing laws that meets both party’s needs.

Similarly, is the protector “Savior” relationship a public administrator inherently has a positive relationship with the public, yet a negative relationship with lawbreakers. When a company has been assessed a fine, naturally they will be angered by this course of action, however managing the company’s anger can turn the negative sentiment into a positive. This can be accomplished by using expectation management tools and other factors such as communication, knowledge, awareness and convincing techniques. In addition, companies with evil characters and attitudes, who threaten PA’s is managed by calming them down, communicating and convincing them about the law’s importance and utility by using evidence as a rationale to the situation.

Another relationship that takes into consideration the customer persona is the Arbitrator “Judge” relationship. In this relationship, the customer comes to the relationship with negativity with high expectations. As a party to a legal case they expect the judge to side with their argument and to not make mistakes, they’re aggressively wanting to win the case. To the extent that they may use different emotional methods to sway the judges to their side. Therefore, the public administrator uses emotional handling management, expectation management and the rationale behind the law to convince the customer that the law is objectively and not subjectively applied to all parties to the dispute.

Finally, is the relationship schematic in terms of customer persona as the entrepreneur. Here the contract defines the framework of the relationship with an economic exchange rule. Therefore, there is not much need for an understanding of the customer’s emotional state or experience as compared to other relationships. The reasoning for this is that the monetary profit from that exchange is the driving force, if this expectation is met then the relationship will be fine. This is an example of a positive customer
relationship, the nature of the relationship leaves nothing to be angry about. It is a purely transactional relationship where the customer persona is more of an economic and performance profile in terms of a company renting space and paying the rental cost. Customer expectation, experience, and other emotional status that does not apply to this relationship typology.

5.3. Staff profile:

When managing the behavioral and emotional aspect of the customer, the public administrator’s persona, behavior, experience, knowledge, and emotions should be maintained. To create a good connection in the relationship between the customer and the public administrator, it is important to understand the profile of the latter. If they are a good match, then they will be able to develop a long-term relationship in delivering the government service. The human aspect is more important than technology in the relationship. Most complaints are about the individual behavior of the staff and not the service as indicated by the Customer Care public administrator (IDI27, p. 5). Therefore, investment in developing the right caliber of public administrators is key to the success of this relationship. This conclusion is aligned with early findings from the literature review.

There are key staff factors that if the developed will can lead to the development of the public government relationship that is mutually beneficial for both staff and organization. First is the knowledge factor, which is key and powerful for the staff delivering a service. As the complexity of the service increases, there is a need for knowledgeable staff becomes increasingly tantamount. In addition, staff job experience is important too, for it can aid in understanding the customer’s perspective and how to manage their needs in a given situation from a rational perspective.

From an emotional angle, the staff’s emotional state, attitude, and behavior are more important than their individual level of education. Having a strong handle on one’s own emotional state will allow the
staff member the leverage to manage emotional customers and provide extra service in a humanitarian way. Here emotional intelligence is more important than academic intelligence. Therefore, there is more need for emotional and social intelligence tests rather than operation tests when evaluating candidates for positions that deliver customer service. In an organization, the emotional state of the staff directly correlates with their capacity to handle the emotions customers present when the encounter the public administrator.

The level of rationality versus an emotional approach to managing customers varies according to the type of relationship. Understanding this concept can serve as a guide for human resources departments in recruiting the right people with the right personality to effectively deliver the service. Even after choosing the right person, employee motivation should be individualized and customized for each staff member and aligned with the organizational goal. Self-motivation is key in assisting employees when balancing organizational structure and customer challenges. Also, it helps employees in changing environments by reducing the resistance to change, which in turn will help employees to change their behavior and adopt new technologies. The following relationships demonstrate the key staff factors according to the qualitative analysis performed in the course of this study.

First, is the social beneficent “the provider: represented by the Doctor and teacher”. Consider the Doctor with the desired skills needed in delivering health care in a hospital, where patients are in need an employee who is empathetic and emotionally intelligent. Here it is important to have a doctor who is credible, attentive, a good communicator, a patient with good personal skills. He would demonstrate good behavior by smiling, comforting, connecting and calming patients through emotional handling. The Doctor’s character is key in gaining public trust in doctors, especially since that trust is given to individuals more than organizations.
Then there is the other social beneficent relationship of the Teacher. This role relies on training and development from a customization approach and teaching in a one to many approaches. These two approaches allow for identifying the differences between each individual students when teaching. Therefore, some skills are required like presenting, engaging students, and individualization when teaching each student. This type of public beneficent typology also requires staff with excellent communication and collaboration skills to reach out to many segments of the population. With a population base composed of a cross-section of persons, this area also requires staff to have behavioral change and convincing skills to convince and guide customers into changing their behavior. Here they will have to rely on emotional handling as a mechanism for motivation for changing behavior. A good example of using emotions to change behavior is when a doctor is trying to help an obese person to overcome his issue with weight, especially if his stress eating has underlying emotional drivers.

The next typology is the supported “manager” relationship that due to its nature requires skills predicated on a humanitarian approach, such as empathy, patience, understanding, listening, problem solver, communication, and emotional handling. However, unlike the “Provider” role, the law enforcement or rule of law services relationship typologies are different in many ways. For example, in the organizer “Market organizer” relationship, knowledge, and experience shape the relationship in this typology. Regarding developing laws for licensing and standards for hospitals, healthcare companies are more knowledgeable and experienced professionals. From their daily work and interaction with the public, they know what is needed and what works best in developing appropriate standards and regulations. Therefore, the relationship changes from untrusting companies to a partnership in developing laws and regulations for the healthcare sector. Even though they need to follow the law, engaging them in the development of it will encourage them to be more likely to implement law rather than break the law. Developing a partnerships relationship with
healthcare professionals and companies will change the nature of this relationship from a negative to a positive. In order to accomplish this change, the staff should have collaboration skills, handling emotions skills and the capacity to set realistic expectations.

Similarly, the protector “savior” relationship requires emotional intelligence skills, patience, conferencing and communication skills to calm down angry lawbreaker. Thus, the protector should not be influenced by customer’s threats and curses but rather have the capacity to remain calm and be internally self-motivated. The staff’s behavior is the key to successfully managing angry customers. With the objective of explaining the law and reasoning for assessed fine, for instance, the staff member has to be able to navigate pass the customer’s emotional negativity. Hence, effective communication is key to raising customer awareness about laws and regulations in this typology.

There is also the arbitrator “Judge” relationship, this one requires both emotional intelligence and people skills to calm down angry complainants. It also requires more rational and logical skills to be able to make good judgments that achieve justice and fairness in trials. Reliance on rational skills extends to the Entrepreneur “businessman” relationship, were emotional management skills are not as important as negotiation skills and contractual capabilities.

Technical business, rational and evidence-based management is still needed as a basic skill, and more in some relationship than other. However, the majority of the staff needs to obtain emotional and behavioral management skills to be able to manage stakeholder’s negative emotional burst, pain or stress. This ability helps in easing stakeholders mind from emotions, which paves the way for a rational dialogue of explaining the benefits of the law and the relative actions or behaviors. More importantly, staff member must be able to manage their own emotions and be able to self-motivated in managing the public-government relationship. Using this as a filter in relation to successfully managing the public-government
relationship will help upper management to select candidates with the right caliber and the right skills when designing and implementing the public government relationship across various government services. Customization proves useful not only in the management process but also in the hiring process having the right people as a solution for public-government relationship problem is key.

5.4 Behavioral change:

One of the key shifts in the government field is the use of behavior change tools to improve the government-public relationship. Some of those tools are relationship factors such as knowledge, communication, experience, expectations, and awareness. It is obvious that to change anyone’s behavior, the focus should be on individuals as units and not organizations or entities. It was found in this study that customers’ do not care if a hospital is federally or privately run, as long as the doctor is good and he treats patients well. This information helps the Ministry (MOHAP in this studies case and governments in general) to focus on recruiting people with the right attitude to deliver governmental services. At the same time understanding the customer behavior, expectation, needs, and perceptions help in designing a better behavioral change program. This aids in designing behavior change triggers and methods called “nudges” in the relationships (Thaler, Richard H., Sunstein, Cass R., 2008). Each one of the typologies differs to the extent of needing behavior change tools and varies in the method used for changing behavior within the context of the specific relationship.

In the Entrepreneur “businessman” relationship the focus is on renewing the lease and having a long-term business/contractual relationship. This can be achieved through good pricing and giving them priority of knowing the availability of new spaces for lease. Appreciation of this behavior is reflected in the entrepreneur’s loyalty and continuity of the relationship.
Then there is the public beneficent “Future Guardian” relationship, in this relationship typology, the focus is on proactively changing behavior, by raising and triggering public awareness. Consider heart disease, a notorious silent killer where the lack of awareness can be deadly for people if they do not change their behavior and lifestyle. Such information in the UAE used to be relayed through mass communication awareness campaigns. However, this has shifted to more of a one on one behavior change to a support and follow up a campaign to ensure continued behavioral changes. The ministry has begun to tap into existing doctor-patient trust relationships to deliver its services of awareness, especially the family physician who can support the patient and his whole family in this behavioral change journey.

Speaking of the doctor, the next relationship typology the social beneficent, “the provider: doctor” relationship. Here the doctor’s behavior affects how a customer behaves and how both of them work together for prevention and healing. Communication and emotional handling are key factors in changing patients’ behavior. Convincing a patient that a specific medication is good for them at times is a matter of life or death. Thus, it is fundamental that the doctor communicates with confidence and assurance so the patient will have confidence in the treatment. Then there is the second type of social beneficent, teacher relationship, here the focus is not so much about changing behavior unless it was a practical experience that was to focus on the change.

After that is the organizer “Market organizer”. This aims for a behavioral change that changes the negative customer response into a positive response. Here the primary goal is to reduce negative behavior by engaging companies in developing the laws and raising awareness about them and the reasoning behind them. Also, by deliberating with customers on the law, a sense of ownership will be high and encourage the implementation of the law.
Next is the protector “savior” relationship, where the negative behavior is changed by letting customers vent out his emotional experience. The public administrator listens to him, calms him down, talks rationally about the reasoning and assures him of the solution. This is emotional handling, using key factors such as communication, interaction, awareness, and knowledge. Also, by reducing expectations until the customer thinks there is no hope, then the public administrator turns the situation around and gives a viable option for the customer, which makes him look like a savior. In addition, another tool for behavioral change is a monetary and punishment approach for stopping the negative behavior. Here the public administrator can elect to double the rate of fines compared to licensing fees which could serve as a behavioral change agent or use blacklist, where companies and customers are hindered from performing their business operation. This will modify their behavior to deter them from breaking the law in the future.

Furthermore, is the Arbitrator “Judge” relationship, where the focus is on evaluating and investigating a negative behavior and applying punishment. This increases the customer’s trust in the government by resolving this issue. Here the government provided a service in the form of aiding the customer in his troubled relationship with another party in the medical complaint. For example, reducing people’s expectations of 100% success is important because the gap between the customer expectations and actual performance is huge and cause them disappointment. If that takes place, then their behavior towards the results of the operation will be positive.

Finally, is the supporter “manager” role. In this typology, emotional handling is a key factor in managing the behavior of angry customers in terms of customer care services. On the other hand, communication is key in changing the perception and hence the behavior of people and make it more appealing to go to the government than to the private sector. A good example of that automating the process of licensing although it is a very complicated process for doctors and requires so much time that
they do not have as doctors, the downside to reducing interaction is that negative behavior displayed by customers increased. IT department should understand that imposing a new system does not work well if it does not match their behavior.

Overall, understanding the various behavioral and management tools in each relationship is important in customizing the public-government relationship. This will aid in the development of a better CRM system for the public sector when being designed will take into consideration behavioral and emotional aspects, hence focus on the behavioral management more than the technical business management.

5.5 Technology in a relationship:

CRM is a technological system, if it is not customized to meet the public government relationship typologies it would fail. CRM Technology is part of the UAE’s Smart government national agenda; it was found that the adoption of technology can lead to two variant results. In one variant technology can enhance relationships while the other can hinder said relationship if it does not fit the relationship typology. The results of this study highlight the use of technology within the public-government relationship.

Technology is best deployed for relationship typologies and services that are characterized by low interaction and simple processes. Conversely, technology does not benefit complex services that contain a lot of laws and procedures. Customers cannot comprehend this complex environment due to the complexity of the legal documents. Public cognitive ability tasks require personal interaction and communication to comprehend these complex services. Customers are not wired to perform such tasks within an electronic system because they might not have time to do what is required in the system. Moreover, each customer might have different situations that some laws are applicable while others may
not apply In this scenario, a personal interaction would be warranted because it would provide an understanding and that the technology does not provide independently. The more level of customization within the relationship, the less dependent upon technology it will be especially in terms of complex, integrated processes with various stakeholders.

Currently, the ministry has various systems that are different in maturity, technology, connectedness, and functionality. Having many different standards for delivering the same service, limits the technology and keeps it bound to that workflow. Customer Relationship Management can be better used for gathering intelligent data about the customers’ experience and journey to enhance it and even proactively provide better service.

The problem with technology is that it was not designed around enhancing the customer interaction. For instance, during a doctor’s appointment, patients want some attention, technology will take the doctor’s focus away from paying attention to the patient. Also, the doctor will not be able to provide emotional support and empathy because he will be busy filling forms in the system on the computer. Thus, it would be really beneficial when designing technological solutions to incorporate into the design the nature of the relationship and understand people’s behavioral patterns and then create a system that fits these elements, this will ensure the usability of the system by customers.

Choice and options is another factor when designing the solutions for the customers. One example is “illusion of freedom” which gives various ways and choices of accessibility to a system that caters to customer interaction preference with the government. On the other extreme, technology can gather customer data and aid in the design of a proactive service that does not need technology but more of human interaction.
Technology application and design differ according to the typology of the relationship.

Therefore, an organization that wants one system for all services will ultimately fail because it will not deliver its main functions. Customization of technology depends upon the relationship typology as explained in the following discussion.

First is the entrepreneur “businessman” relationship, where the IT system is used here because it’s can employ a low interaction legal form. The process is easy and simple, hence. Hence the IT solution speeds up minor parts of the process such as payments or renewals but it does not have the capacity to execute legal contracts or and the negotiation phase of the relationship. However, CRM can be used in this relationship for marketing purposes to retain current clients.

Second, is the Public beneficent “Future Guardian” typology, since this is not a transactional service, the technology used here is social media channels. These help to increase the scope of spreading information and awareness campaigns, however, the technology becomes essential in early warnings and awareness triggers for the customer. Through engaging citizens in these test, and seeing the result, this makes them aware of the threat of health problem. Consequently, encouraging them to take the next step in the behavioral change journey technology can help in tracking the progress of that change.

Third, is the social beneficent “the provider: Doctor, teacher” relationship. To begin with, the doctor relationship is where the ministry has many complex and various systems to fulfill different business and medical international standards. Wareed is one such system that the doctor uses and contains the patient’s information and health records. However, they are not connected with other systems, therefore, for decision makers, it is difficult to make decisions based on the customer and operational information. Technology is good in terms of latest operational tools like robots for heart operations and it increases public trust. However, suppliers of some technologies increase the cost and hence affect the
patient-government relationship. The government would end up paying for the technology or making patient’s pay, dependent upon the citizenship.

On the other hand, the social beneficent second relationship “the provider: Teacher” needs only technology for delivering training. Not just any training but practical training like responsive dummies for conducting CPR and virtual reality for conducting operations. This enhances the delivery of the service value in the relationship of providing trainees practical health care skills along with assessment systems and accreditations.

Next is the organizer “Market organizer” relationship. Here the ministry uses a technological system and reduces its communication with doctors and healthcare companies. This system hinders the servicing process because customers cannot comprehend the existing laws and new laws. Even though customers are highly educated and computer literate they do not have time to go through long detailed legal documents and specification on the system. Therefore, they become frustrated and they prefer face to face interaction. This will allow the public administrator the ability to give them simply the key information related to their type of business.

Similarly, is the protector relationship and technology usage. Having a system in this relationship could be negatively affecting the relationship if the interaction with the customer is blocked. For instance, an angry customer who received a fine, needs to vent out frustration and discuss with the public administrator the problem. If the channel of communication was blocked in the system, customers would not be able to get an answer and hence become frustrated. Also, the legal and complicated laws regarding the promotion of ads and technical wordings require face to face interaction rather than a system. The system here plays the role of enabler by reducing paperwork, reminding companies of fines, laws, and updating them with new procedures. However, in this relationship technology adoption should not be
fully substituted for people, but its application in the process should be carefully evaluated on what should be automated.

In comparison, the Arbitrator “judge” relationship faces the same situation with technology. Even though having a system to submit a complaint is good, however, handling an angry customer still requires human interaction, communication, and emotional handling to build trust.

Finally, is the Supporter “Manager relationship”; this is the most related one to the Information and Technology department that really values the understanding customers’ needs and wants before designing the technology. In this relationship, the public administrator sees the value of the business planning before designing the technological solutions.

Overall, customization is not only limited to the managerial aspect of the relationship but the technical side, too. Even more importantly, is understanding the stakeholders’ current behavior in terms of adopting technology they may not use. Tapping into the behavior of the stakeholder, their interaction preference, and understanding of service complexity and value, help in the design and implementation of the technology or it will not be successful.

5.6 Human relationship vs service design and management:

Public administration practitioners and academics would benefit from understanding how the government’s role and relationship factors define the best management method and system. This helps in achieving the aim of this research. The government’s role and type of service shape the type of public-government relationship. It even influences trust before it takes place. A good example would be the change of the whole Ministry of Health and Prevention relations from a competitive relationship with the private sector to a partnership relationship. It used to be a service provider and now it’s only focused
on legislation and prevention. Therefore, for it to succeed it needs to focus on developing the relationship with companies and healthcare professionals and the public. In the field of customer service, service design and quality management public administrators were focusing on business process re-engineering and not much on the emotional aspect of the relationship. Standardization of service delivery and process standardization is not effective enough and does not provide the relationship fit for each different typology. Processes and standards sometimes create distance from the humanitarian side of the services.

After recognizing the factors affecting the relationship, and how it’s important to manage those factors to enhance the relationship, improving government services should be looking into relationship design rather than service design. In service design, the usual factors of service quality were used as variance in changing the management of the services. These factors include time, price, proximity, availability, accessibility, technology, and channel of interaction. Services need to be customized and based on the behavior of customers in the public-government relationship framework. Behavior change influence is important in achieving a solid public-government relationship and management objectives. Through increasing public engagement, the Ministry will understand their needs and get connected with the public sector and understand why these laws exist and hence accept them. However, with this study, it is important to recognize each of the related relationship factors and how they alter the use of relationship management tools.

Several relationship management methods can be developed according to the type of relationship typology, such as contract based relationship management, expectation relationship management, collaboration or partnership relationship management, evidence-based relationship management, emotional handling management and personalized relationship management, behavioral change management of the relationship.
Each relationship typology has different management methods. First is the entrepreneur “businessman” relationship, it is more about the contractual relationship and not much of an emotional relationship. This relationship is more rational, hence the quality factors are important such as the price, to achieve the economic exchange relationship. Here process standardization applies and not much is needed in terms of customization, although in some cases it is taken under consideration. When designing the relationship in services related to the entrepreneurial role of government, contract management and negotiation are the way to manage that relationship. This type of relationship is purely a contract business relationship where trust is manifested in a legal contract. There are not many factors other than pricing and negotiation for a profitable exchange relationship thus this typology is the closest to management tools used in the private sector.

Next is the public beneficent “Future Guardian” relationship. Since this relationship is focused on changing public behavior more than a tangible delivered product, human relationship design becomes important. Designing the right behavioral management tool and trigger called “nudges” such as communications, influencers and another competitive mechanism to change the public-government relationship is key (Thaler, Richard H., Sunstein, Cass R., 2008). Effective one on one behavioral management of the relationship using communication and knowledge of each person in the personalization of the behavioral change program that suits patients. Behavioral change management using preventative, education, awareness and communication is the management tool used in the public beneficent “future guardian” relationship. Since this relationship relies on other parties to help in spreading awareness in the community, collaboration and partnership management becomes important.

Succeeding is the social beneficent “provider: Doctor and teacher” relationship management method. In the doctor relationship, where it is a mix of product and service, there is a need for both
product design and relationship design. Customers are vulnerable, in pain, and need human interaction, communication, and emotional handling to manage their relationship with the ministry. Therefore, this relationship typology is focused on a one on one, patient-doctor relationship customization management system. Other service quality factors such as time, proximity, and quality of service are important because lives can be saved as a result of these factors being in place. Therefore, service quality management is also essential for this typology.

Next is the teacher relationship part of the social beneficent relationship. The training and development center is in the business of providing health services practical experience, education, and training. Therefore, a one to group dynamic teaching scenario as well as a relationship management scheme is predicated upon a one to many versus one on one in this typology. It takes the benefits of both methods one to one and one to all to accomplish the task. Thus, encouraging trainee engagement is important for them to benefit from the relationship.

Then there is the Organizer “Market organizer” relationship management typology. Due to the nature of law enforcement, customers tend to be angry, hence the need for emotional handling as a relationship management tool. With this the customer will have to be convinced that their fines are based upon laws and regulations, communication and reasoning are essential in relaying this message. Furthermore, managing expectations is key to change a situation of an angry demanding customer, to a happy customer with a high level of gratitude towards the public administrator.

Similarly, is the protector relationship typology. Although this relationship typology is governed by the legal framework, it focuses on changing companies’ negative behavior. Fines are part of the tools influencing the behavior. The negative relationship between government and the companies goes through the relationship management cycle, by reducing expectation and raising awareness. Here the agent plays
the role of savior after giving leeway to companies if they provide enough evidence. It is an interesting management system of both evidence base and human behavior management of handling angry companies. The key advice here is to manage expectations, have more interaction, and emotional handling of an angry customer. Also, use knowledge and awareness by directing them to identify where they went wrong and how they can prevent the repeat of this action in the future. Furthermore, the management tool here is focusing on monitoring the implementation of the law and managing the expectations and focusing on collaboration with the community.

The relationship typology of the Arbitrator “Judge” has a different management tool. Since in this relationship PA’s are dealing with a broken relationship between two parties, relationship re-design becomes important in fixing that relationship. Therefore, there is no emotional engagement in the case, instead, objectivity and use of evidence in making the judgment becomes important. This reflects fairness and achieves trust in the relationship between the public and the government. Also managing the emotions of the angry customer by handling their emotions, calming them down and explaining to them the situation and reducing their expectations is an essential management tool. Applying rational management and an evidence basis to resolve the problem of error of practice is the current relationship management tool used in this typology. In this relationship, not being emotional but being objective about each side of the story is another key to success for this relationship.

Finally, is the Supporter “Manager” relationship, this has various supporting roles, such as customer care, strategy, communication, and Information Technology, yet all of these are using different management systems. For instance, customer care uses emotional management as a tool in the management of the relationship. Communication is key not only in this type of support service but across all support roles. Specifically, in the government communication department, they use communication management in building the customer relationship. Moreover, being proactive in the communication of
messages is key to the success of the relationship. Giving them the ministry story before others sabotage the image and reputation of the ministry, and informing the public of new government innovations in the healthcare industry will prove to create a positive response. Public engagement is also important when designing the strategy of the ministry. This makes the whole organization’s vision, mission, objectives, and services design around the public needs and human relationships. Finally, even though Information Technology is a technical business process of systems and information, it should be led by a human centered design of the relationship and then find a system or customize a system to deliver the output of this system.

In summation, the public-government typologies aid public administrators in choosing the most suitable management system. In comprehending the different natures of the relationship typologies, customer profile, government role and exchange relationship and other relational facts the choice of what management tool became easy to identify. This helps the decision makers in designing a better CRM system across the various government bodies that fit the common public-government relationship typologies.

5.7 Relationship Value chain:

Relationship value chain is a key finding from this research. It is worthwhile for both practitioners and academia to understand the different value chains in the complex relationship of different parties. Such as the relationship between the customer, the public, the government, suppliers, doctors, insurance companies, the community and other government and the private sector organizations.

What is even more interesting is the connection between different roles and how the value is accumulated and delivered as a whole from the ministry by looking at all of the relationship value chains. This relationship is important and might have an effect on the others, for instance, focusing on the
prevention role in the public beneficent “Future Guardian” relationship by spreading awareness, this would reduce the need for other relationships such as health services, …etc. This is an initial idea of how they might be organized but does not mean they cannot be simultaneously going on due to changes in population or life events of the public.

Links between the public-government relationships is also plausible. Several criteria can be used to reorganize the order of the seven typology relationships and make a strategic decision about them. For instance, the criteria of a relationship being proactive versus reactive to the government makes the public beneficent “Future Guardian” come before other relationships because its focus is on prevention. However, if the criteria of looking at what should be the main role of the government versus what can be outsourced, we can see that the “market organizer” should be kept with the government versus an entrepreneurial relationship. The reason for the social exchange would be sabotaged and not trusted if given to the private sector due to it being driven by an economic exchange. Some links would reduce the number of relationships while others will expand them through different networks. Another relationship value focuses on the centralized relationship while others are a decentralized relationship. Here the power of distribution varies, the value is delivered by either focusing power on top management or cascading power from top leadership to employees. Each of the relationships have different value chains in accordance with the different relationship threads between the players in that relationship.

First is the entrepreneurial “businessman” relationship value chain. Here the ministry is reducing the number of relationships from one to many, to a one to one relationship with big supplier for certain categories of rental leases. The objective of this reduction is the standardization of services and efficiency. However, the bargaining power of the government will be weaker and riskier when giving it to one supplier.
The next, relationship value chain is for the public beneficent “Future Guardian”. The value chain is important in this relationship to reach all segments of the community. By collaborating with private companies, the public and individuals in the community will enhance and speed up the relationship. Therefore, extending and expanding the relationship value chain to a bigger network is key to success and spreading of awareness messaging.

The third value chain associated with the Social beneficent “provider: doctor” relationship. In this complicated relationship, there is a positive relationship between medicine suppliers and the government because they have an economic exchange value, on the other hand, there is another positive link between the doctor and patient due to a social exchange relationship. However, looking at the full chain, the doctor has a negative relationship with the government and supplier because they do not deliver the social exchange relationship for the patient which is delivering the best quality medicine. Adding to the complexity of the relationship is the relationship with insurance companies, however, they add a positive value to the chain by carrying the financial burden of the government hospitals and clinics and enabling the government to compete with the private sector.

On the other hand, looking to network or develop a relationship in the community, some negative relationships that exist in one link between the patient and the public affects the positive relationship between doctor and patient due to bad reputations and negative experiences from close relatives or friends. Moreover, what was fascinating is that network and reference factors can move trust in the value chain from an existing trust relationship to a new relationship without going through the experience. This trust fast track is tapping into existing trusted relationships. For instance, if a patient’s friend trusts a specific doctor this can influence the patient, resulting in the patient accepting the referred doctor without even seeing him.
Next, is the “provider: Teacher”, which is the second type social beneficent relationship value chain. Here due to the nature of training, the relationship is not one to one like the doctor-patient relationship, but it is a one to many relationship. In a classroom a teacher would try to deliver the value of training to all students, however, there is a degree of customization, but not individualized customization. And in this relationship, it has been highlighted that the student has a role in gaining the value of the relationship by engaging and participating.

Then there is the “Market Organizer” relationship value chain. A government may not need to focus on all links in this relationship value chain. For instance, focusing on one link in the relationship value chain to have better service for the other links may work better. A good example is the government and healthcare companies’ relationship link that will lead to delivering the value of good quality health services from healthcare companies to the public. Furthermore, some complexity might take place if delivering the service through a third party. The example highlighted in the case of licensing is due diligence and checking on the qualification of doctors and nurses through a company. However, this company creates a weak link due to the delay in time to authenticate the doctor or nurse. The overall the value chain gets affected and the ministry does not deliver high-quality services to the doctors and healthcare companies, on the contrary, it harms their business.

In terms of the value chain for the protector “Savior” relationship. Here it is different direction value chain, where the value chain in the market affects the value chain between the companies and ministry. For example, the value chain in terms of ads in the marketplace has shrunk due to technological trends. So the middleman who was the ad designer no longer exists, because he has been replaced by Instagram, Facebook, and other social media channels. These technologies made it easier for companies to advertise and more difficult for public administrators to monitor. Hence, a positive change in the value chain for companies by cutting advertising cost and time has resulted in a negative value
chain for both the government and ultimately the public because companies can flood the market with unauthorized ads that threaten the health and well-being of the public. Therefore, the need for collaboration with the community becomes necessary to be able to widen the monitoring capacity of healthcare companies. This way the government strengthens the public and other rival companies’ relationship in combat with illegal companies and ads.

Another value chain relationship is the Arbitrator “Judge” typology. The relationship here is limited in terms of links of relationship, but it is influenced by other people in the network. The network influences patients by raising their expectations of the doctors and operations and hence creates a gap of comparison with actual performance.

Finally, is the Supporter relationship, overall these governments to governments relationships have a direct and indirect value chain. For instance, all of those departments positively supporting the service delivery department by providing indirect value like strategy, and direct like technology, communication, and customer care support services. By empowering and enabling the service delivery departments to excel in the relationship and have the capacity to go the extra mile the ministry would be able to gain public trust. Some of the support department has direct interaction with the customer such as the customer care department, they support all service delivery departments by addressing any problems with the customer in a centralized manner and speaking on behalf of the customer within the organization. The support department in this relationship is more inclined to be on the side of the customer and hence adding more to the value chain of the relationship.

One interesting point is prioritizing one value over the other such as privacy over transparency, which is a decision all about management of values by context. Since this study emphasized how context matter and each situation differ, then there is not an explicit value. It’s not like private sector just focuses
on customer wants, there is no simple way of serving the customer, every public decision maker needs to view the value in the context of that relationship and make the best decision according to the variable factors influencing the relationship. There is no best way to maximize value, however, understanding the various values and what is at stake help in deciding on the trade value. The value chain relationship identified in the typology aid public administrators in doing this. These typologies and value chains in them, help public administrators manage the relationship because the factors influencing the choice and its consequences are more clear. This understanding of the context in each relationship will help narrow down the various decision that public administrator can make. Referring to Herbert Simon bounded rationality, the typologies provide the middle ground that gives scope to making decisions, which is not a one size fits all approach but individualized and customized decisions (Simon, H. 1972). For example, Privacy value is a key for the doctor-patient relationship and its related to customer right factor. Patients trust doctors because they are honest, transparent, and neutral. This affects trust in the doctor and also on the organization. The doctor tries to provide the best service and medicine even recommend to the patient to go to another hospital or see another doctor to get that medicine. The doctor-supplier relationship does not have the same value and hence faces the conflict with public administrators. The supplier and public administrator focus is on the cheapest medicine that suits the patient. However, there is not enough communication and awareness to patients about the same benefits. In theory, value chain relationship should look into the positive and negative relationship and conflicting values and try to streamline them through communication, knowledge, perception and awareness factors.

Overall, relationship value chain contributes vastly to the field of public-government relations. It provides theoretical and practical management understanding of what is happing in the relationship value across various parties within the relationship. Even more, across one relationship to another as an impact of internal organizational changes, or external market changes. Therefore, both practitioner and academia can use it to understand influences, direction, and method of changing the public-government
relationship. This will aid in the solution of customizing the public-government relationship to cater to the government sector.

5.8 Competition and collaboration:

This research also found that competition and collaboration are significant as opposing influencing factors to the value chain in the relationship. Competition generally deducts value from the relationship and conversely, collaboration amplifies and adds value to the relationship. The extent of competition and collaboration varies from one relationship typology to another.

First is the entrepreneur “businessman” relationship. Even though it is a commercial product, it cannot be compared to other leasing units in the private sector due to the different number and type of customers and working hours. However, there is a competition among its own customers to get that service. Also, it is competing with other local governments who are leasing in their local hospitals and clinics. Collaboration here is more with other health departments in some Emirates to capture the public needs of services to be able to provide such in the hospitals and clinics.

The second relationship typology is the public beneficent. In this relationship collaboration is key to the success of the delivery of the government value. It amplifies government awareness and law enforcement efforts by expanding the reach. The government leverages the power of community support of schools, media, companies, NGO’s, societies, local governments and individuals in raising public awareness about health risks and prevention. In this relationship, the sense of competition among individuals is used to motivate them and incentivize them to change their behavior, such as having an award for competition.
Third, is the Social beneficent typology, specifically the doctor relationship. Generally, the ministry competes with private healthcare companies, local governments, and even other countries in providing this service. It is very competitive, however, due to the social exchange nature of the relationship, in a time of need and emergency, the public seems to trust them more than the private sector. They believe that due to the economic exchange with the private sector, they would do anything for money. However, this type of relationship now changes during this study because of the shift in the government role. The health providing arm such as hospitals and clinics could be run by a private sector, however, the preventative, legislative, and monitoring roles surrounding their health operations will still remain with the government. The purpose is the elimination of any conflict of interest like fees charged and paid through an insurance company. However, even though it will be privatized it would not be only rational like the entrepreneur. The doctor-patient relationship still needs emotional handling and personalization. However, this might have an effect on equality, for people who could not afford insurance companies the government might cover for those groups of people. The second type of social public relationship is the teacher typology. The training and development center needs to have a good relationship with universities and training institutes to add value to the students. This enables it to compete with both local health departments in Dubai and Abu Dhabi.

Next is the market organizer relationship, here the government is competing with local governments and other countries in processes and prices. However, it is collaborating with internal departments to be able to support each other in areas like assessment, licensing, inspections, and other support departments. However, to increase the capacity to attract healthcare companies, their investments to UAE and to benefit from their knowledge and experience in laws and procedures, it should be a partnership relationship rather than a monopoly from the government. Engagement should be the way to gaining the benefits from private sectors in developing the healthcare industry.
Then there is the protector relationship. Collaboration between the government and other companies’ competitors was very interesting, where other companies snitched on their rivals who are not following the law. It actually helped in providing an equal and fair market for competition. Also, there is an interdepartmental collaboration between licensing, inspection and other customer care departments who report incidents and help in capturing lawbreakers.

Then there is the arbitrator relationship where it is less in terms of competition, but more of collaboration with the ministry of justice in terms of cases. Finally, is the Supporter relationship that is more about collaboration than the competition to serve other departments within the ministry.

In summation of collaboration and competition relationship, it is a highly valuable in terms of expanding the relationship who might have resource, power, network and other factors to enhance the relationship. Moreover, understanding the competition as a positive driver to change and enhancement is important to a public-government relationship and can be used in various public-government relationship management approaches.
Chapter 6:

Conclusion The public-government relationship fit for public

In conclusion, this research has fulfilled its aim of assisting both academics and practitioner in managing the public-government relationship. After connecting the dots and identifying the public-government relationship typologies and factors it has become apparent that customization of CRM system for the public sector and understanding the public-government relationship is the solution to the one size fits all problem that was causing CRM failure. Overall, the direction of the government should be focused on a human-centered design rather than service centered design. In addition, understanding of customer persona and staff persona and skills is an important persona match to deliver and strengthen the public-government relationship. This study has succinctly demonstrated that understanding both behavior factors and how to nudge them into a positive action rather than negative action is key to relationship building and management. This will lead to more customization of a service, which is more beneficial than the One size fits all approach. This applies also to the development of technology which needs to match the relationship pattern, customer and staff behavior to the technology developed or none of them will use it. In planning the design of the relationship the value chain of each different typology relationship should be made to ensure that one link is not disturbing the other but rather strengthening it. Finally, to boost the relationship is to be aware of the competition and learn from them, while leveraging the power of collaboration among government, private and community as a whole.

In addition, United Arab Emirates (UAE) government would benefit from this study in designing its national federal government CRM that suits various public-government relationship typologies in the government. Not only that but also provide a starting ground for exploring more relationship typologies and influential relationship factors using grounded theory. This will aid public administrators in their mission of improving customer service and reducing the implementation CRM failure risk rate.
Understanding how to use the relationship as lens for comprehending and identifying the key management approach that suits each relationship typology and their context. Also, using key relationship components such as stakeholders, services, government role, service concept and relationship exchange. In addition, using the current identified list of factors and relationship value chains, this research finding is building on previous research and adding to the public sector field and private sector, too. It provides good evidence for the of further exploration of contextual angle of relationship in the private sector in similar relationship typologies.
References


Customer Segmentation 2016. UAE government customer segmentation report for 2016. MOCAF.


V. Kumar, Werner Reinartz 2012. Customer Relationship Management: Concept, Strategy, and Tools ISBN: 978-3-642-20109-7 (Print) 978-3-642-20110-3 is this a book?


Whitehead, Dean 2012. “Searching and reviewing the research literature”. Schneider. P52 (what is complete information).


Appendices

Appendix A: Key Terms
Appendix B: Interview questionnaire
Appendix C: Letter of recruitment
Appendix D: Verbal consent script
Appendix E: (Table 4) Sample disruption
Appendix F: (Table 5) The categories, key factors and sub categories
Appendix G: (Table 6) Key relationship categories factors ranking
Appendix H: The transcript memo note analysis
Appendix I: The analysis and coding table
Appendix A:

Key Terms (Table 1)

<table>
<thead>
<tr>
<th>#</th>
<th>Key Word</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public-Government Relationship</td>
<td>Public-government relationship is a description of the management tool that builds, manage, and monitor the mutually beneficiary engagement and interaction between the public and government.</td>
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<td>2</td>
<td>Customer Relationship Management</td>
<td>The management system used in managing relationship in the private sector, usually it is used as a name for the system. It consists of three managerial components that includes: (managerial, support and analytical).</td>
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<td>3</td>
<td>Relationship components</td>
<td>Are the elements that construct the relationship and shape it such as type of customer, government role, and type of service.</td>
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<td>4</td>
<td>Relationship exchange</td>
<td>Is the value being delivered by government and received by stakeholder whether it is monetary or social value.</td>
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<td>5</td>
<td>Relationship fit</td>
<td>The degree of matching between the relationship management tool used, and the actual relationship process and customer behavior.</td>
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<td>6</td>
<td>Customer</td>
<td>Is the individual or company receiving a service in exchange of a value usually a monetary value of an economic exchange relationship. The individual deals and interact with the government to apply and receive a service. This terminology used to be used by the private sector.</td>
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<tr>
<td>7</td>
<td>Customer Centric</td>
<td>Means that an organization is focusing all its strategies, operations and design of service to meet customer needs and expectations.</td>
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<td>8</td>
<td>Stakeholder</td>
<td>The stakeholders are any one contacting and interacting with the government whether they are directly interacting with the government like customers or indirectly receiving public services such as general public receiving good. Also, who have stake in the relationship weather directly or indirectly. Stakeholders consist of: (customers, suppliers, disputers, third part, public, beneficent, law breaker, disputer, and registrar, other government bodies)</td>
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<tr>
<td>9</td>
<td>Public</td>
<td>All of the population living in the country both citizens and residence, and both individuals, families and companies.</td>
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<td>10</td>
<td>Beneficent</td>
<td>Type of stakeholders who are in the public-government relationship. They do not interact with the government to get the service. They are the collective general public. The main services they receive are the proactive preventative services such as raising public health awareness and educating them about health lifestyles.</td>
</tr>
<tr>
<td>11</td>
<td>Law breaker</td>
<td>Type of stakeholders who break the law in order to gain a different illegal value. They are negative and have a bad behavioral issues. An example of services that they get is traffic fines.</td>
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<td>12</td>
<td>Registrar</td>
<td>Type of stakeholders who interact with the government to authenticate himself and legitimize his or her business. An example of services he apply for is Medical licensing.</td>
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<td></td>
<td><strong>Disputers</strong></td>
<td>The negative stakeholders who are in dispute with another party and who approach the government to obtain justice. A service that apply to this type of customer is ministry of justice services.</td>
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<td></td>
<td><strong>Supplier</strong></td>
<td>One of the stakeholders, who are individuals or companies providing services and products to the government as part of service delivery value to other stakeholders.</td>
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<td></td>
<td><strong>Third party</strong></td>
<td>Another stakeholder in the relationship value individual or companies who conduct part of the service on behalf of the government to achieve efficiency or other objectives.</td>
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<td></td>
<td><strong>Segment</strong></td>
<td>Is a specific group of the population of stakeholders who have different characteristics influencing the relationship. They would have common characteristics that put them together in a group.</td>
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<td></td>
<td><strong>Service Support Department</strong></td>
<td>The internal departments who support other customer oriented departments such as IT, human resource, finance and others.</td>
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<td></td>
<td><strong>Service Department</strong></td>
<td>The key departments interacting with the public to deliver government services, they are the service operational department.</td>
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<td></td>
<td><strong>Human Centered Design</strong></td>
<td>Is a humanitarian method of service design the always focus on designing a process, service or a product to match customer needs, expectation, emotions and behavior.</td>
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<td><strong>Service concept</strong></td>
<td>The output or outcome of government transaction, processes and relationship with the stakeholders. There is various service concept that affect the public-government relationship and will be discussed in this chapter.</td>
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<td></td>
<td><strong>Relationship Value chain</strong></td>
<td>The connected line of benefits that link different stakeholder in a relationship. Some lines could be positive and others could be negative if not moving in the right direction.</td>
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Appendix B:  

Interview Questionnaire

Ministry of Health (MOH)  
Public-Government relationship  
Method in-depth interview- Qualitative research

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<tr>
<th>9. Stakeholder category</th>
<th>9.1 Government employee (Public administrator)</th>
<th>9.2 Government employee (Public communication director)</th>
<th>9.3 Patient</th>
<th>9.4 Doctors or health care institutes</th>
<th>9.5 The Public</th>
<th>9.6 Other please specify ____________________________</th>
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A. Government employee (public administrator)

a.1. Understanding the government role and services:

1) What do you think is the government role in providing MOH services? (You can choose multiple roles, but give example of how this role manifest in terms of services)
   a) Public beneficent
   b) Social beneficent
   c) Organizer
   d) Protector
   e) Arbitrator
   f) Entrepreneur
   g) Government supporter
   h) Other please specify ____________________________

2) What is the core value delivered by the Ministry of Health?

3) What services do your customers apply for?

4) Do they pay for these services?

5) What do you deliver for them in exchange for the money?

a.2 Understanding the customer profile:

6) Who are your customers?

7) How do you define your customers?

8) Who is the most important segment?
   a) Patients
   b) Health institutes and companies
c) Other government bodies
d) Public
e) Others please specify
f) All

9) Why are they identified as the most important customers?
10) What services do you provide for those customers?
11) Who is the ultimate beneficiary from those services?
12) Are there indirect influencers on the customers?
13) Who are those influencers?
14) And how do they influence customers?

a.3 Qualities of the relationship:
15) How do you describe your relationship with the customers?
16) How much are you aware of the relationship?
17) Do you interact with the customers?
18) What do you exchange in the interaction?
19) Is the relationship build around social responsibility or economic benefits?
20) What are the statues of the relationship direction?
   a) Direct
   b) Indirect
21) What are the incentives in the relationship?
22) For how long have you been dealing with this segment of customers?
23) Do you provide ongoing benefit for the customer?
24) Do the customers provide you with ongoing benefits?
25) Do you have a unique relationship with the customers? Describe please?
26) Do the customers trust the government?
27) Do you trust the customer?
28) What type of relationship you have?
   a) Positive
   b) Negative
29) Do your customers get positive experience with the government? If yes please explain?
30) Did your customers ever face a negative experience with the government? If yes please explain?
31) Have you heard other customers’ stories that had a positive experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
32) Have you heard other customers’ stories that had a negative experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
33) Do you develop projects that focus on communication or other tools to change customer behavior?
34) How do you manage the relationship with the customers?
35) What are the government’s tools used to manage the relationship?

a.4 Communication:
36) How do you communicate with your customers?
37) What are the channels of communication used in communicating with them?
38) Is it a two-way communication?
What are the key messages?

**a.5 Engaging customers:**
40) Do you engage your customers in designing the CRM system?
41) Do you engage your customers in developing government services?
42) Do you engage your customers in reviewing the laws?
43) How do you engage them?
44) When do you engage them?

**a.6 Customer Relationship Management (CRM) usage:**
45) How do you define customer relationship management (CRM)?
46) Do you currently use a CRM system?
47) What is the business model behind it?
48) For which services do you use it?
49) For which customers?
50) What are the main functions?
51) Do you use one CRM standard for all service delivery and management?
52) What do you think the limitation of the CRM in deploying it to your organization?
53) What can be done to change the current CRM to a more suitable CRM system for the public?
54) Did any other government around the world with similar functions to MOH use the CRM system?
55) Who are those governments?
56) Where they successful in the implementation?
57) And where did they fail?
58) How different was it from your implementation?
59) Where did the CRM succeed in your organization?
60) What are the indicators used for measuring a successful CRM?
61) Where did the CRM fail to reach its full potential?
62) Is there a different management model behind the CRM in the government sector?
63) How would the CRM have implication on the overall organization?
64) Did the customer government relationship improve after the implementation of the CRM?
   a) Yes
   b) No
65) If yes please explain how?
66) If no please explain why?
67) What changes would you make in the CRM that would increase its benefit?

**B. Government employee (public communication director)**

**b.1. Understanding the government role and services:**
1) What do you think is the government role in providing MOH service? (you can choose multiple roles, but give example of how this role manifest in terms of services)
   a) Public beneficent
   b) Social beneficent
   c) Organizer
   d) Protector
   e) Arbitrator
f) Entrepreneur
g) Government supporter
h) Other please specify
2) What is the core value delivered by the Ministry of Health?
3) What services do your customers apply for?
4) Do they pay for these services?
5) What do you deliver for them in exchange for the money?

b.2 Understanding the customer profile:
6) Who are your customers?
7) How do you define your customers?
8) Who is the most important segment?
   a) Patients
   b) Companies
   c) Other government bodies
   d) Public
   e) Others please specify
   f) All
9) Why are they identified as the most important customers?
10) What services do you provide for those customers?
11) Who is the ultimate beneficiary from those services?
12) Are there indirect influencers on the customers?
13) Who are those influencers?
14) And how do they influence customers?

b.3 Qualities of the relationship:
15) How do you describe your relationship with the customers?
16) How much are you aware of the relationship?
17) Do you interact with the customers?
18) What do you exchange in the interaction?
19) Is the relationship build around social responsibility or economic benefits?
20) What are the statues of the relationship direction?
   a) Direct
   b) Indirect
21) What are the incentives in the relationship?
22) For how long have you been dealing with this segment of customers?
23) Do you provide ongoing benefit for the customer?
24) Do the customers provide you with ongoing benefits?
25) Do you have a unique relationship with the customers? Describe please?
26) Do the customers trust the government?
27) Do you trust the customer?
28) What type of relationship you have?
   a) Positive
   b) Negative
29) Do your customers get positive experience with the government? If yes please explain?
30) Did your customers ever face a negative experience with the government? If yes please explain?
31) Have you heard other customers’ stories that had a positive experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
32) Have you heard other customers’ stories that had a negative experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
33) Do you develop projects that focus on communication or other tools to change customer behavior?
34) How do you manage the relationship with the customers?
35) What are the government’s tools used to manage the relationship?

b.4 Communication:
36) How do you communicate with your customers?
37) What are the channels of communication used in communicating with them?
38) Is it a two-way communication?
39) What are the key messages?

b.5 Engaging customers:
40) Do you engage your customers in designing the CRM system?
41) Do you engage your customers in developing government services?
42) Do you engage your customers in reviewing the laws?
43) How do you engage them?
44) When do you engage them?

b.6 Customer Relationship Management (CRM) usage:
45) How do you define customer relationship management (CRM)?
46) Do you currently use a CRM system?
47) What is the business model behind it?
48) For which services do you use it?
49) For which customers?
50) What are the main functions?
51) Do you use one CRM standard for all service delivery and management?
52) What do you think the limitation of the CRM in deploying it to your organization?
53) What can be done to change the current CRM to a more suitable CRM system for the public?
54) Did any other government around the world with similar functions to MOH use the CRM system?
55) Who are those governments?
56) Where they successful in the implementation?
57) And where did they fail?
58) How different was it from your implementation?
59) Where did the CRM succeed in your organization?
60) What are the indicators used for measuring a successful CRM?
61) Where did the CRM fail to reach its full potential?
62) Is there a different management model behind the CRM in the government sector?
63) How would the CRM have implication on the overall organization?
64) Did the customer government relationship improve after the implementation of the CRM?
   a) Yes
   b) No
65) If yes please explain how?
If no please explain why?
What changes would you make in the CRM that would increase its benefit?

C. Patients

c.1 Understanding the government role and services:
1) What do you think is the government role in providing MOH service? (You can choose multiple roles, but give example of how this role manifest in terms of services)
   a) Public beneficent
   b) Social beneficent
   c) Organizer
   d) Protector
   e) Arbitrator
   f) Entrepreneur
   g) Government supporter
   h) Other please specify
2) What is the core value delivered by the Ministry of Health?
3) For what services do you apply?
4) Do you pay for these services?
5) What do you get in exchange for the money?

c.2 Understanding the customer profile:
6) Who is the ultimate beneficiary from the MOH services?
7) Are there indirect influencers on the your decisions?
8) Who are those influencers?
9) And how do they influence your decision?

c.3 Qualities of the relationship:
1) How do you describe your relationship with the government?
2) How much are you aware of the relationship?
3) Do you interact with the government?
4) What do you exchange in the interaction?
5) Is the relationship build around social responsibility or economic benefits?
6) What are the statues of the relationship direction?
   a) Direct
   b) Indirect
7) What are the incentives in the relationship?
8) For how long have you been dealing with the government?
9) Do you provide ongoing benefit for the government?
10) Do the government provide you with ongoing benefits?
11) Do you have a unique relationship with the government? Describe please?
12) Do you trust the government?
13) Does the government trust you?
14) What type of relationship you have with the government?
   a) Positive
   b) Negative
15) Did you ever face a positive experience with the government? If yes please explain?
16) Did you ever face a negative experience with the government? If yes please explain?
17) Have you heard other customers’ stories that had a positive experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
18) Have you heard other customers’ stories that had a negative experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
19) Do you develop projects that focus on communication or other tools to change government behavior?
20) How do you manage the relationship with the government?
21) What are the government’s tools used to manage the relationship?
22) How is the government organizing the relationship between you and your employer?

**c.4 Communication:**
23) How do you communicate with the government?
24) What are the channels of communication used in communicating with the government?
25) Is it a two-way communication?
26) What are the key messages?

**c.5 Engaging customers:**
27) Does the government engage you in designing the CRM system?
28) Does the government engage you in developing government services?
29) Does the government engage you in reviewing the laws?
30) How do you engage with the government?
31) When do you engage with the government?

**c.6 Customer Relationship Management (CRM) usage:**
32) Do you currently use MOH service based on CRM system (such as complaints, suggestion, call center..etc)?
33) What do you think the limitation of the CRM system?
34) What can be done to change the current CRM to a more suitable CRM system for you?
35) Did you experience other government’s services with similar functions to MOH but better delivery of service using the CRM system?
36) Which government delivered a good CRM system?
37) Explain how the other government were successful in delivering the CRM services?
38) And where did the other government fail?
39) Where did the CRM succeed in MOH?
40) What are the indicators used for measuring a successful CRM?
41) Where did the CRM fail to reach its full potential?
42) Is there a different management model behind the CRM in the government sector?
43) How would the CRM have implication on the overall organization?
44) Did the customer government relationship improve after the implementation of the CRM?
   a) Yes
   b) No
45) If yes please explain how?
46) If no please explain why?
47) What changes would you make in the CRM that would increase its benefit?

D. doctors and health companies

d.1 Understanding the government role and services:
10) What do you think is the government role in providing MOH service? (You can choose multiple roles, but give example of how this role manifest in terms of services)
   a) Public beneficent
   b) Social beneficent
   c) Organizer
   d) Protector
   e) Arbitrator
   f) Entrepreneur
   g) Government supporter
   h) Other please specify
11) What is the core value delivered by the Ministry of Health?
12) For what services do you apply?
13) Do you pay for these services?
14) What do you get in exchange for the money?

d.2 Understanding the customer profile:
15) Who is the ultimate beneficiary from the MOH services?
16) Are there indirect influencers on the your decisions?
17) Who are those influencers?
18) And how do they influence your decision?

d.3 Qualities of the relationship:
48) How do you describe your relationship with the government?
49) How much are you aware of the relationship?
50) Do you interact with the government?
51) What do you exchange in the interaction?
52) Is the relationship build around social responsibility or economic benefits?
53) What are the statues of the relationship direction?
   a) Direct
   b) Indirect
54) What are the incentives in the relationship?
55) For how long have you been dealing with the government?
56) Do you provide ongoing benefit for the government?
57) Do the government provide you with ongoing benefits?
58) Do you have a unique relationship with the government? Describe please?
59) Do you trust the government?
60) Does the government trust you?
61) What type of relationship you have with the government?
   a) Positive
   b) Negative
62) Did you ever face a positive experience with the government? If yes please explain?
63) Did you ever face a negative experience with the government? If yes please explain?
64) Have you heard other customers’ stories that had a positive experience with MOH?
a) Yes (Can you tell us the story)
b) No
65) Have you heard other customers’ stories that had a negative experience with MOH?
a) Yes (Can you tell us the story)
b) No
66) Do you develop projects that focus on communication or other tools to change government behavior?
67) How do you manage the relationship with the government?
68) What are the government’s tools used to manage the relationship?
69) How is the government organizing the relationship between you and your employee?

d.4 Communication:
70) How do you communicate with the government?
71) What are the channels of communication used in communicating with the government?
72) Is it a two-way communication?
73) What are the key messages?

d.5 Engaging customers:
74) Does the government engage you in designing the CRM system?
75) Does the government engage you in developing government services?
76) Does the government engage you in reviewing the laws?
77) How do you engage with the government?
78) When do you engage with the government?

d.6 Customer Relationship Management (CRM) usage:
79) Do you currently use MOH service based on CRM system (such as complaints, suggestion, call center..etc)?
80) What do you think the limitation of the CRM system?
81) What can be done to change the current CRM to a more suitable CRM system for you?
82) Did you experience other government’s services with similar functions to MOH but better delivery of service using the CRM system?
83) Which government delivered a good CRM system?
84) Explain how the other governments were successful in delivering the CRM services?
85) And where did the other government fail?
86) Where did the CRM succeed in MOH?
87) What are the indicators used for measuring a successful CRM?
88) Where did the CRM fail to reach its full potential?
89) Is there a different management model behind the CRM in the government sector?
90) How would the CRM have implication on the overall organization?
91) Did the customer government relationship improve after the implementation of the CRM?
   a) Yes
   b) No
92) If yes please explain how?
93) If no please explain why?
94) What changes would you make in the CRM that would increase its benefit?
E. The Public

e.1 Understanding the government role and services:
1) What do you think is the government role in providing MOH service? (You can choose multiple roles, but give example of how this role manifest in terms of services)
   a) Public beneficent
   b) Social beneficent
   c) Organizer
   d) Protector
   e) Arbitrator
   f) Entrepreneur
   g) Government supporter
   h) Other please specify
2) What is the core value delivered by the Ministry of Health?
3) For what services do you apply?
4) Do you pay for these services?
5) What do you get in exchange for the money?

e.2 Understanding the customer profile:
6) Who is the ultimate beneficiary from the MOH services?
7) Are there indirect influencers on the your decisions?
8) Who are those influencers?
9) And how do they influence your decision?

e.3 Qualities of the relationship:
10) How do you describe your relationship with the government?
11) How much are you aware of the relationship?
12) Do you interact with the government?
13) What do you exchange in the interaction?
14) Is the relationship build around social responsibility or economic benefits?
15) What are the statues of the relationship direction?
   a) Direct
   b) Indirect
16) What are the incentives in the relationship?
17) For how long have you been dealing with the government?
18) Do you provide ongoing benefit for the government?
19) Do the government provide you with ongoing benefits?
20) Do you have a unique relationship with the government? Describe please?
21) Do you trust the government?
22) Does the government trust you?
23) What type of relationship you have with the government?
   a) Positive
   b) Negative
24) Did you ever face a positive experience with the government? If yes please explain?
25) Did you ever face a negative experience with the government? If yes please explain?
26) Have you heard other customers’ stories that had a positive experience with MOH?
   a) Yes (Can you tell us the story)
b) No
27) Have you heard other customers’ stories that had a negative experience with MOH?
   a) Yes (Can you tell us the story)
   b) No
28) Do you develop projects that focus on communication or other tools to change government behavior?
29) How do you manage your relationship with the government?
30) What are the government’s tools used to manage the relationship?
31) How is the government organizing the relationship between employee and employer?

c.4 Communication:
32) How do you communicate with the government?
33) What are the channels of communication used in communicating with the government?
34) Is it a two-way communication?
35) What are the key messages?

c.5 Engaging customers:
36) Does the government engage you in designing the CRM system?
37) Does the government engage you in developing government services?
38) Does the government engage you in reviewing the laws?
39) How do you engage with the government?
40) When do you engage with the government?

c.6 Customer Relationship Management (CRM) usage:
41) Do you currently use MOH service based on CRM system (such as complaints, suggestion, call center..etc)?
42) What do you think the limitation of the CRM system?
43) What can be done to change the current CRM to a more suitable CRM system for you?
44) Did you experience other government’s services with similar functions to MOH but better delivery of service using the CRM system?
45) Which government delivered a good CRM system?
46) Explain how the other governments were successful in delivering the CRM services?
47) And where did the other government fail?
48) Where did the CRM succeed in MOH?
49) What are the indicators used for measuring a successful CRM?
50) Where did the CRM fail to reach its full potential?
51) Is there a different management model behind the CRM in the government sector?
52) How would the CRM have implication on the overall organization?
53) Did the customer government relationship improve after the implementation of the CRM?
   a) Yes
   b) No
54) If yes please explain how?
55) If no please explain why?
56) What changes would you make in the CRM that would increase its benefit?
Appendix C:

Letter of recruitment

Letter of invitation to
“Public-government relationships”
Research study

Dear Sir or Madam:

I am a student at Virginia Tech University, and I am currently conducting a research on the subject of “The seven stories of public-government relationship”. Findings from this study will help the government in designing a management system that is more responsive to different customers’ needs. Hence it will help in the development of a better Customer Relationship Management system for the United Arab Emirates (UAE) government.

You have been chosen randomly from the Ministry of Health customers’ contact database to participate in the research. I would like to set an appointment with you for one hour next week to interview you as part of my research. The interview will be covering your experience with the Ministry of Health (MOH) services with regards to Customer Relationship Management (CRM). The interview will be audio recorded, and participation is voluntary. If you are interested send me a reply email for approval on participating so I can schedule a meeting time convenient to you. Please read the consent form attached before our meeting.

For further information, please don’t hesitate to contact me on the following contact information:
Tel: 0504550544
e-mail: muna77@vt.edu.ae

I would like to thank you in advance for your highly appreciated cooperation.

Best regards,

Muna Al Dhabbah
Appendix D:

Verbal consent script

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Informed Consent for Participants
in Research Projects Involving Human Subjects

Title of Project: “The seven stories of public-government relationship”

Investigator(s): Mrs. Anne M. Khademian akhademi@vt.edu / (703) 706-8119

Mrs. Muna Al Dhabbah Muna77@vt.edu / +971504550544

I. Purpose of this Research Project

Mrs. Muna Al Dhabbah is a PHD candidate student at Virginia Tech University, and she is currently conducting a research for her dissertation titled “The seven stories of public-government relationship”. Findings from this study will help the government in designing a management system that is more responsive to different customers’ needs. Hence it will help in the development of a better Customer Relationship Management system for the UAE government.

You have been chosen randomly from the Ministry of Health customers’ contact database to participate in this in-depth interview research. Also from other contacts of people who know that you work in main cities but live in northern emirates and receive MOH services. The research pool includes twenty-three interviewee mixtures of three main categories, government, customers and public. First group to be interviewed are nine government administrators in filed of public health from the communication, information technology and customer service departments. Second is the customer categories were some of them would be patients and licensed doctors from private sector of total number of twelve people. Last but not least are four people representing the general publics that benefits from community health value outcome. The sample size is small and its not objective to make analysis per demographic background of the customers, therefore, we will pic candidates randomly. However, we will make sure that patient are above 18 years old and that they are in good health to participate with no disability affecting their feedback and choice of participation.

An appointment with you for one hour would be set for next week to interview you as part of this research. The interview will be covering your experience with the of Ministry of Health (MOH) services with regards to Customer Relationship Management (CRM). The interview will be audio recorded, and participation is voluntary. The data gathered from these interview will be used for Mrs. Muna Al Dhabbah dissertation paper and other publications.

II. Procedures
As part of the research procedures you will be provided with all information about the research procedures, risks, benefits, rights and consent procedures. You either receive it in an email or by explaining it over the phone if you do not have an email account. Then you will have to choose to participate or not. If you choose to participate an appointment would be set for the in-depth interview session or interview over the phone that will take maximum an hour time. At this appointment, that will take place in Dubai city- United Arab Emirates at a third party office (prime minister office-emirates towers- level 43) which is not related to Ministry of health. Also, the option of conducting the interview in the participant office is also acceptable according to their preference, time and location. The interview will be audio recorded and your verbal consent need to be recorded at the beginning of the interview. The recording is only used for the analyzing the answers and to type the results and would be confidential and not be shared with anyone except for transcribing company which we will sign a confidentiality agreement. Also it would be destroyed after three years. Then you will be engaged in a discussion and a dialog to answer questions asked by interviewer. Your role in these interviews is to answer by sharing your opinion and experience of receiving services delivered by Ministry of Health. You expected to show up one time for this interview. However, a follow-up call might take place for further information if needed and only for one time. Overall, should you agree to participate, you will be interviewed for an hour audio recorded discussion.

III. Risks

This research does not have any physical risks, however, it might have minor emotional distress caused by remembering unpleasant experiences with Ministry of Health. Some Safeguards measures are in place to minimize that emotional risk such as not discussing any area that is not comfortable to the interviewee, also, due to the nature of government services that will be asked the likelihood of such risk is very low and almost non-existence. However, as a mitigation plan for such risk, you will be advised to seek counseling and your will be provided list of local services. Albeit risk taking place, you cannot have held responsibility of the treatment on the research team, project or Virginia tech university.

IV. Benefits

This research would have intangible benefits of improving government services on the short and long term. On the short term, the direct improvement of government services delivery output and customer relationship management. For example, the research benefit can manifest by the increasing public satisfaction of government service delivery. Also, it would help the United Arab Emirates improve the delivery of public health value on the long term. Here you can see how the societal benefits outweigh the low risk of the study. However, no promise or guarantee of benefits has been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

The collected data from this interview would not have information to identify you. For example, your name, email address, company...etc. However, there will be an audio recording for the administrative needs of the research and to record your consent. Nevertheless, extra measures of confidentiality will be used, for instance data would be coded and identifiable information will be stored separately and securely from coded data. The information would be only shared with company for transcribing the data and we will sign a confidentiality agreement with them. This data will be destroyed in three years time.
My research dissertation committee might have access to the data but not the identification information for quality check of research. At no time will the researchers release identifiable results of the study to anyone other than individuals working on the project without your written consent.

The Virginia Tech (VT) Institutional Review Board (IRB) may view the study’s data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

Note: in some situations, it may be necessary for an investigator to break confidentiality. If a researcher has reason to suspect that a child is abused or neglected, or that a person poses a threat of harm to others or him/herself, the researcher is required by Virginia State law to notify the appropriate authorities. If applicable to this study, the conditions under which the investigator must break confidentiality must be described.

VI. Compensation

This research does not provide compensation for conducting the in-depth interview and participating in the research. You’re free to withdraw, ask questions about the research before providing the consent. See following sections for more information on the earlier.

VII. Freedom to Withdraw

It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free not to answer any questions that you choose or respond to what is being asked of you without penalty.

Please note that there may be circumstances under which the investigator may determine that a subject should not continue as a subject.

Should you withdraw or otherwise discontinue participation, you will be compensated for the portion of the project completed in accordance with the Compensation section of this document.

VIII. Questions or Concerns

Should you have any questions about this study, you may contact the research investigators whose contact information is included at the beginning of this document.

Should you have any questions or concerns about the study’s conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the VT IRB Chair, Dr. David M. Moore at moored@vt.edu or (540) 231-4991.

IX. Subject's Consent

At the beginning of the interview, the researcher will ask for your verbal consent. If you consent to this study, please read this statement to the researcher:
"I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby give my voluntary consent for conducting this in-depth interview with me to support, Mrs. Muna Al Dhabbah, in her dissertation researches under the title “The seven stories of public-government relationship”. Also, I give consent to using the data gathered from this interview for her dissertation paper and other publications."
### Appendix E:

#### Sample size and distribution

**Total sample size = (24)**

<table>
<thead>
<tr>
<th>Relationship type</th>
<th>main department</th>
<th>Main service</th>
<th>sub service</th>
<th>Stakeholder category</th>
<th>done</th>
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</thead>
<tbody>
<tr>
<td>1. Entrepreneur (E)</td>
<td>Finance Department</td>
<td>Asset and Space Lease</td>
<td>Lease MoH Vacant Spaces and Assets</td>
<td>Public administrator</td>
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</tr>
<tr>
<td>2. Public beneficiary (PB)</td>
<td>Management education and health promotion</td>
<td>Healthcare Awareness and Education</td>
<td>Request Awareness and Education</td>
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<tr>
<td>3. Social beneficiary (SB)</td>
<td>Hospitals Department</td>
<td>Pediatrics and vaccination</td>
<td>Treat Pediatric Infectious Diseases</td>
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<td>1</td>
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<tr>
<td></td>
<td>Development Center and Rehabilitation</td>
<td>Continuous Medical Training and Education</td>
<td>Train College Students of Healthcare Sciences</td>
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<tr>
<td>4. Organizer (O)</td>
<td>Regulation, licensing and advertising Department</td>
<td>Medical Profession Assessment and Licensing</td>
<td>Issue Certificate of Good Professional Conduct for Physicians and Technicians</td>
<td>Public administrator</td>
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<tr>
<td>5. Protector (P)</td>
<td>Management Empowerment and Health Compliance</td>
<td>Control and Inspection</td>
<td>Inspect Compliance with Pharmaceutical Prices</td>
<td>Public administrator</td>
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<tr>
<td>6. Arbitrator (A)</td>
<td>Office of the Medical Liability</td>
<td>Customer Care</td>
<td>Provide Medical Complaints and disputes</td>
<td>Public administrator</td>
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<tr>
<td>7. Supporter (S)</td>
<td>IT department</td>
<td>CRM Systems</td>
<td>Government services' electronic systems</td>
<td>Public administrator</td>
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<td></td>
<td>Government communication department</td>
<td>Government communication Management</td>
<td>Customer communication programs</td>
<td>Public administrator</td>
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Appendix F:  
The categories, key factors and sub factors.

<table>
<thead>
<tr>
<th>Categories of factors</th>
<th>Key factors</th>
<th>Sub factors (dimensions)</th>
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<tr>
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<td>Relationship</td>
<td>definition</td>
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<td>time length of relationship</td>
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<td>Total reactive and proactive</td>
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<tr>
<td></td>
<td>Services concept value</td>
<td>concept</td>
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<td>value</td>
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<td>complexity</td>
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<td></td>
<td>Exchange</td>
<td>Total exchange</td>
<td>23</td>
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<td></td>
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<td>Relationship incentive</td>
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<td></td>
<td>Ongoing benefits</td>
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<td></td>
<td>Reduction of relationship</td>
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<td>supplier relationship</td>
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<td>third party relationships</td>
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<td></td>
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<td>Priority customers</td>
<td>14</td>
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<td></td>
<td></td>
<td>total direct and indirect</td>
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<tr>
<td></td>
<td>Emotional status</td>
<td>14</td>
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</tr>
<tr>
<td></td>
<td>Right</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>responsibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perception and believes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expectations</td>
<td>12</td>
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<tr>
<td></td>
<td>Experience</td>
<td>14</td>
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<td>Referrals</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Reputation</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network (influencers)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choice</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Customer Journey factors (After interaction)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Behavior</td>
<td>character</td>
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<td></td>
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<tr>
<td>Communication</td>
<td>Message</td>
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<tr>
<td></td>
<td>channels</td>
<td>9</td>
<td></td>
</tr>
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<td>Knowledge</td>
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<td></td>
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<tr>
<td>Relationship management</td>
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<td>Emotional handling</td>
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<tr>
<td>Trust</td>
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<td>28</td>
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<td></td>
<td>in government</td>
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<td></td>
<td>in private sector</td>
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<td>Personalization</td>
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<td>Awareness</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Engagement</td>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Internal factors: (Service quality factors) | | |
| Time | 17 |
| Price | 17 |
| proximity | 7 |
| availability | Total availability | 6 |
| | specialization | 3 |
| | comprehensiveness | 1 |
| | medicine | 2 |
| environment | 6 |
| Technology | Total technology | 21 |
| | current tech used | 17 |
| | limitation | 2 |
| | suggestion | 2 |
| Accessibility | 5 |
| Interaction | Total interaction | 14 |
| location | jurisdiction | 2 |
| self-service | 1 |

<p>| Internal factors: (Organizational factors) | | |
| Structure | Total (centralized, decentralized) | 10 |
| Staff | Total staff related keys | 44 |
| | experience | 7 |
| | skills (knowledge) | 9 |
| | rights | 2 |
| | responsibility | 7 |
| | emotional status | 2 |
| | Behavior, character | 17 |
| Leadership | 8 |</p>
<table>
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<th>Support (resources)</th>
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<tr>
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<td>Accountability</td>
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<td>Process &amp; Standards</td>
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<td>Interdepartmental</td>
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<table>
<thead>
<tr>
<th>External factors: (Competition)</th>
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<tr>
<td>Private</td>
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<tr>
<td>other countries</td>
<td>9</td>
</tr>
<tr>
<td>other local governments</td>
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<tr>
<td>Market</td>
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<table>
<thead>
<tr>
<th>External factors: (Collaboration)</th>
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</thead>
<tbody>
<tr>
<td>community</td>
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<tr>
<td>private sector</td>
<td>8</td>
</tr>
<tr>
<td>Government entities</td>
<td>11</td>
</tr>
<tr>
<td>NGO, society</td>
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<tr>
<td>countries</td>
<td>2</td>
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</table>
Appendix G:

Key relationship categories and factor Ranking

<table>
<thead>
<tr>
<th>Categories of factors</th>
<th>Key and sub factors</th>
<th>summary</th>
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<tr>
<td><strong>Customer Journey: (Before interaction factors)</strong></td>
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<td></td>
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<tr>
<td>Experience</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Network (influencers)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Expectations</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Reputation</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Behavior, character</td>
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<td></td>
</tr>
<tr>
<td>Right</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>7</td>
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<tr>
<td><strong>Internal factors: (Service quality factors )</strong></td>
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<td>Time</td>
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<tr>
<td>Price</td>
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<td>Technology</td>
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<tr>
<td>Interaction</td>
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<td></td>
</tr>
<tr>
<td>proximity</td>
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</tr>
<tr>
<td><strong>External factors: (Competition and collaboration factors)</strong></td>
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<td>Competition and collaboration factors</td>
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<td>total competition</td>
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<tr>
<td>other countries</td>
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<tr>
<td>Private</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>total collaboration</td>
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<td></td>
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<td>Government entities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>community</td>
<td>9</td>
<td></td>
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</table>
### Key relationship categories and factors ranking

<table>
<thead>
<tr>
<th>Categories of factors</th>
<th>Key and sub factors</th>
<th>summary</th>
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<tr>
<td><strong>Customer Journey: (After interaction) factors</strong></td>
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<td>Awareness</td>
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<td>Relationship management</td>
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<td>Engagement</td>
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<td>Personalization</td>
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<td><strong>Government relationship exchange factors</strong></td>
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<td>Services value</td>
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<td></td>
<td>Relationship value chain-number of relationships</td>
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<td></td>
<td>Relationship description (positive)</td>
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<td></td>
<td>Government (reactive or proactive)</td>
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<td>Exchange ongoing benefits</td>
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<td></td>
<td>Relationship value chain with third party</td>
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<tr>
<td><strong>Internal factors: (Organizational factors)</strong></td>
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<td></td>
<td>skills (knowledge)</td>
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<tr>
<td></td>
<td>experience</td>
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<td>measurement</td>
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</tr>
<tr>
<td></td>
<td>Structure (centralized, decentralized)</td>
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### Appendix H:

**The transcript memo note analysis**

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<thead>
<tr>
<th>IDI 5</th>
<th>Analysis</th>
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<tbody>
<tr>
<td>Social Beneficent Pediatric &amp; Vaccination</td>
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</tbody>
</table>

#### 1. Understanding the government role and services:

1) **What do you think is the government role in providing MOH services? (You can choose multiple roles, but give example of how this role manifest in terms of services)**
   - a) Publicbeneficent
   - b) Socialbeneficent
   - c) Organizer
   - d) Protector
   - e) Arbitor
   - f) Entrepreneur
   - g) Government supporter
   - h) Other please specify

   I will tell you how it was before the new organizational structure. And I will tell you about the positives of the new organizational structure. In the old organizational structure, the Ministry of Health was responsible for legislation, judging, forming policies, and executing the services. And that was always a topic of discussion. Developed countries always tend to totally separate the legislating, judging, and monitoring organization and audit and all from each other. So the executors should not be the ones judging their services. That’s why the government tended to change this system. Now, the organization that provides the services and executes them, The Establishment of Hospitals Administration, executes and provides the services. While the Ministry of Health and Society Protecting legislate, monitor, and protect the society. I think that this is a step forward to consider the Ministry of Health as a legislator for all medical service laws in the country.

2) **What is the core value delivered by the Ministry of Health?**

3) **What services do your customers apply for?**

   We work in the field of hospital administration and it is a part of the hospitals sector. It is one of four sectors in the Ministry of Health. Hospitals administration is one of five administrations in hospitals sector. It is concerned with the services that are provided to the patients within hospitals. We are responsible for the technical supervising over the provided services. For the outpatients who come to the emergency departments or the patients who are within the internal departments, as well as the patients who come for daily visits in order to have day time...
Appendix I:
The analysis and coding table:

<table>
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<tr>
<th></th>
<th>Category</th>
<th>Key words codes #</th>
<th>Key sentences</th>
<th>Analysis of key findings for those factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>government role</td>
<td>providing services</td>
<td>&quot;Providing services at the first step of course&quot;</td>
<td>Even though that he wore the hat of the private sector in renting and leasing locations at different 60 health centers, he stills see his role of providing health services. Therefore, their decision making will not be lead by money but by the good of people health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gain, service, care for citizen and country</td>
<td>We as a governmental Ministry, true that gain is important, secondly comes the service and third, we need to care for the citizens of our country.</td>
<td>Three main roles, profit, service and caring.</td>
</tr>
<tr>
<td>2</td>
<td>Service concept</td>
<td>Asset leasing</td>
<td>&quot;when someone wants to rent them, he goes to the hospital and asks for renting a specific place.</td>
<td>Reactive rather than proactive in promoting leasing opportunities.</td>
</tr>
<tr>
<td>3</td>
<td>core value delivered and type of exchange (economic, social)</td>
<td>Rent (economic)</td>
<td>&quot;the advertisement should be 100% honest. .......macdonalds it is not allowed to advertise about something like these.&quot;</td>
<td>The value of service public and stopping any products that harm health is core value, then comes the economic exchange. However, the public health is more important than monetary gain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>committee</td>
<td>&quot;We are the committee. They mention how much they can pay. He may put 20,000 and it is not necessary for us to accept&quot;</td>
<td>The committee take the decision of choosing which company that will have the bid. Therefore, there is competition on economic exchange and therefore, the best is the one that provide the highest amount with the best quality service.</td>
</tr>
</tbody>
</table>

Understanding the customer profile:

| 4 | Important customer                | tenants individuals and companies | 90 tenants...individuals are the majority | They compete with each other on the location, hence they enter into bids.                                      |
|   |                                   | ministry (other government entities) | A place dedicated to the electronic dirham....this is usually related to the finance minister. |                                                                                                                                 |
| 5 | Direct customer and indirect beneficiary | local citizen agrees with another person | Dealing with the ministry, it should be done by a local citizen. indirect contact is the other partner with the local citizen. And he has indirect relationship with them ministry. |                                                                                                                                 |
| 6 | Indirect influencers              | people tell each other       | some people go to the hospital and see that there is no cafeteria....may think about starting a cafeteria project | Word of mouth is base for promoting those opportunities.                                                                                                                                 |

Qualities of the relationship

| 7 | relationship description | Key words # | Key sentences | Analysis of key findings for those factors |
|   | Contract                   | Contract | "A relationship of contract, being committed, paying and getting paid." | A contractual relationship in the entrepreneurial relationship, however, the relationship grows with existing tenants by giving them priority for renting areas in |