

**INFLUENCE OF PERCEIVED SERVICE QUALITY,  
SOCIAL MEDIA MARKETING ACTIVITIES AND  
PATIENT SATISFACTION ON PATIENTS REVISIT  
INTENTION AT PRIVATE HOSPITALS IN UNITED  
ARAB EMIRATES**

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ARAB EMIRATES**

by

**SHABAN M S WAFI**

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for the degree of  
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## **DEDICATION**

### **My Parents,**

For keeping me in their prays and doa'a, and many thanks for giving me strengths and for being there through thick and thin. Without their helping hand, I could never have successfully completed my education.

### **My Wife,**

For her enormous patience, understanding, and support during my study. I would like to address special thanks to her for everything that she does for me.

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## LIST OF ABBREVIATIONS

DV	Dependent Variable
IV	Independent Variable
PLS	Partial Least Squares
PLS-SEM	Partial Least Squares-Structural Equation Modelling
SERVQUAL	Service Quality
WHO	World Health Organisation
WOM	Word Of Mouth
FBI	Federal Bureau Of Investigation
UAE	United Arab Emirates
UN	United Nations
GCC	Gulf Cooperation Council
FNC	Federal National Council
GDP	Gross Domestic Product
PLS	Partial Least Squares
PLS-SEM	Partial Least Squares - Structural Equation Modeling
SERVQUAL	Service Quality
SQ	Service Quality
SM	Social Media
SMM	Social Media Marketing
SMMA	Social Media Marketing Activities
IMTJ	International Medical Travel Journal

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**PENGARUH PERSEPSI KUALITI PERKHIDMATAN, AKTIVITI  
PEMASARAN MEDIA SOSIAL DAN KEPUASAN PESAKIT TERHADAP  
KEINGINAN MELAWAT SEMULA DI HOSPITAL SWASTA DI EMIRIAH  
ARAB BERSATU**

**ABSTRAK**

Kajian ini mengkaji perkaitan kualiti perkhidmatan dan aktiviti pemasaran media sosial dalam konteks penjagaan kesihatan hospital swasta di Emiriah Arab Bersatu. Ia merangkumi dimensi kualiti perkhidmatan (persekitaran fizikal, kakitangan mesra pelanggan, komunikasi, kebolehpercayaan dan tindak balas) dan dimensi aktiviti pemasaran media sosial (interaksi, bermaklumat, penyesuaian dan anggapan risiko) yang boleh mempengaruhi keinginan melawat semula pesakit melalui kepuasan pesakit. Model ini menggabungkan dua teori; teori *expectancy-disconfirmation* dan menggunakan teori *uses and gratifications*. Sejumlah 213 responden pesakit dari sepuluh hospital swasta yang bertauliah di Emiriah Arab Bersatu menyertai kajian ini menggunakan soal selidik yang diambil daripada literatur yang berkaitan. Data dikumpul menggunakan soal selidik isi sendiri *self-administered* yang diubahsuai daripada literatur berkaitan dan dianalisis menggunakan pemodelan persamaan struktur melalui Smart PLS. Kepuasan pesakit menjadi pengantara kepada persekitaran fizikal, kebolehpercayaan dan tindak balas terhadap keinginan melawat semula tanpa memberi kesan kepada kakitangan mesra pelanggan dan komunikasi. Kepuasan pesakit juga didapati mempunyai kesan pengantaraan antara anggapan risiko terhadap keinginan melawat semula tanpa memberi kesan terhadap dimensi selebihnya. Terdapat perkaitan langsung antara (persekitaran fizikal, kebolehpercayaan, tindak balas dan anggapan risiko) dan kepuasan pesakit tanpa memberi kesan terhadap kakitangan mesra

pelanggan, komunikasi, interaksi, penyesuaian dan bermaklumat. Terdapat juga perkaitan langsung antara (persekitaran fizikal, kebolehpercayaan, tindak balas dan anggapan risiko) dan keinginan pesakit tanpa memberi kesan terhadap kakitangan mesra pelanggan, komunikasi, interaksi, penyesuaian dan bermaklumat. Perkaitan antara kepuasan pesakit dan keinginan melawat semula disokong secara statistik. Sumbangan teori dan praktikal hasil kajian dibincangkan. Kekangan kajian dijelaskan dan cadangan untuk kajian akan datang turut dibentangkan.

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EMIRATES**

**ABSTRACT**

This research examined the relevance of service quality and social media marketing activities in the context of healthcare of the private hospitals in United Arab Emirates. It encompasses the service quality dimensions of (physical environment, customer-friendly staff, communication, reliability, and responsiveness) and the social media marketing activities dimensions of (interaction, informativeness, customization and perceived risk) that can influence patients' revisit intention, through patient's satisfaction. The model incorporates two theories; the expectancy-disconfirmation theory and uses and gratifications theory. A total of 213 respondent of patient's participated in this study from ten approved private hospitals in the United Arab Emirates via survey questionnaire adopted from related literature. Data was collected by using self- administered questionnaire adapted from related literature and then analysed by using structural equation modeling via Smart PLS. Patient's satisfaction mediate the relationships between physical environment, reliability and responsiveness on revisit intention with no effect for customer friendly staff and communication. Patient's satisfaction was found to have mediating effect between perceived risk towards revisit intention with no effect for the remaining dimensions. There is a direct relationship between (physical environment, reliability, responsiveness, and perceived risk) and patients' satisfaction with no effect for customer friendly staff, communication, interactivity, customization and informativeness. There is a direct

relationship between (physical environment, reliability, responsiveness, and perceived risk) and revisit intention with no effect for customer friendly staff, communication, interactivity, customization and informativeness. The relationship between patient's satisfaction and revisit intention statically supported. Theoretical and practical contributions of the research findings were discussed. Limitations of the research were explained and suggestions for future research were also presented.

# CHAPTER 1

## INTRODUCTION

### **1.1 Introduction**

This chapter presents the background information of this study, the problem statement, as well as the research questions and objectives. The significance and scope of this study, along with the key terms definition, are addressed in this chapter. Towards the conclusion of this chapter, the organisation of this research work is presented.

### **1.2 Background of the Study**

The massive accelerating changes within the healthcare domain have motivated healthcare providers to stay competitive. Healthcare competition for the past 25 years has been part of the infrastructure improvement in many countries, including the UK, France, Germany, and Australia (Brown, 2015). Referring to some international statistics, the healthcare services sector has been growing rapidly (Kantola, 2017). The private healthcare segment across emerging economies is flourishing (Segawa, 2013), leading to intense market competition. Such a competitive market encourages healthcare service providers to compete with each other in order to obtain a larger share of the market. As noted in several countries, such as the UK, New Zealand, Australia, Sweden (Rundle-Thiele & Russell-Bennett, 2010; Toth, 2010), Japan (Elleuch, 2008), and the United Arab Emirates (UAE) (Asma Zain, 2016; Hamidi & Akinci, 2015), the patients there tend to enjoy the freedom of selecting a healthcare provider. Imminently, the right of patients to freely choose their healthcare provider has led to steep competition among healthcare facilities. Within this competitive setting, customer satisfaction and willingness to revisit a medical facility have been acknowledged as the main indicators of success (Rundle-Thiele & Russell-Bennett, 2010). The healthcare

systems across developing countries should enhance their efficacy despite the insufficient resources to meet the demands of medical service, although resources increment within a short time is difficult (Padma, Rajendran, & Lokachari, 2010).

Healthcare is one of the fastest growing sectors in the world economy, with the total global expenditure in 2015 amounting up to \$7,682 million (Mahroum, Bascavusoglu-Moreau, & Al-Saleh, 2016). In 2020, it reached US \$9 trillion which is approximately 11% of global GDP (WHO, 2022). This was an increase of 4.4% from 2019, and the largest annual increase since 2010. The COVID-19 pandemic was a major driver of this increase. Governments around the world increased spending on health care to respond to the pandemic, including on testing, vaccination, and treatment. In addition, people were more likely to seek medical care during the pandemic, due to concerns about the virus. The World Health Organization (WHO) projects that it will reach US \$10.9 trillion by 2030 (WHO, 2022).

A severe shortage of healthcare workers has been reported, with 57 countries experiencing a global deficit of up to 2.4 million healthcare professionals, including doctors, nurses, and midwives (World Health Organization [WHO], 2016). Furthermore, the WHO (2023) projects that this shortage will escalate to 10 million by the year 2030. The WHO has underlined physician emigration as the most critical issue facing developing nations, significantly impacting their healthcare systems (WHO, 2016). Physicians are increasingly migrating from developing to developed countries in pursuit of improved living conditions. Consequently, healthcare workers in developing countries are grappling with elevated stress levels and job insecurity (WHO, 2016).

As published in the International Medical Travel Journal (IMTJ) (2018), members of the Federal National Council (FNC) in Abu Dhabi expressed concern about



the limited specialised hospitals and the shortage of physicians who force people to travel abroad to seek treatment. Of the 17 public hospitals allocated to the Ministry of Health, only four specialised hospitals were established in Abu Dhabi. In 2017, the number of physicians was insufficient to provide medical services with the required quality and time. A report by the Health and Environment Committee of the FNC claimed that the number of patients receiving treatment abroad increased by 10% an annually rate (IMTJ, 2018).

**Table 1.1** *The Difference between Population and Physicians Rate in the UAE (1970 – 2020)*

	1970	1980	1984	2001	2005	2010	2014	2020
<b>Population (Thousand)</b>	235	1,042	1,318	3,326	4,579	8,270	9,070	9,282
<b>Physicians Rate</b>	0.9091	1.0681	0.9532	1.81	1.55	1.531	1.558	-
<b>Shortage rate to 2.3</b>	-1.39	-1.23	-1.35	-0.49	-0.75	-0.77	-0.74	-
<b>Shortage number of Physicians at 2.3</b>	328	1,284	1,776	1,630	3,435	6,360	6,731	-
<b>Shortage rate to 2.9</b>	-1.99	-1.83	-1.95	-1.09	-1.35	-1.37	-1.34	-
<b>Shortage number of Physicians at 2.9</b>	469	1,910	2,567	3,625	6,182	11,323	12,173	-

*Source:* Bayanat (2020)

The UAE relies on foreign physicians, with local physicians accounting to merely 4% of the total physicians in that country (Alittihad, 2016a). Despite the efforts taken to increase the number of physicians in the past years, the number is still unsatisfactory and inadequate. As tabulated in Table 1.1, the population in the UAE increased from 235 thousand in 1970 to 9 million in 2014. The second row of the table shows an increment in the physician rate from 0.9 in 1970 to 1.55 in 2014, which is good but insufficient. The WHO (2016) stipulated that 2.3 is the lowest proportion of physicians per 1000 members of the population, whereas the European standard rate is 2.9 physicians for every 1000 members of the population. Referring to the third row of Table 1.1, the rate difference between WHO and the UAE is in deficit. Looking at the

fourth row, the UAE clearly required additional 6731 and 12172 physicians to reach WHO and European standards in 2014.

The availability of updated statistics on physician rates in the UAE is lacking, with the last official publication dating back to 2014. The UAE heavily relies on the migration of physicians, as 96% of physicians working in the country are foreign-trained (Alittihad, 2016b). According to a 2020 report by the United Nations, an estimated 10,000 physicians have emigrated from Lebanon since 2011, and 15,000 have emigrated from Syria since 2011. The UAE is a major destination for both Lebanese and Syrian physicians, with an estimated 3,000 Lebanese and 5,000 Syrian physicians currently practicing in the country (United Nations, 2020). Which indicates that two-thirds of the physicians migrated to other countries.

The recent emergence of the COVID-19 worldwide epidemic has highlighted the shortage of doctors in the healthcare sector and the immense burden they bear during health crises. This has had a significant impact on individuals, society, governments, economies, and industries (Bhardwaj, 2022; Izdebski, Kozakiewicz, Białorudzki, Dec-Pietrowska, & Mazur, 2023).

The shortage of physicians has been a concern raised by various sources (Burke, Koyuncu, & Fiksenbaum, 2009) including the Federal National Council (FNC), which criticized government hospitals' conditions and poor intervention for chronic illnesses (Ali Obaid, 2010). Reports have highlighted the inadequacy of doctors and hospital beds, failing to meet international standards (Med-Arabia, 2013). A parliamentary report published in 2016 revealed the shortage of physicians working in the country, whereby the rate of coverage was 1.6 physicians per 1000 inhabitants. The report amplified that the ideal adequacy ratio is 3 physicians per 1000 inhabitants (Alittihad, 2016b). In 2018, Emiratis and residents were forced to go abroad to seek treatment due

to inadequate specialised and authorised hospitals in the UAE (Samir Salama, 2018). A parliamentary report revealed that despite the numerous medical projects supported by the government, only a handful of the medical facilities were available (Alittihad, 2016b). In an interview with Dr Mona NehLak, the executive director of Latifah hospital, she asserted that the hospital urgently needed 118 physicians in all medical specialties and the hospital was then operating with 57% of its needs from physicians (Al-Ali, 2016).

Both public and private health services in the Gulf region have suffered from a severe shortage of specialised human resources. Although the phenomenon of the shortage of medical staff is a global phenomenon, this issue is more apparent in the Gulf region. Such inadequacy stems from the heavy reliance on foreign medical staff (physicians and nurses), who make up 80% of the total medical staff in some Gulf countries (Albayan, 2007).

Given the root of the problem, the researcher identified two main issues: (i) supply and demand and (ii) the existing system. The initial category indicates low supply and high demand - a simple rule of supply and demand that drove the shortage of physicians. The existing physician workforce has been shrinking (Barton, 2014) due to limited educational outputs that weaken the supply of physicians (Alittihad, 2016b), difficulty in acquiring skills, and migration of medical skills abroad (Albayan, 2007). Concurrently, the demand for physician services has escalated due to population growth (Abdul-Hamid, 2017; Abu-Shehaab, 2008; Al-Asaali, 2013; Al-Wassilah, 2016; Albayan, 2007). The number of patients increased following the introduction of compulsory insurance for all residents (Abdul-Hamid, 2017; Abu-Shehaab, 2008; Al-Asaali, 2013). The increase in the number of tourists, with the UAE and Dubai being world tourism destinations (Abdul-Hamid, 2017), also led to higher hospital admission

among tourists. Furthermore, the increasing elderly population and the prevalence of diabetics in the UAE demand more medical services (Boutayeb et al., 2012).

The second category highlights the shortage of physicians in the existing system as a result of low salary of physicians (Al-Asaali, 2013; Ali Obaid, 2010; Alittihad, 2015, 2016b; Burke et al., 2009; Ramsaran-Fowdar, 2005). Besides, the delay in the process of issuing medical licenses and permits required for the physicians to work in the healthcare sector is another stumbling block (Abdul-Hamid, 2017; Abu-Shehaab, 2008; Adnan, 2014; Al-Asaali, 2013; Flier, 2018).

The healthcare sector in the UAE has experienced significant growth and is expected to continue growing due to the demand for healthcare services. The country's 2021 Vision emphasizes the importance of investing in world-class healthcare infrastructure and services to meet the increasing needs of citizens and residents (HealthMinistry, 2018). The Ministry of Health and Community Protection plays a crucial role in providing comprehensive healthcare services to all emirates to ensure accessibility for everyone. Sheikh Mohammed bin Rashid Al-Maktoum, during a visit to the Arab Health Exhibition, expressed satisfaction with the international medical gathering and highlighted the UAE government's commitment to providing advanced healthcare capabilities for the well-being of its people (Albayan, 2019). Private hospitals and clinics play a vital role in delivering medical care, with 88 private healthcare institutions contributing to the development of the healthcare sector and positioning the UAE as a preferred destination for high-quality healthcare treatment.

### **1.3 Problem Statement**

The continuous shortage of physicians is a serious problem, which can neither be ignored nor tolerated. It affects the government, the country, the hospitals, other physicians, and the patients.

The government is severely affected by shortage of physicians as the government would not be able to meet its promises to provide treatment, perform proactive tests to control infectious diseases or no ability to track medical errors (Med-Arabia, 2013). These would cause its citizens that the country fails to support their medical needs. Table 1.2 clearly displays the impact of lack of physicians on the government, whereby the high number of patients sent abroad for treatment is costly for the government to bear.

**Table 1.2** *Government Assistance for Overseas Medical Treatment*

	<b>2005</b>	<b>2010</b>	<b>2014</b>
<b>Outward patient</b>	871	975	2,717
<b>Outward expenses (thousand)</b>	136,429	244,814	438,968

*Source:* Government of Dubai (2019)

Besides, the number of outward local patients sent to other countries for treatment purposes escalated to 2,717 patients in 2014 and the cost of treatment abroad amounted up to 438 million UAE dirhams or USD 116 million. These numbers only reflect the local patients who sought treatment at the expense of the Ministry of Health and the government only support patients for whom no treatment is available in UAE. The total figure could be more because resident patients in the UAE and citizens who left for treatment at their own expense were excluded from the statistical figures.

Hospitals are also affected by the shortage of physicians, as physicians are the primary source of a healthcare facility (Hawkins, 2013). The services they supply are converted into a source of funds for the facility. Medical staff shortage denotes that the facility is functioning at lower than optimal levels, thus the potential to face significant revenue losses (Barton, 2014). Some hospitals implement the pay-for-performance system with physicians as the solution to lack of physicians; resulting in poor patient outcomes and lower treatment quality. While most doctors accept this system as extra work (Dyrbye & Shanafelt, 2011), other hospitals solve shortage of physicians by

accrediting in visiting physicians (Al-Asaali, 2013). Physicians who work longer hours tend to give a patient only a few minutes after the patient has waited more than an hour for their appointment (Honda, 2007). This approach, which aims to maximise income by expanding the number of patients, could jeopardise goal achievement and compromise SQ (ep Koubaa Eleuch, 2011).

Many healthcare providers agree that it is difficult to fill open positions due to lack of physicians in the market. Many hospitals claim that it is taking longer than ever to employ permanent doctors due to the smaller pool of qualified candidates (Barton, 2014). Due to the increasing demand or the need to treat patients in other countries, it is becoming more difficult to provide all specialisations in hospitals (Al-Asaali, 2013). Patients may have to wait longer for appointments if their primary care provider is short-staffed. Consequently, patients seek treatment elsewhere and the number of complaints from the existing patients is higher (Dyrbye & Shanafelt, 2011). Patient satisfaction, capacity of staff to achieve and maintain work-life balance, and care quality may all suffer as a result (Barton, 2014).

Severe shortage of physicians has caused them to work up to four times the amount of hours as other doctors (Honda, 2007). According to Barton (2014), firms that are short on workers typically make up the difference by asking their employees to work overtime. Dyrbye and Shanafelt (2011) found that four out of every ten physicians claimed that they would go above their safe workload at least once a month. Many doctors work long hours, with some experiencing high-level stress at work, in healthcare systems that suffer from staff shortage (Al-Ali, 2016; Burke et al., 2009; Ramsaran-Fowdar, 2005) - a reasonable option for short-term period; but could overburden physicians in long run. Staff shortage can contribute to death, job dissatisfaction, and stress (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Kau &

Wan-Yiun Loh, 2006), as well as the escalation of medical errors can transform a doctor from being a patient's helper to becoming a guilty on society and the legal system (Al-Asaali, 2013).

In view of the effect of lack of physicians on patients, the researcher found that they fall under three categories, namely: medical impact on patients, organisational impact, as well as impacts on the feeling and behaviour of patients.

Shortage of physicians can adversely affect the patients, especially when a patient fails to obtain the required medical quality (Ali Obaid, 2010; Alittihad, 2016a; Barton, 2014). Apart from affecting the safety of the patient (Adnan, 2014; Al-Asaali, 2013; Flier, 2018), the patient becomes unconvinced with the treatment and would eventually stop the follow-up treatment (Barton, 2014; D. Campbell, 2014). Shortage of doctors also leads to medical errors (Ali Obaid, 2010), more transfer of patients due to limited specialties, higher morbidity, or even death among patients (Dyrbye & Shanafelt, 2011).

Shortage of physicians affects patients as the service provider does not have the ability to accept more patients (Barton, 2014). Acceptance of additional patients can cause overcrowding in hospitals (Al-Wassilah, 2016) and late appointments to patients (Abdul-Hamid, 2017; Al-Ali, 2016; Al-Wassilah, 2016; Barton, 2014). At times, patients receive appointment with physicians after three months in the UAE (Abdul-Hamid, 2017; Al-Ali, 2016). The waiting time to see a physician (Abdul-Hamid, 2017; Atinga, Abekah-Nkrumah, & Domfeh, 2011) in the UAE is more than 45 minutes (average) (Al-Ali, 2016), which often leads to cancelation and postpone of appointment (Abdul-Hamid, 2017).

Lack of doctors and massive number of patients cause communication barriers that affect the delivery of proper medical treatment (Goh, Ang, Chan, He, &

Vehviläinen-Julkunen, 2018). Patients' emotions also play a role. More time spent by physicians is associated with the patients' satisfaction (Al-Ali, 2016; Goh et al., 2018), which in turn, increases WOM. If patients believe that the hospital offers subpar care, they would have little faith in the therapy and the facility as a whole (Abdul-Hamid, 2017; Aiken et al., 2012; Ali Obaid, 2010; Kalisch, Tschannen, & Lee, 2011). This would eventually increase the number of complaints about the poor service (Al-Ali, 2016) and angry patients might react violently by hurling abusive words and actions (Eleuch & ep Koubaa Eleuch, 2011). Ultimately, lack of physicians causes patients to look for alternatives (Abdul-Hamid, 2017); within country (Al-Ali, 2016; Med-Arabia, 2013) or even abroad (Al-Ali, 2016; Al-Rrajol, 2016).

The UAE government has encouraged all concerned parties to solve the shortage of physicians so that the goals of the Ministry of Health in its vision for 2021 could be realised. One of the objectives is to increase the proportion of physicians and nurses per 1000 people, thus placed as a key indicator of performance (Health Ministry, 2018).

From the marketing stance, shortage of physicians causes switching behaviour (Abdul-Hamid, 2017; Al-Ali, 2016; Al-Rrajol, 2016; Med-Arabia, 2013; Oliver, 1999). Since loyal customers are more likely to return to the same provider (Chang et al., 2013), many scholars have highlighted the following ways to increase revisit intention of the patients:

- Enhance the SQ to ensure high-level satisfaction among patients (Fatima et al., 2018; Rahman et al., 2018; Sadeh, 2017; Sharma, 2017). This is known as internal environment.
- Increase SMMA to ensure high-level patient satisfaction (Ding & Keh, 2016; Kaede Sano & Sano, 2015; Nam & Yeo, 2011; Seo & Park, 2018). This is called external environment.



Focusing on internal and external settings of the hospital enhances patients' satisfaction. Higher satisfaction leads to higher revisit intention (Abdul-Hamid, 2017; Becker, 2012). When one is satisfied with the hospital services; that hospital becomes the priority in future visits for treatment.

Both private health facilities and scholars have been trying to find solutions to the shortage of physicians to avoid adverse effects of this issue on the government and patients. From the marketing perspective, researchers found that increasing the quality of the medical facility environment exerts a positive effect on patients (Abdul-Hamid, 2017; Becker, 2012). When patients' satisfaction is given due consideration, hospital with the best service offering would win more hearts among the patients.

The quality of and the accessibility to healthcare facilities are a focus with continuous betterment in the provision of healthcare services to patients. In order to retain customers, satisfying patients' requirements must be the priority for any healthcare provider. According to Parasuraman, Zeithaml, and Berry (1988), SQ is a critical management component in the private sector due to its centrality to competitiveness. In fact, the strategic importance of SQ in the healthcare segment is widely acknowledged (Smith & Smith, 2000) because providing quality service is critical to determining satisfaction among patients (Padma et al., 2010). Quality is an essential component when a patient selects a hospital in seek of treatment (Lynch & Schuler, 1990). Perceptions of SQ positively affect patient satisfaction, which in turn, positively affects the decision of the patient to choose a specific healthcare provider (Andaleeb, 2001; S. A. Taylor, 1994). Many studies reported that SQ affects not only patient satisfaction, but also purchase intention (Barber, Kuo, Bishop, & Goodman, 2012; Fiala, 2012; Padma et al., 2010; Wirtz, Kum, & Lee, 2000). When the quality of service assessments are high, the purchase intention of a consumer becomes more

relevant to the service offering. Hence, securing a competitive advantage in the service industry is made possible by providing higher SQ to end users (Rasheed & Abadi, 2015; D. Sharma, 2015; Valarie A Zeithaml, Lemon, & Rust, 2001). Thus, it is imminent to determine the factors of SQ, as well as their correlations with consumer satisfaction and consumer loyalty within the service industry (Bala, Sandhu, & Nagpal, 2011; Ahmad & Sungip, 2008; Gera, 2011). In general, customer loyalty and intention to continue with the existing service providers are affected by the level of satisfaction they experience from the services they receive (Butt, de Run, Muhammad Butt, & Cyril de Run, 2010). Hence, it is important to identify factors that drive customer satisfaction in different service models. This is because; the level of customer satisfaction or discontent determines a behavioural intent towards the continuation of the service or switching (Koenig-Lewis & Palmer, 2014; Zhang et al., 2011). Accordingly, private hospitals in the UAE play a vital role in ensuring that the quality of medical care provided is as useful as that expected by patients.

Despite being competitive; private hospitals, clinics and health centers suffer from a shortage of physicians that affects patients' satisfaction, and subsequently, their loyalty to the medical facility. People are more willing than ever to take responsibility for their own health and wellness, which can result in a shift in the way healthcare services are delivered. Patients are, nowadays, more concerned with the SQ provided by hospitals (James Carman, 2000; Zineldin, 2006). Consumers of healthcare services have high expectations and require that service providers have a high degree of reliability, accuracy, empathy, and responsiveness (Rust & Oliver, 1994; Brady & Cronin Jr, 2001; Parasuraman, Zeithaml, & Berry, 1985). The ability to create and sustain connections with patients and other stakeholders in the healthcare industry is

largely attributed to the priority placed on customer satisfaction (Aagja, Garg, Jayesh, & Aagja, 2010; Gaur, Xu, Quazi, & Nandi, 2011).

Social media (SM) technologies, regarded as the external environment, have altered the style of contact between people and businesses, thus resulting in the transfer of power from a corporation to a customer. As an added benefit, SM platforms enable users to establish connections with their peers by adding them to their own networks of friends (Ahuja & Galvin, 2003; Zhang & Daugherty, 2011). This unique aspect makes SM platforms an important component of people's daily living (Alalwan, Rana, Algharabat, & Tarhini, 2016; Dwivedi, Kapoor, & Chen, 2015; Rathore, Ilavarasan, & Dwivedi, 2016; Taylor, Lewin, & Strutton, 2011; Zhu & Chen, 2015). Scholars in the field of marketing have looked into various topics. These include word of mouth (WOM) (Kim & Hardin, 2010; Domingos, 2005; Trusov, Bucklin, & Pauwels, 2008; Doohwang Lee, Kim, & Kim, 2012), return on investment (Enders, Hungenberg, Denker, & Mauch, 2008), consumer planning behaviour (Cox, Burgess, Sellitto, & Buultjens, 2009), SM shopping (Dennis, Morgan, Wright, & Jayawardhena, 2010; Pookulangara & Koesler, 2011), and customer loyalty (Baird & Parasnis, 2011; Brandtzaeg & Heim, 2011).

Digital solutions could increase provider-consumer interactions by using Omni-channel patient access, digital platforms, and technologies to help hospitals deliver more individualised care, better connect with consumers, and provide better patient experience. Improving patient experience using SM gives healthcare businesses a potentially rich data source to track customer experiences effectively and population health trends in real-time; far more efficient than the other existing techniques. Medical information and help may be readily available to patients via digital technology (Deloitte, 2018). Providers may benefit from what is good for customers, and vice

versa. Patient experience and satisfaction are the possible drivers of hospital performance since these two factors promote customer loyalty, improve reputation and brand recognition, as well as raise the use of hospital services by increasing recommendations to family and friends (Deloitte, 2018). In addition, improved patient experiences have been linked to lower physician malpractice risk (Becker, 2015) and lower rates of staff turnover (Rave et al., 2003), thus generating more hospital income and attracting more new patients (Deloitte, 2018).

Imminently, hospitals should focus on strengthening behavioural intention to sustain long-term connections with their patients. It is for these reasons that this study assessed if hospital efforts in SQ and SMMA could improve patient satisfaction and encourage them to revisit. Greater knowledge pertaining to the impact of SQ and SMMA on patient satisfaction, as well as the desire to create long-term connections with their patients, is unravelled throughout this study process.

Healthcare providers place a high value on maintaining and gaining the loyalty of their patients. The term "consumer loyalty" refers to one's strong desire to keep purchasing the same product or service over time, regardless of external influences or marketing attempts that might tempt them to switch (Oliver, 1999). The four stages of loyalty refer to cognitive, affective, conative, and action. Conative loyalty, also known as behavioural intention, denotes a consumer's desire to make future purchases based on a certain brand (Oliver, 1999). Service providers in the healthcare sector have multiple types of "clients" (physicians, third-party partners, patients, families, etc.), in which patients are fundamental to loyalty over other categories (Fisk, Brown, Cannizzaro, & Naftal, 1990). Loyal patients of a healthcare provider would more likely return and suggest the provider to others (Chang et al., 2013). Placing focus on patient loyalty has both financial and non-financial rewards for healthcare facilities. As

defection behaviour among patients may be reduced due to loyalty (MacStravic, 2005), the expense of acquiring new consumers is reduced. Notably, customer loyalty has a direct link with profitability (Jones, Loveman, Sasser, & Schlesinger, 1994; Roger Hallowell & Hallowell, 1996). Loyalty among patients may enhance the reputation of the healthcare providers' brands via favourable WOM.

Maintaining patient loyalty benefits patients in the end by improving their health outcomes. Health outcomes are influenced by patients' active involvement in the healthcare facility (Rundle-Thiele & Russell-Bennett, 2010). Loyalty encourages continuity of treatment, adherence to medical recommendations, and increased use of preventative therapies (MacStravic, 2005). Maintaining a long-term connection with a healthcare practitioner signifies loyalty among patients. Healthcare services and patient outcomes can improve when patients adhere to their prescribed regime. In the service sector, the final product offered is intangible and this creates an atmosphere of uncertainty. In the context of healthcare services, high risks are involved and multiple factors may affect the results of a treatment. In this case, loyalty and trust play a major role, hence lies the importance of investigating these components (Zhou, Wan, Liu, Feng, & Shang, 2017). Healthcare providers must manage patient loyalty effectively to benefit both the hospital and their customers (patients).

Based on the discussion above, there is indeed a pressing need to investigate the impacts of SQ and SMMA through consumer satisfaction upon hospital revisit intention; concurrently bridging the gap observed in the healthcare literature. As such, this study measured patient satisfaction based on SQ and SMMA dimensions. It is crucial to measure patient satisfaction because it is a component of the physical and mental health of patients, adherence to treatment, as well as satisfaction with physician care and medical decision-making. Identifying factors that influence a patient's

satisfaction in the context of UAE healthcare should enable the hospitals to capture their strength and setbacks. Hospitals in the UAE seek improvement to increase the level of satisfaction among patients. As such, this study looked into consumer revisit intention in the context of healthcare in the UAE. The study outcomes may serve as guidance to healthcare providers who wish to control and enhance the performance of their services. This study is also important for consumers and communities struggling to develop quality healthcare systems. The results of this research work inform policymakers on how to support the healthcare system by addressing issues related to the shortage of physicians, besides guiding the healthcare industry players to retain their existing clients and attract potential customers. As the UAE government is actively working towards improving its healthcare service in the country, this study helps in shaping a better future of healthcare services in the UAE.

#### **1.4 Research Questions**

The main research question formulated for this study is as follows:

RQ1: Do the perceived SQ factors (i.e. physical environment, customer-friendly staff, communication, reliability, and responsiveness) and SMMA factors (i.e. interaction, informativeness, customization, and perceived risk) influence patient satisfaction in the UAE?

RQ2: Do the perceived SQ factors (i.e. physical environment, customer-friendly staff, communication, reliability, and responsiveness) and SMMA factors (i.e. interaction, informativeness, customization, and perceived risk) influence patient revisit intention in the UAE?

RQ3: Does patient satisfaction influence patient revisit intention?

RQ4: Does patient satisfaction mediate the relationship between perceived SQ factors and patient revisit intention?

RQ5: Does patient satisfaction mediate the relationship between SMMA factors and patient revisit intention?

### **1.5 Research Objectives**

This study examined factors that influenced revisit intention among patients in a private hospital located at the UAE. The variables assessed in this study are perceived SQ (physical environment, customer-friendly staff, communication, reliability, and responsiveness), SMMA (interaction, informativeness, customization, and perceived risk), and patient satisfaction. In particular, this study evaluated the impact of the listed factors on revisit intention among patients. The five specific objectives formulated for this study are given as follows:

RO1: To investigate the relationships of perceived SQ factors (i.e. physical environment, customer-friendly staff, communication, reliability, and responsiveness) and SMMA factors (i.e. interaction, informativeness, customization, and perceived risk) with patient satisfaction in the UAE.

RO2: To investigate the relationships of perceived SQ factors (i.e. physical environment, customer-friendly staff, communication, reliability, and responsiveness) and SMMA factors (i.e. interaction, informativeness, customization, and perceived risk) with patient revisit intention in the UAE.

RO3: To examine the influence of patient satisfaction on patient revisit intention.

RO4: To test the mediation role of patient satisfaction on the relationship between perceived SQ factors and patient revisit intention.

RO5: To test the mediation role of patient satisfaction on the relationship between SMMA factors and patient revisit intention.

## **1.6 Significance of the Study**

This study benefits other economically emerging countries, including Oman, Kuwait, Saudi Arabia, Bahrain, Qatar, and other countries that share similar healthcare issues (Weber et al., 2011; Zineldin, 2006; Zineldin, Camgöz-Akdağ, & Vasicheva, 2011).

### **1.6.1 Theoretical Contribution**

First, this study enriches the body of knowledge by combining two theories; the expectancy-disconfirmation theory and the uses and gratifications theory (UGT), into the proposed theoretical framework. Besides, this study adds to the body of literature by assessing the relationships of SQ dimensions (physical environment, customer-friendly staff, communication, reliability, and responsiveness), SMMA factors (interaction, informativeness, customization, and perceived risk), and patient satisfaction with revisit intention among patients at private hospitals located in the UAE. The role of patient satisfaction was examined as a mediator in this study. Crotts, Pan, and Raschid (2008) emphasised that customer satisfaction concentrates more on exceeding customers' anticipations (Westbrook & Oliver, 1991) or the positive impact (Mano & Oliver, 1993; Oliver, 1993) on customers as a result of delivering unanticipated value or unexpected satisfaction. The study outcomes improve our understanding of a hitherto overlooked aspect of patient experience.

Within the handful of studies on healthcare management at both local and global contexts focusing on this topic, most of them had investigated patient motivation, expectations, patient perception, and patient satisfaction in light of behavioural intention. Fatima et al., (2018) studied SQ, patient satisfaction, and behavioural intention in a private hospital located at Pakistan, but omitted revisit intention. Hence,



this present study is one of the pioneer studies on patient satisfaction and hospital revisit intention, besides among the few addressing the private healthcare industry in the UAE.

Second, this study adds another dimension to the framework - patients perceived the external environment or SMMA. This variable is an important factor that affects patient satisfaction and revisit intention. Empirical evidence is limited to the significance of SM studies and their contribution to healthcare industries. Therefore, this study adds to the knowledge of literature, as studies on healthcare SM platforms are in scarcity.

Third, even though the healthcare sector has been rapidly growing while capturing international interest; studies associating shortage of physicians, population growth, and the level of the quality of life that affect this industry appear to be limited (Becker, 2015). Consumers of healthcare services, especially in the private sector, have exceptionally higher anticipation and seek high-level SQ (Brady & Cronin, 2001; Parasuraman et al., 1985; Rust & Oliver, 1994).

Theory wise, this study offer direct benefits to the public healthcare system, both locally and globally. The UAE government has encouraged all concerned parties to solve the shortage of physicians issue in realising the goals set by the Ministry of Health in its vision for 2021. One of the objectives is to increase the proportion of physicians and nurses per 1000 people, thus placed as a key indicator of performance (Health Ministry, 2018). Sheikh Mohammed, the ruler of Dubai, stressed that the UAE leaders and government has been providing all means and advanced capabilities in the healthcare sector for the happiness and protection of its citizens and residents. Hence, this study determined the impacts of SQ, SMMA, and patient satisfaction in the healthcare segment with a focus on the patients to enrich our knowledge of SQ and SM in multiple settings.

### **1.6.2 Practical Contribution**

First, the study outcomes shed light on the phenomenon of patient satisfaction in relation to revisit intention in UAE private hospitals. As such, private hospital may have a better grasp of what is required of them in order to satisfy their consumers, which would benefit both parties.

Second, private hospitals in the UAE engaged in the medical treatment of tourists and residents play a vital role in ensuring that the UAE visions are achieved as a home for professionals across the globe. In order to provide high-quality service as expected by patients, these hospitals should put in more effort and exceed patients' expectations. This study provides information to the Ministry of Health regarding the significance of customer satisfaction in health services, which can generate lucrative investment and ascertain wellness for its citizens and residents.

It is important for healthcare providers to remain competitive by identifying the needs, wants, and behaviour of their consumers. Hence, it may be necessary for companies to expand their focus on SQ to include other activities that could increase the perception of consumer experiences (Cronin, Brady, & Hult, 2000; Kumar & Grisaffe, 2004). Consumer loyalty is a crucial asset that sustains the source of competitive advantage in healthcare facilities. Comprehending consumers is imminent for a company to win and retain consumers from competitors. As such, this study was conducted from the patients' perspective of healthcare service offerings in the UAE.

Positive emotions should not be ignored in models that explain continuance decisions. Hence, revisit intention to private hospitals was examined as a response of patient satisfaction, along with patients' perceived SQ and perceived SMMA.

Patient satisfaction and SQ are the other significant factors that are crucial in retaining patients. In an era where the retention of existing patients is critical for

profitability, it is vital for healthcare providers to respond strategically to these changes (Beckett et al., 2000). Marketing is not a separate management function but embodies the complete spectrum of business as seen from the patients' viewpoint. In this regard, understanding patients is important for hospitals to win and retain patients from competitors. Hence, this study was conducted from the patients' perspective of healthcare services in the UAE.

Many individuals have been affected in various ways due to the rise of SM. As people's health is closely linked to their daily activities, it is important to investigate the potential impact that SM may have on the healthcare sector. However, a literature gap is noted regarding this topic, according to Yadav and Rahman (2017). The issue raised here is the lack of information about the link between private hospital SMMA and patients' intention towards healthcare providers.

### 1.7 Scope of the Study

The term "patients" in this study refers to patients who seek medical care at private hospitals located in the UAE and those following the SM platform established by the selected hospitals. The patient is the unit of analysis in this study. A questionnaire was used for data collection. Ten accredited private hospitals out of 88 and registered under the supervision of the UAE Ministry of Health were assessed in this study.

### 1.8 Definitions of Key Terms

The definition of key terms and variables employed in this study are given below.

**Table 1.3** *The definition of key terms and variables used in this study*

<b>Variables</b>	<b>Definitions</b>
<b>Patient</b>	One who is sick or being treated for an illness or injury (Curington, 2000, p.65).

<b>Private hospital</b>	Healthcare services delivered by individuals and institutions are not administered by the state government (Rahman et al., 2018).
<b>Service quality</b>	Perceived judgement from an evaluation process where customers compare their service expectations with what they perceive to have received (Gronroos, 1984). It is a measure of how well the service level delivered matches customer expectations (Parasuraman, Zeithaml, & Berry, 1985, p. 42).
<b>Physical environment</b>	Physical facilities, infrastructure, hospital functions, medical apparatus, medical staff hygiene, and environmental peacefulness that are vital for a patient's health condition (Fatima et al., 2018).
<b>Reliability</b>	The ability to perform the promised service dependably and accurately (Parasuraman, Berry, & Zeithaml, 1991a).
<b>Customer-friendly</b>	The hospital staff's dedication to provide a friendly environment, as well as advanced quality and merciful care (Fatima et al., 2018).
<b>Communication</b>	The degree when a patient is heard, kept informed through understandable terms, and involves in social interaction. In addition, it denotes provision of psychological and non-technical information (Tucker, 2002).
<b>Responsiveness</b>	The willingness to help customers and provide prompt service (Naik, Gantasala, & Prabhakar, 2010; Parasuraman et al., 1991a).
<b>Social media</b>	An online application program, platform or media that eases interactions, joint work or content sharing (Richter & Koch, 2007).
<b>Social media marketing</b>	The utilization of social media technologies, channels, and software to create, communicate, deliver and exchange offerings

	that have value for an organization's stakeholders (Tuten and Solomon, 2015).
<b>Interaction</b>	The communication through social media between consumers and brands/companies as well as among consumers themselves (Tuten, 2008).
<b>Informativeness</b>	Provides the latest news and information via social media platform, which makes it a practical tool for searching (Naaman, Becker, & Gravano, 2011).
<b>Customization</b>	The degree to which the service responds to the requirements of customers (Schmenner, 1986).
<b>Perceived risks</b>	Allows consumers through social media to contact companies and verify information to lower uncertainties (Sano & Kaede Sano, 2014).
<b>Consumer Satisfaction</b>	The overall enjoyment and happiness perceived by a customer due to a service experienced where customer's expectations are met (Hellier, Geursen, Carr, & Rickard, 2003).
<b>Revisit intention</b>	The intention of a patient to return to the same hospital for future treatment (Kessler & Mylod, 2011).
<b>Customer loyalty</b>	Consumer's intense commitment to revisit an establishment continuously and repeatedly or to purchase a specific product or service regardless of marketing influences that could cause switching behaviour (Oliver, 1999).

## 1.9 Organization of the Remaining Chapters

This thesis is composed of five chapters. The first chapter provides an overview of the study covering problem statement, research questions and objectives, study

significance, and definition of terms. Chapter 2 elaborates on the SQ in healthcare domain, SMMA, customer satisfaction, and hospital revisit intention. The theoretical framework and hypotheses of this study are presented in chapter three, along with the research methodology. Data analyses and results are discussed in chapter four. Lastly, chapter five presents the conclusion of this study, the limitations, and several recommendations for future research endeavour.