

Investigating the Mediating Effect of Customer Satisfaction in the Service Quality–Word of Mouth relationship

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ABSTRACT: *This article aims to elaborate on the concepts of service quality, customer satisfaction and Word of mouth and their relationships with the goal of establishing greater clarity on the path of relationship flow in the health care industry. The authors use multiple regression analysis to test the proposed causal relationships. The results show that service quality has a direct positive effect on word of mouth and indirect effect through customer satisfaction. The study establishes customer satisfaction as a mediator in a service quality- word of mouth relationship in the context of the health care industry in Syria.*

KEYWORDS: *Service Quality, Customer Satisfaction, Customer Loyalty, Health care Industry in Syria.*

I. INTRODUCTION:

Human life today is longer and healthier than ever before in the history of the world. Man cannot live forever, nor can he enjoy perfect health always, but in both life and health every normal person would like his full share. Illness retards and hampers industrial production, undermines morale, and places an enormous burden of medical care upon a weakened populace. Therefore, hospitals are major social institutions for delivering of advantage to both patient and society. It is considered to be a place for the diagnosis and treatment of human illnesses and restoration of health and wellbeing to those who are temporarily deprived of good health.

II. REVIEW OF LITERATURE:

2.1-Service quality:

The issue of defining, measuring, monitoring and improving the quality of health care has been addressed from Hippocrates to Florence Nightingale; and professional providers have been concerned with the quality of the care they deliver (Morris & Bell, 1995). Service quality has received a great deal of attention in the marketing literature (Patrick, 1998). Perceived service quality is defined in the Gaps Model as the difference between consumer expectations and perceptions, (Zeithaml, Berry, & Parasuraman 1988). Service quality as perceived by customers, involves a comparison of what they feel that the service should be [expectations, E] with their judgment of the services they received [perceptions, P] (Parasuraman, Zeithaml & Berry 1985; Sahney, Karunes & Banwet, 2001). In essence Zeithaml and Bitner (2000) define perceived service quality as a global judgment or attitude relating to the superiority of a service. (Liu, 2005) examined the differences in the perception of education quality, and the main factor affecting that perception, between students in the USA and the UK, he found that there are significant differences between British and American education perceived by students. Although students in both countries are satisfied with the education, students in the US expressed higher levels of satisfaction compared with those in the UK, while (Alves & Raposo, 2007) concluded the influence of quality perceived on satisfaction is higher on the part of functional quality. These results could be related to the fact of the healthcare service being too important to the life of a patient, causing them to base their evaluations not only on the way the service is provided. (Husain et al, 2009) show that physical environment, interaction and support, feedback and assessment, and administration, are strong factors which result in student satisfaction, the service quality and perceived value have positive effect on student satisfaction according to (Ismail & Parasuraman, 2009), this leads to H1.

H1: service quality has a positive effect on Customer satisfaction.

2.2 Customer Satisfaction:

In recent years, there is more emphasis on research in the area of consumer satisfaction and dissatisfaction by marketing professionals. Satisfaction has been conceptualized in several ways (Srinivasan and Kotadia, 1997). However, it is Oliver (1996, p. 12) who brought the quintessence of all the definitions on satisfaction, existing in the satisfaction literature by stating,

“satisfaction is the consumer’s fulfillment response. It is a judgment that a product or service feature, or the product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfillment, including levels of under- or over-fulfillment”. Satisfaction is both a cognitive and an affective evaluation of the service experience (Mano & Oliver, 1993; and Westbrook, 1987). Satisfaction literature also highlights different types of satisfaction experienced by the consumer. For example, Saklani, Purohit and Badoni (2000) mention “complete satisfaction” experienced by the consumer, in terms of a product or service, and they define it as a state that a consumer finds himself in, after a consumption experience relating to a service, when all the expectations and needs from the same, whether conscious or unconscious, have been met and the consumer desires nothing more from the service.

This experienced state, they term as “joy.” This (complete) state of satisfaction, they opine, is certainly higher than that obtained when a consumer is just satisfied, and, it is posited that, it is likely to lead to repeat buying and a possible loyalty. Some researchers (Gabbott & Hogg, 1998) suggest that customer satisfaction is antecedent to service quality, which is seen as a meta-concept encompassing a general view of a service, that is, an accumulation of satisfying or dissatisfying experiences create an overall assessment of service quality (Bitner 1990; Bolton & Drew 1991; Zeithaml, Berry, & Parasuraman 1988). Satisfaction and quality are considered distinct constructs, but they are undoubtedly related. For instance, Bitner and Hubbert (1995) distinguish the differences between various hierarchical levels of satisfaction, which are related to a quality judgment (Gabbott & Hogg, 1998).

They suggest encounter satisfaction,” which is satisfaction that consumers experience with a particular service incident and overall satisfaction with the service provider, is dependent on the number of service encounters with different parts of the organization or different employees within the organization over multiple service experiences. Satisfied customers can increase profitability by providing new referrals through positive word of mouth (Mooradian and Olivier, 1997), they would act as unpaid ambassadors of the service provider’s business (Brahme, 2000-2001).
this leads to H2:

H2: Customer satisfaction have a positive on Word of mouth

2.3 Word-of-Mouth:

Consumers engage in positive word of mouth behavior as well as seek positive word-of-mouth opinion on their choice of service provider. For example, unlike consumers of other commodities, those seeking medical care are constrained by their lack of knowledge of the choices available and are dependent on professional expertise, especially in life-threatening situations (Calnan, 1995). Therefore, it can be posited that hospital consumers may depend more on others seeking positive word of mouth opinion on their choice of hospital and its services.

Bowman and Narayandas (2001, p. 296) in their study, defined word of mouth as “whether customers tell anyone about their experience and for how many people are told if a customer engages in WOM behavior”. This method has a drawback that, some customers who could not provide an exact number of people told, responded with the phrase “a lot.” Also, the ability to provide an accurate value for the number of people told might decline over a period of time. Therefore, in this present research the hospital consumers were asked about their potential future intention for a positive word-of-mouth intention with a three-items scale.
That leads to H3

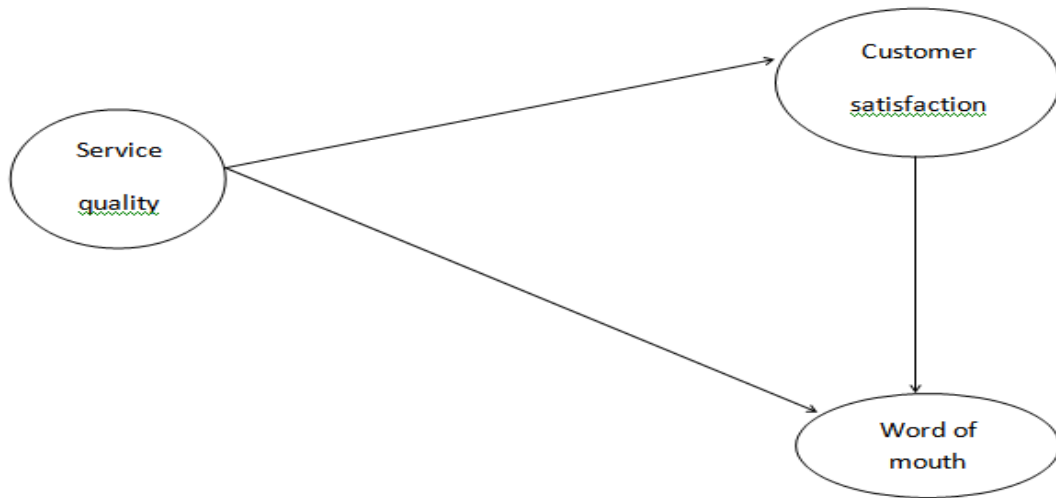
H3: service quality has a positive on word of mouth.

III. METHODOLOGY:

3.1 The Model:

The model to be tested (Figure 1) results from the hypotheses previously:

Figure (1) Conceptual model to be tested



3.2. Sample’s Definition:

Having defined the patients as the most important customer of the health care service, in order to test the proposed model it was necessary to select a sample of patients in "Dar Al Shifa" Hospital in Damascus city in Syria. From the total number of 200 questionnaires distributed 170 were returned the response rate was about 86%, profile of respondents shown in Table (1).

Table1: profile of respondents

		N	%
Gender	Male	91	53.5
	Female	79	46.4
	Total	170	100.0
Marital status	Single	161	94.7
	Married	9	5.3
	Total	170	100.0
Age	<20	46	12.4
	20-25	103	60.6
	>25	21	12.4
	Total	170	100.0
per capita income (SP)	None	56	32.9
	<10000	43	25.3
	10000-20000	39	18.8
	>40000	39	22.9
	Total	170	100.0
Education level	Under graduate	126	126
	Post graduate	44	44
	Total	170	100.0

3.3 Method of Data Obtainment:

Given the intended objectives expected to be reached with this research, a survey using questionnaires was the chosen way for gathering data, thus, a questionnaire subdivided in 4 parts was drawn up: Sample characterization, Service quality, customer satisfaction, and Word of mouth. All measures used a seven-point Likert-type response format, with “strongly disagree” and “Strongly agree” as the anchors, perceived quality was measured using measurement Scale by twenty seven items adapted from (Taylor1, 2001). Customer satisfaction was measured by using a measurement by three items was used by (Matzler. et al, 2005). Word of mouth was assessed by three items adapted from (Mendez, etal, 2009).

3.4. Analysis of Result:

Following the two stage modeling strategy and after confirming the acceptability of the measurement model, there then proceeded an estimation of the structural model.

Table II. Construct Reliability

Construct	Item number	Reliability
Service quality	27	0.88
Satisfaction	3	0.82
Word of mouth	3	0.70

Table II presents the composed reliability of each of these constructs, that is the level of internal consistency for each construct. As can be observed, all constructs exceed the minimum reliability level of (0.6) recommended by (Mallhotra&Briks,2010).

Table III. Model structural equation

Structural equations	R2	T	Sig	Result
Service quality → Satisfaction	0.50	7.089	0,005	Supported
Satisfaction → WOM	0.35	4.737	0,004	Supported
Service quality → WOM	0.38	4.802	0,004	Supported

In turn, Table III presents the various structural equations, as well as the determination coefficient (R 2) for each equation. From analysis of the determination coefficients of the various structural equations present in Table III, it was found that service quality has a positive direct effect on Word of mouth (0.38), and indirect positive effect through satisfaction (0.43), table III shows that Satisfaction has a positive direct effect on customer satisfaction (0.050).

IV. CONCLUSIONS AND IMPLICATIONS:

This study demonstrated that service quality has a direct positive effect on word of mouth and indirect effect through customer satisfaction, This means that customer satisfaction plays an important role in keeping the customers and reduce the rates of Switching, so the healthcare organization in Syria wishing to achieve competitive advantage through customer satisfaction must be focus on the determinants of patients satisfaction such as service quality by narrowing the gap between the expectations of the patients and perception. In this way, this research contributes towards deepening the knowledge about customer satisfaction and its importance for healthcare institutions in retaining current customers and attracting new ones.

V. RESEARCH LIMITATION AND FUTURE RESEARCH:

In this paper, the effect of price has not been studied as determine of customer t satisfaction, so a future area must search in the role of price and other determinants such as expectation and past experience, and should extend this work to include the comparison between the level of student satisfaction at several.

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