

Investigating the Impact of SERVQUAL Dimensions on the Customer Loyalty in the Private Hospitals in the Yemeni Capital (Sana'a)

**Abdulkarem Hamood Ahmed
Alshehari**

Al- Madinah International
University

Alshihari967@gmail.com

Sadun Naser Yassin Alheety

Prof. Dr / Al- Madinah International
University

Sadun.Alheety@Mediu.edu.my

Mohammed Abdullah Alkhawlani

Assoc. Prof / Al- Madinah
International University

Mohammed.Abdullah@Mediu.edu.my

Abstract

This approach scrutinized the direct empirical relationship between service quality (SERVQUAL) dimensions and customer loyalty (CULY) in private hospitals in the Yemeni Capital (Sana'a) this study was conducted in five major hospitals, which are Almutawakel, Azal, Science & Technology, Modern German and Yemen German. Still, the paper determined the significance the hospital environment as an optimal mediator in the relationship between service quality and customer loyalty. Comprehension of hospital environment provides valuable insights into factors playing the critical role to increase the customer loyalty rates. In this thesis, tangibility, empathy, assurance, reliability and responsiveness are posited as having an influence on customer loyalty rates in private hospitals in the Yemeni Capital. For data analysis and hypothesis testing, SEM tool and several statistical methods such as the maximum likelihood estimate and regression technique were utilized to understand the dimensionality of the variables. The outcomes demonstrated that service quality dimensions of tangibility, empathy and assurance have positive influence on customer loyalty while reliability and responsiveness have no impact on customer loyalty. Regression results also indicated that hospital environment have a positive influence on customer loyalty. Furthermore, hospital environment is found to be significant mediating factor in the relationship among tangibility, empathy assurance, reliability and customer loyalty in private hospitals in the Yemeni Capital. Hospital environment is found to be insignificant mediating factor in the relationship between responsiveness and customer loyalty in private hospitals in the Yemeni capital. The relationship among hospital environment, service quality dimensions, and customer loyalty proposes that increasing the quality rate of service quality would be valuable to the management of private hospitals. Based on study findings, theoretical and practical implications were discussed. Limitations and recommendations for future research were also highlighted.

Keywords: service quality. Private hospital, customer loyalty, service quality dimensions.



1. Introduction

Bellou and Thanopoulos, (2006), fought that Quality recognitions affect patients want to utilize wellbeing administrations. Andaleeb, (2001) emphasized that if the framework can't be trusted to ensure limit quality then it will remain underutilized, skirted, utilized just for minor afflictions or a final resort. In addition, creating nation patients are currently ready to try and travel abroad to a built up nation's doctor's facility when they feel risky about medicinal services quality in their open doctor's facilities (Bellou and Thanopoulos, 2006). In this way, medicinal services quality administration hones are vital, attributable to the part's general effect on the economy (Burns et al., 2008) and the incredible change in healing centers working comprehensively (Hensher et al., 1999) adding up to rising rivalry. From this time forward, medicinal services director learning about administration quality variables is a vital component in constant quality change. Besides, rising client information and innovation change imply that quality perspectives and elements have changed after some time. Social insurance benefit quality is hard to assess as confidence esteems are high. In spite of the fact that, there is a discussion about how medicinal services ought to be surveyed, creator feels quiet discernments are profitable social insurance quality markers. Understanding evaluation winds up important with the patient

driven approach in medicinal services. In this way, the proposed display gives bits of knowledge with the goal that supervisors and scholastics can assess social insurance benefit quality. Our system needs an exact evaluation and calls for considers utilizing these measurements to confirm the calculated structure we propose.

2. PROBLEM STATEMENT

The health domain in Yemen is one the most significant sector that is very close to the human life. New studies by the international health organization has declared that there is serious weakness in the organization of the health services in Yemen together with low quality service. The availability of unauthorized private domains health, and the competition in the quality service provided and its affectivity is limited in addition to the lack of the most of service quality service. This is because of the lack of regulation and rules in accordance to monitoring and controlling. The ministry of health has mentioned the main shortages in many elements. One of this elements is the lack of experience in management factors and lack of the monitoring in addition to the lack of information together to the lack of incentives systems and rewards. This lead to the disability to go on with work provided, in having quality with certain standards, in addition to not taking care of the medication systems and how to be standardized.



The significant problem in the private hospital can be determined by looking at the customer's loyalty. This requires some quality standards in providing quality service, and having teamwork specialized in all the sectors of managing the hospitals in order to be able to implement it, and to handle with patients (HMY, 2013). According to the international bank, Yemen can consider one of the most growing countries that suffer from health problems and the medication service is still limited, the rich people of Yemen they prefer to go overseas for medication in Europe, Germany, AUE and USA. Unfortunately for those middle classes in Yemen they will go to the Arab countries such as Egypt, Jordan and India, and there is a formal statistics that say that there is approximately 4,000 patients that arrived the Jordan's airport every month for treatment. According to Anbori, (2010) there is a limited control on the quality service in hospitals in private hospitals sector that lead to having low care of hospitals services, which has failed to fulfill the expectation of the patients. Alghobari, (2010) has declared that there is a problems in having the customers loyalty and these affect the quality domain on the increasing loyalty. Last but not least, the major problem in this study represent how the mediating variables for the hospitals environment (teamwork) in affecting the relationship between the service quality and the customer loyalty. From this

starting point, the researcher has come to this problems that need to be more investigated

3. Research Questions

1. Does tangibility of service quality affects customer loyalty in Hospitals?
2. Does reliability service quality affects customer loyalty in Hospitals?
3. Does responsiveness of service quality affects customer loyalty in Hospitals?

4. Research Objectives

1. To investigate the effect of tangibility of service quality on customer loyalty in Hospitals
2. To investigate the effect of reliability service quality on customer loyalty in Hospitals
3. To investigate the effect of responsiveness of service quality on customer loyalty in Hospitals

5. Basic Research Method

To give a clear representation for the data to make decisions by inferential statistics, descriptive analysis was used in this study. It might represent the features of the data such as standard deviation, mean and frequency (Sekaran, 2000). In this research, descriptive analysis and standard deviation were applied to clarify the variables characteristics for (independent (IV), and dependent (DV)) under this study.

6. Conceptual Model

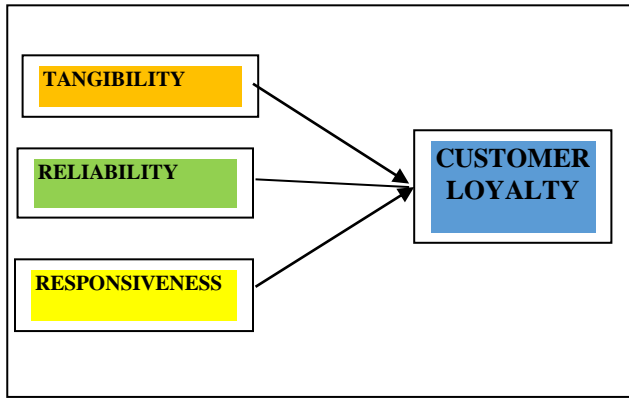


Figure 6.1: Conceptual Framework

7. The Hypothesis

1. H1- Tangibility of Quality of Services significantly affects customer loyalty.
2. H2- Reliability of Quality of Services significantly affects patient's customer loyalty.
3. H3- Responsiveness of Quality of Services significantly affects patient's customer loyalty.

8. Data Processing Methods and the Statistical Analysis

Hofmeyer (2007) mention that Data “screening is necessary in ensuring that data are correctly entered, free from missing values, outliers and to confirm that the distribution of variables are normal. Appendix A depicts all the exogenous and endogenous variables together with their relative estimation errors in this” study.

9. Hypotheses Testing – Correlation

In the structural model, the direct effects of Tangibility (TNG), Reliability (RLB) and Responsiveness (RSP) as independent variables on Hospital Environment (HSEN) and Customer Loyalty (CULY) as dependent variables were examined (i.e., H1, H2, H3,). An examination of goodness-of-fit indices indicates that the structural model adequately fitted the data: $\chi^2 = 2898.432$, $df = 2461$, $p\text{-value} = 0000$, $GFI = 0.816$, $AGFI = 0.803$, $CFI = 0.975$, $TLI = 0.974$, $IFI = 0.976$, $RMSEA = 0.023$ and $\chi^2/df = 1.178$. The value of R^2 indicates, for example, the error variance of Customer Loyalty (CULY) is approximately 71 percent of the variance of Customer Loyalty (CULY) itself. In other word, 29 percent of variations in Customer Loyalty (CULY) are explained by its three predictors (i.e., Tangibility (TNG), Reliability (RLB) and Responsiveness (RSP)). Overall findings showed that the score of R^2 value satisfy the requirement for the 0.10 cut off value (Quaddus and Hofmeyer 2007). The coefficient parameters estimates are then examined to test the hypothesized direct effects of the variables. The path coefficients and the results of examining hypothesized direct effects are displayed in **Table Error! No text of specified style in document.-1**.



Table 9.1 Table Error! No text of specified style in document.-1, Examining Results of Hypothesized Direct Effects of the Constructs

Path	Unstandardized Estimate	Standard Error	Standardized Beta	critical value (c.r.)	P-value	Hypothesis Result
TNG → CULY	0.149	0.06	0.119*	2.219	0.02	Support H6)
RLB → CULY	0.104	0.05	0.115	1.838	0.06	Rejecte H9)
RSP → CULY	0.057	0.05	0.063	1.039	0.29	Rejecte H10)

10. RESEARCH QUESTION FINDINGS

H1) Tangibility and Customer Loyalty

In the proposed model, this researcher hypothesized that Tangibility will have a positive effect on the Customer Loyalty (H1). The parameter estimate results (H1: TNG → CULY; $\beta = 0.119^*$, CR-value = 2.219, $p = .0120$) for the above hypothesis was found both positive and statistically significant. This suggests the existence of a positive effect of the Tangibility on Customer Loyalty. As such, this hypothesis was accepted. The results of this research are consistent with those of Dabholkar et al. (1996) also argued that the tangible aspects of service quality do influence customers' perceptions of service quality. Kumar et al. (2010) found that tangibles is the important factor of customer loyalty

In the hotel industry, Fah and Kandasamy (2011) found that all the five dimensions of SERVQUAL are significantly related to satisfaction among hotel guests in Malaysia even though tangibility appears to be the most significant dimension towards customer satisfaction.

H2) Reliability and Customer Loyalty

In the proposed model, this researcher hypothesized that Reliability has positive effect on Customer Loyalty (H2: RLB → CULY; $\beta = 0.115$, C.R. = 1.838, $p = 0.066$.) The result showed that Reliability has no impact on Customer Loyalty Thus, H9 was rejected. Inconsistent with this result was the study of Samen et al. (2013) found that reliability exerts the strongest effect on customer loyalty within Jordan's mobile service industry. In assessing the relationship between the reliability dimension and customer satisfaction and loyalty as evidence of strong positive relationships was established. This means that as the perceived level of reliability increases, so does customer satisfaction and loyalty in respect of this dimension. It can therefore be said that knowing customer's perceived level of reliability can improve our estimate of his satisfaction and loyalty Ariffin and Aziz (2008) indicated that patients are most tolerant to factors related to the tangible dimension and least tolerant to factors related to the reliability dimension.

H3) Responsiveness and Customer Loyalty



In the proposed model, this researcher hypothesised that Responsiveness has positive effect on Customer Loyalty (H3: $RSP \square CULY$; $\beta = 0.063$, C.R. = 1.039, $p= 0.299$). The result showed that Responsiveness has no impact on Customer Loyalty Thus, H10 was rejected. This is inconsistent to The same result was for Juliet Namukasa, (2013)," That says that responsiveness to emergency situations have an influence on satisfaction and loyalty That is consistent with on the results of the study conducted by Yousapronpaiboon Khanchitpol C. Johnson William, (2013) that appeared that responsiveness had most influence.

12. SUGGESTED FUTURE RESEARCH

For future researches, it is recommended to use the government control as the mediating variable in the relationship between the service quality and customer loyalty. Additionally, the mediating role of job satisfaction impact on the relationship between service quality and customer loyalty. It is recommended to shed light on the impact of the medical service marketing as mediator on the relationship between service quality and customer loyalty. Further, it is recommended to investigate the mediating role between the transformational leadership impact on the service quality and customer loyalty as well as the mediating role of the high committee of medical specializations and its

impact on service quality and customer loyalty. Finally, it is recommended to to imply the same dimensions in this study to investigate the public hospital and in other countries by comparing the service quality provided in these various countries

13. CONCLUSION OF THE RESEARCH

The expanding significance of cost control, changing purchaser states of mind combined with extreme rivalry will influence a large number of the fruitful clinics should put themselves as "brilliant" medicinal services suppliers. Indeed these healing centers that don't search for a superb position will think that it is important to characterize, screen, and enhance the nature of the administrations they give. Specialized quality alone, nonetheless, won't prompt expanded incomes and office usage along these lines it is important to think about utilitarian quality too. Estimating quiet fulfillment, says Webster (Guagagnino, 2003), fortifies a quality ethos by alarming patients that healing facility staff are responsible. It demonstrates healing facility staff that patients are satisfied with benefit quality. From beginning, patients went to doctor's facility since treatment costs are low as well as in light of the fact that treatment is high caliber. Individuals from low and high financial strata don't falter to utilize the establishment's administrations. Revising



microbiology benefit disappointment, talked about in this examination, enhances the establishment's distinction. Significance progressively is being joined to customary overseer capacities, however today, clinics are perceived as social organizations. In this changed condition, patients turn into a point of convergence (Sreenivas and Prasad, 2003). Consequently, doctor's facility staff must make progress toward most extreme patient fulfillment and give quiet situated administrations. Fulfillment gives the patient certainty to confront his/her medicinal issues. It is the healing facility executives' duty, along these lines, to keep patients and their chaperons fulfilled. An enhanced patient wellbeing atmosphere can prompt better results. Research recommends that an enhanced wellbeing atmosphere supports blunder and issue discourses; then again, a poor security atmosphere makes issues be concealed and not openly talked about (Hofmann and Stetzer, 1998; Frese and van Dyck, 1996; Edmondson, 1996 Negative security atmospheres dissuade people from acting suitably and guaranteeing security (Dobbins and Russell, 1986; Hofmann and Stetzer, 1998). The patient qualities were all the more ground-breaking indicators of fulfillment perhaps because of their relationship with desires. The quality can be improved by addressing specific issues such as providing adequate information regarding their illness, facilities available in the hospital and general instructions by the hospital management and

healthcare staff while understanding the expectations of their patients. What makes one hospital different from others? How does a hospital stand out from its competitors? Instead of trying to be "everything", the customer will know what this particular hospital is and the stand its organisation takes. Patients seldom tell an organisation of its differences from its competitors. The implementation of the "patient-orientation" strategy in a hospital is in need of supplementation by "patient experience". This involves hearing patients' voices and emphasises contacts with them in order to understand their requirements.

14. REFERENCES

- Al-Ghobari, H. M. (2010). The performance of the center pivot irrigation systems under Riyadh region conditions in Saudi Arabia. *Journal of the Saudi Society of Agricultural Sciences*, 9(2), 55-68.
- Anbori, A., Ghani, S. N., Yadav, H., Daher, A. M., & Su, T. T. (2010). Patient satisfaction and loyalty to the private hospitals in Sana'a, Yemen. *International Journal for Quality in Health Care*, 22(4), 310-315.
- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social science & medicine*, 52(9), 1359-1370.
- Ariffin, A. A. M., & Aziz, N. A. (2008). Determining the service quality dimensions and zone of tolerance for hospital services in Malaysia. *The business review, Cambridge*, 10(2), 164-169.
- Bellou, V., & Thanopoulos, J. (2006). Enhancing service quality in a hospital setting. *Review of Business*, 27(1), 26.



- Burns, R. P., & Burns, R. (2008). *Business research methods and statistics using SPSS*. Sage.
- Dabholkar, P. A., Thorpe, D. I., & Rentz, J. O. (1996). A measure of service quality for retail stores: scale development and validation. *Journal of the Academy of marketing Science*, 24(1), 3.
- Dobbins, G. H., & Russell, J. M. (1986). Self-serving biases in leadership: A laboratory experiment. *Journal of Management*, 12(4), 475-483.
- Fah, L. K., & Kandasamy, S. (2011, June). An investigation of service quality and customer satisfaction among hotels in Langkawi. In *Proceedings of International conference on management (ICM 2011)* (pp. 731-749).
- Frese, M., & Van Dyck, C. (1996). Error management: Learning from errors and organizational design. In *annual meeting of the Academy of Management, Cincinnati*.
- Guagagnino, C. (2003), "Role of patient satisfaction", *Physician's News Digest*, Vol. 6, December.
- Hays, R.D., Davies, A.R. and Ware, J.E. (1987), "Scoring the medical outcomes study short-form
- Hensher, D. A. (1999). A bus-based transitway or light rail? Continuing the saga on choice versus blind commitment. *Road & Transport Research*, 8(3), 3.
- Hofmann, D. A., & Stetzer, A. (1998). The role of safety climate and communication in accident interpretation: Implications for learning from negative events. *Academy of management journal*, 41(6), 644-657.
- Kumar, V., Aksoy, L., Donkers, B., Venkatesan, R., Wiesel, T., & Tillmanns, S. (2010). Undervalued or overvalued customers: capturing total customer engagement value. *Journal of service research*, 13(3), 297-310.
- Moingeon, B., & Edmondson, A. (Eds.). (1996). *Organizational learning and competitive advantage*. Sage.
- Namukasa, J. (2013). The influence of airline service quality on passenger satisfaction and loyalty: The case of Uganda airline industry. *The TQM Journal*, 25(5), 520-532.
- Quaddus, M., & Hofmeyer, G. (2007). An investigation into the factors influencing the adoption of B2B trading exchanges in small businesses.
- Sekaran, U. (2000). *Instructor's resource guide with test questions and transparency masters to accompany Research methods for business, a skill-building approach*. Wiley.
- Sreenivas, T., & Prasad, G. (2003). Patient satisfaction—a comparative study. *J Acad Hosp Adm*, 15(2), 07-12.
- Yousapronpaiboon, K., & C. Johnson, W. (2013). Measuring hospital out-patient service quality in Thailand. *Leadership in Health Services*, 26(4), 338-355.