



**AN EXPLORATION OF RELATIONSHIPS AMONG SERVICE
QUALITY, CUSTOMER SATISFACTION AND CUSTOMER
LOYALTY IN HELATHCARE SECTOR IN YANGON,
MYANMAR**

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Independent Study Title - An Exploration of Relationships among Service Quality, Customer Satisfaction and Customer Loyalty in Healthcare Sector in Yangon, Myanmar

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ABSTRACT

Research Title : An Exploration of Relationships among Service Quality, Customer Satisfaction and Customer Loyalty Healthcare Sector in Yangon, Myanmar

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This study aims to describe about Myanmar, which healthcare sector is still untapped as improvement is sluggish compare to other Asian countries such as Singapore, Thailand, Malaysia and Japan as due to poor and unorganized system and facilities. In healthcare areas patients are the primary source of income generation for hospitals or clinics and this income generates from the service quality, patients satisfaction and patients loyalty towards their service providers. This research paper elucidates the service quality, patient's satisfaction and loyalty of two hospitals such as Yangon General Hospital which is a public hospital and Pin Lon Hospital which is private hospital in Yangon, Myanmar. The main aim of this research paper is find out reason for Myanmar healthcare sector for being untapped even there is Asian economic country collaboration is wide open. This paper provides information about the relationship between three defined variables followed by detail analysis of literature review. The literature review well supports the identified variables and its correlation. Reliability test of alpha cronbach's was used to determine whether the sample question is ideal for this paper or not with the help of 30 random samples from both hospitals. The total number of patient's interviewed by researcher were 200 including both hospitals over the period of two months in normal operating hours. The outcomes regarding this paper achieved through SPSS by using different statistical test to prove the reliability, correlation, extraction and communalities. Pearson and Spearman rho were used to determine correlation between variables while cronboch's used to check the reliability of

questionnaire and finally extraction and communalities used to investigate about sample issues and accuracy in survey questions. The final part of this paper explains about the future research for healthcare and medical association's members, doctors, authorities, staffs and students to examine the different variables in this field in different demographic region in order to improve the standard of living of the people of Myanmar.

Keywords: service quality, customer satisfaction, customer loyalty.



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Most importantly, it wouldn't have been possible without the love and support of my family. This research study is completely dedicated to them.

Thanking you!

Saw Reagan Chit

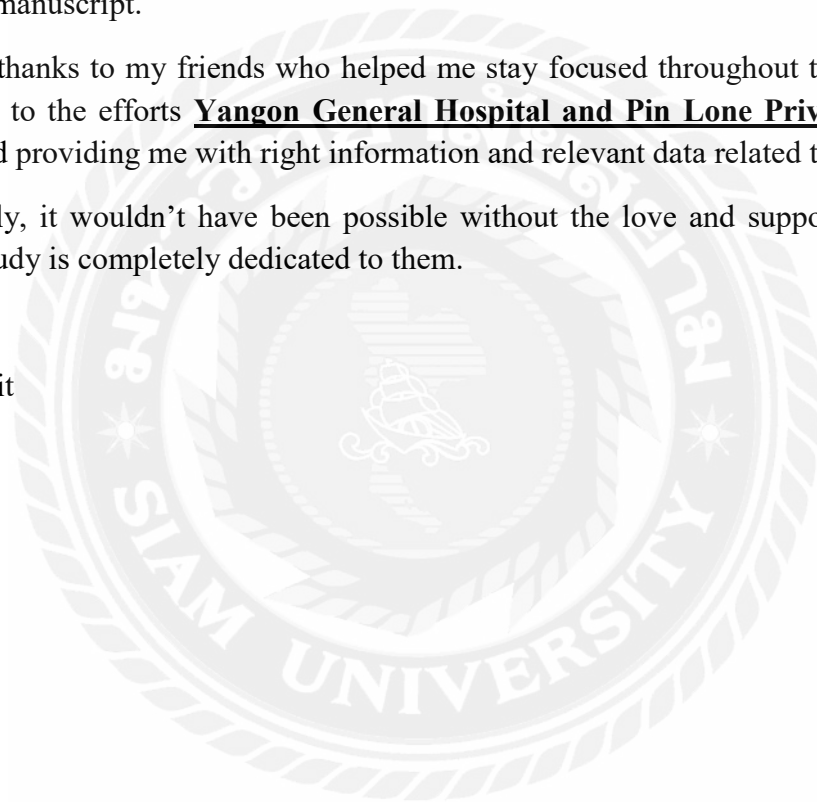


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CHAPTER 1

1. INTRODUCTION

1.1 IMPORTANCE OF SUBJECT

Myanmar health care system inferences due to unexpected political and administrative factors apart from that other factors that cause major setback due to change in the Ministry of Health reforms but through a certain extent it remains the major service render in order to develop health care in Myanmar.

Ministry of health has got the mix support of of public and private sectors. In order to provide and accomplish social objective the responsibility is with the different departments such as the National Health Policy and the Ministry of Health is taking the full responsibility to provide, promote, prevent, cure and rehabilitate the health care services to raise health and safety condition of Myanmar.

As we know that there are seven top notch departments under Ministry of Health and Department of health are responsible for health care betterment and some other ministries they are taking responsibilities to provide health care facilities for their employees and their families.

The other department includes such as follows

- Ministries of Defense,
- Ministries of Railways,
- Ministries of Mines,
- Ministries of Industry,
- Ministries of Energy,

- Ministries of Home and Transport.
- Ministry of Labor

Myanmar Pharmaceutical Factory is running by Ministry of Industry to produce medicines and therapeutic agents to meet the requirements of local people. The private sector main duties it to deal in ambulatory care with the help of institutional care in Yangon, Mandalay and some other large cities.

Funding and provision of care is classified according the law relating with Private Health Care Services.

According to the Myanmar Medical Association, it provides the opportunities for medical general Practitioners' job is to update and exchange of information, sharing of knowledge and experiences with the help of seminars, talks and symposia to counter currently emerging issues and provide measures.

It also provides a connection between Medical Association and its branches in public sector to enable those private practitioners that they can take part can public health care activities.

Community Based Organizations (CBOs) and Faith based Organizations are responsible for private sector also furnishing ambulatory care and contributing care and social health protection in large cities and some townships.

Table 1 Public health facilities in Myanmar, 2014

Facility	Number
Curative and rehabilitative services	1,056
General hospitals (up to 2,000 beds)	4
Specialist/teaching hospitals (100–1,200 beds)	50
Regional/state/district hospitals (200–500 beds)	55
Township hospitals (25–100 beds)	330
Station hospital (16–25 beds)	617
Preventive and public health services	2,199
Primary and secondary health centers	87
Maternal and child health centers	348
Rural health centers	1,684
School health teams	80
Traditional medicine	259
Traditional medicine hospitals	16
Traditional medicine clinics	243

Table 2 Healthcare professionals in Myanmar

Professionals	2009–10 N	2011–12 N	2013–14 N
Medical doctor	24,536	28,077	31,542
Public*	9,728	11,675	13,099
Private	14,808	16,402	18,443
Nurse	24,242	26,928	29,532
Midwife	19,051	20,044	21,435
Pharmacist**	1,998	2,405	2,553
Medical technologist**	2,085	2,458	2,604
Dentist	2,308	2,770	3,219
Public*	703	774	782
Private	1,605	1,996	2,437
Dental nurse	262	316	357
Traditional medical practitioner	6,627	6,752	6,963
Public*	890	885	1,048
Private	5,737	5,867	5,915
Lady health visitor	3,278	3,371	3,467
Health assistant	1,845	1,893	2,062
Health supervisor	2,174	2,330	5,650

Data from Health in Myanmar 2014¹³⁾

* Includes those who had a part time job in private facilities.

** Data from an unpublished source

According to the Census 2014, the entire population of the country was 51,410,000 with the birth rate proportion in the previous year was estimated to be 18.9 per 1,000 and population growth rate of 0.89% from 2003 to 2014.

1.2 PURPOSE OF STUDY

The level of service quality varies from business to business and industries to industries, range and quality of service quality can be different from hospitality sector to universities and to healthcare sector. If we analyze hotel industry the quality of service quality can be measured on the basis of number of customer retentions and customer arrivals regarding universities and colleges the quality of service quality can be measured on the basis of number of enrollments achieved in particular semester (Zammuto et al., 1996). In healthcare sector, in order to achieve competitive advantages for hospitals require the analyses of all factors according to (Parasuraman et al., 1998). This research study also going to assess the factors explained and stressed by Iacobucci and its level of satisfaction achieved by patients in both hospitals. This paper also elucidates the point stressed by Ostrom and Grayson (1995) as they indicated that “Presumably, if quality programs were initiated based on marketing research- that is, the changes were market driven and customer oriented- the quality improvements should lead to customer satisfaction” (p. 296). This study will also explain that which particular factors of service quality contributed in terms of patients choosing their hospitals for their treatment from the results achieved from the data survey by understanding the independent variables and also provides the information to patient’s parameters require considering the hospitals. In this customer satisfaction and customer loyalty also be assessed and analyzed in

terms of patient's responses and lastly this study provides suggestion and recommendation for future research.

1.3 PROBLEM STATEMENT

In Myanmar, there is a serious crisis of leadership and health always been considered as low priority which can be a decisive factor because of poor infrastructure, poor budget allocation policy, and low income level of residents (Phyu Phyu Thin zaw 2015). However there are various policies to help the health conditions of people of Myanmar such as National health Policy (1993) and National development Plans (2000-2016) to achieve the goals regarding to maintain good standard of living. Apart from this there are serious problems of funding for health and functioning of health services which are highly below standard for example: lack of public support especially financially along with non-availability healthcare supplies, equipment's, inexperienced staff's and not enough staffs as well, poor clinics and hospitals conditions, expensive charges and payments.

1.4 RESEARCH QUESTIONS

- RQ1: Determine and analyze the factors of service quality to the maximum contribution towards patient's satisfactions?
- RQ2: Determine and analyze the connection between service qualities dimensions and patient's satisfaction in two hospitals (one private and one public)?
- RQ3: Determine and analyze the relationship between service qualities dimensions and patient's loyalty in two hospitals (one private and one public)?

RQ4: Determine and analyze the relationship between patient's loyalty and patient's satisfaction in two hospitals (one private and one public)?

1.5 RESEARCH OBJECTIVES

Generally, the purpose of this study is to determine, analyze and examine the relationship between service quality and patient's satisfaction. There are several factors in service quality that will also be discussed and analyzed are Tangibility, Assurance, Reliability, Responsiveness and Empathy.

1. To scrutinize the correspondence between the service quality dimensions (tangibility, responsiveness, reliability, assurance, empathy and overall service quality) factors and patient's satisfaction.
2. To analyze critical factors associated with service quality (tangibility, responsiveness, reliability, assurance and empathy) that furnishes extreme to satisfaction.
3. To investigate and examine the relationship between patient's loyalty and patient's satisfaction towards one private hospital and one public hospital.
4. To discuss and examine the relationship between service quality factors and patient's loyalty of patients towards two hospitals in Yangon, Myanmar.

1.6 CONCEPTUAL FRAMEWORK

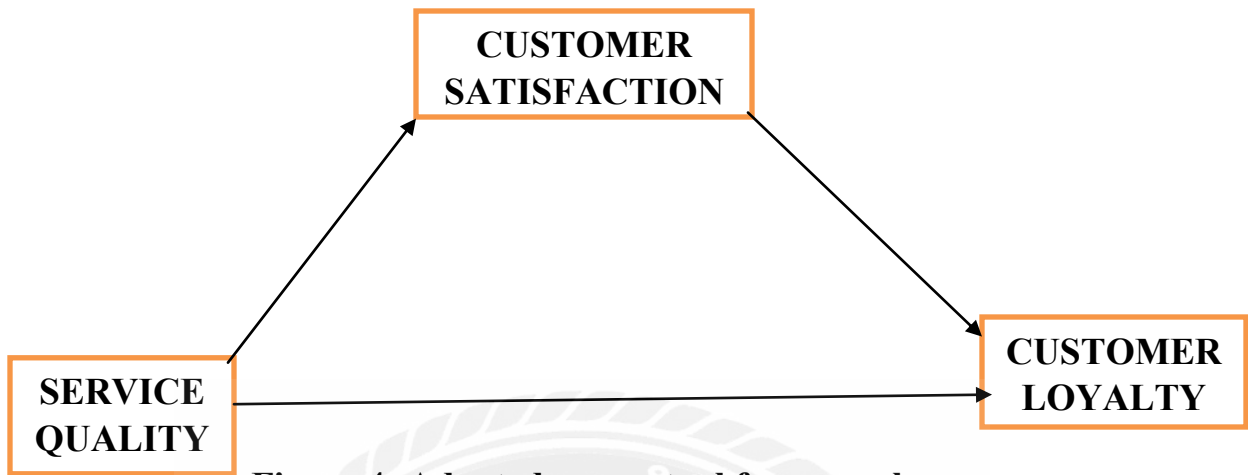


Figure 4: Adopted conceptual framework

1.7 HYPOTHESIS OF STUDY

First pair

H0: It explains no correlation between service quality factor and customer satisfaction factor.

H1: It explains a positive correlation between service quality factor and customer satisfaction factor.

Second pair

H0: It explains no correlation between service quality factor and customer loyalty factor.

H1: It explains a positive correlation between service quality factor and customer loyalty factor.

Third pair

H0: It explains no correlation between customer satisfaction factor and customer loyalty factor.

H1: It explains a positive correlation between customer satisfaction factor and customer loyalty factor.



CHAPTER 2

LITERATURE REVIEW

2.1 COUNTRY INFORMATION

Myanmar is a country with an area of 680,000 km square which is 1.8 times of Japan accompanied with neighboring countries such as Thailand, Laos, China, India, and Bangladesh. The total number of population in Myanmar was estimated to be 51.41 million in September 2014. It includes 14 different states and 135 different ethnic groups and all the groups are having their own culture and languages. Moreover, in this country the facilities regarding health care is below par and many restraints for example: poor nutrition, availability of health services, poor maternal and child health, lack of control and supervision of infectious disease and tobacco controls, low standard of living.

2.1.1 POPULATION AND BIRTH RATE

As it discussed earlier, Myanmar population was 51,419,000 which includes 24,821,000 males and 26,598,000 females till march 29, 2014. The most populated region was recorded as Yangon with the estimation of 7,355,000 as 14.3% of the total population followed by Nay, Pyi Taw as 1,158,000 (2.3%).

28.6% population were below 15 years, followed by 65.6% were ranged between 15 to 64 years, 65 and above years of population were 5.8%.

According to The World Fact book, it has estimated that population for forthcoming year July considered to be 56,320,000 which will account as 26.1% for below 14 years followed by 68.6% for those who are aged in between 15–64 years and lastly 5.4% for those who aged 65 years and more.

Government estimated in the Census 2014 that the crude birth rate in the previous one year was 18.9 per 1,000 population and the annual population growth rate was estimated to be 0.89% between 2003 and 2014.

In 2014 the Myanmar fertility rate was 2.29, which came down from 6.1 in 1965. Fertility rates in the urban areas were low such as

- 1.7 recorded in Yangon Region
- 1.9 recorded in Mandalay Region
- 2.1 recorded in Magway Region,
- 2.1 recorded in Nay Pyi Taw Union Territory
- 2.2 recorded in Bago Region
- 2.6 recorded in Ayeyarwady Region
- 2.3 recorded in Sagaing Region)
- In Mon State fertility rate recorded relatively high as 2.4%
- In Shan State fertility rate recorded as 2.7%
- In Kachin State, it was recorded as 2.8%
- In Tanintharyi Region, it was recorded relatively high as 3.0%
- In Kayah State, it was 3.3%
- In Kayin State, it was 3.45
- In Chin State it was recorded as the highest with 4.0%

Table 3 Top 10 grouped causes of mortality in percent by sex from hospital reports, in 2012, Myanmar

Group basic code	Causes	Males n=18,303	Females n=12,239	Total n=30,542
001–057	Certain infection and parasitic diseases	23.0	21.9	22.5
143–164	Diseases of the circulatory diseases	16.2	18.4	17.1
245–253	Certain conditions originating in the perinatal period	11.9	12.8	12.3
271–289	Injury, poisoning and certain other consequences of external causes	13.8	8.7	11.8
165–179	Diseases of respiratory system	8.0	9.4	8.6
180–197	Diseases of digestive system	9.7	4.7	7.7
267–270	Symptoms, signs, and abnormal clinical and laboratory findings	4.1	5.2	4.5
058–096	Neoplasms	4.0	4.7	4.3
211–233	Diseases of genitourinary system	2.2	3.1	2.6
120–129	Diseases of the nervous system	2.3	2.5	2.4

2.1.2 HEALTH COST PAYMENT AND INSURANCE

In Myanmar, only government employees can avail the health insurance facility along with the employees from international organizations can avail the private health insurance facilities.

In 2014-2015, the general expenditure on healthcare in Myanmar 3.4% by the Myanmar government which had been increased over the years but the cost was still expensive.

The Myanmar government had announced and introduced one year insurance policy accompanied with state owned Myanmar Insurance and 11 private companies for general public by offering 5 different kinds of insurance products. In order to use the policies one customer has to pay 50 USD approx. Age limit for this insurance policy was from 6-65 years and even the foreigner can purchases the insurance and during the stay they can buy hospitalization for single day in 15 USD approx. price. In a year the insurance policy holder can receive up to 30 days of hospitalization or attendance in case of death during the stay beneficiary will receive 1,000 USD as compensation.

Excluding this facility there is a process called “the social security scheme” operates by the government of Myanmar under the Ministry of Labor, Employment and social security.

2.1.3 INTERNATIONAL DONORS’ SUPPORT OF HEALTHCARE

The list of international donors regarding the support towards the field of healthcare is as follows

- WHO,
- United Nations Children’s Fund (UNICEF),
- United Nations Development Programme (UNDP),
- United Nations Population Fund (UNFPA),
- Japan International Cooperation Agency (JICA),
- Asia Development Bank (ADB),
- World Bank,
- Three Millennium Development Goal (3 MDG) Fund.
- United Nations Office on Drugs and Crime (UNODC),
- United States Agency for International Development (USAID),
- Australian AID,
- United Kingdom Department of International Development (DFID),
- Korea International Cooperation Agency (KOICA),
- Thailand International Cooperation Agency (TICA)

These all institutions play an important role in Myanmar in healthcare field.

Apart from them, there are other departments regarding the support of Myanmar people in healthcare sector such as are as follows

- Myanmar Women’s Affairs Federation (MWAFF)

- Myanmar Red Cross Society,
- Japan Heart,
- Japanese Organization for International Cooperation in Family Planning (JOICFP),
- Japan International Medical Cooperation Organization (JIMCO),
- Peoples' Hope Japan,
- Save the Children Japan.

2.2 BACKGROUND RESEARCH

2.2.1 SERVICE QUALITY

In early 1980, customers were not only concern about the quality of products but also with quality of service that they achieved when they buy goods and services and it means that in order to sustained in the market and achieve competitive advantages, service providers need to tackle demands and be informed about it at all times (Gupta et al., 2005, p.390).

In 1985, (Parasuranama et al, p.42) suggested it's very important to have a cognizant information about service quality and try to understand and acquire deeper knowledge of service quality. According to Parasuranama et al., 1985 there are three main characteristics to measure service quality expressly intangibility, heterogeneity and inseparability. The term intangibility refers incapacity to measure the service level when services rendered or happened before the sales juxtapose to selling the actual products. Heterogeneity explains that service of quality can be changed from one time to another because the service providers cannot have the same motivation at all times to fulfill the needs of customers, such changes in the delivering services can affect the lifecycle of product. The last characteristic inseparability explains that services can be provided at the time

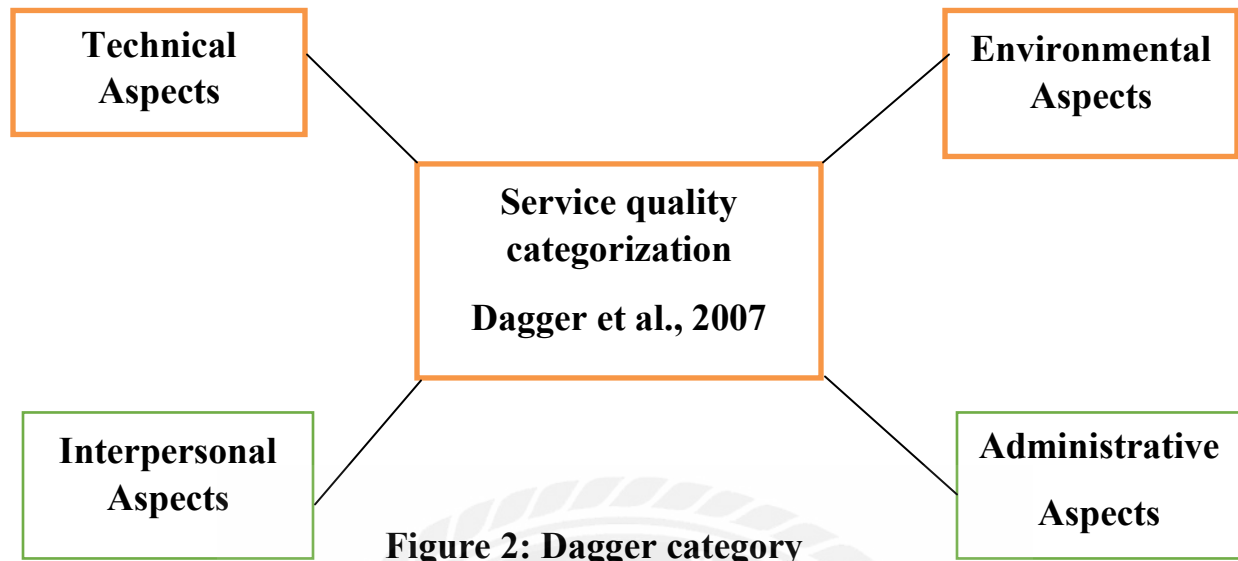
interaction and meeting of customers and service providers and this characteristic can relate with the (Harvey, 1998 Yoo& Park, 2007, p. 911) concept of Production, delivery and consumption theory. Contrary, service quality is a very compound and composite structure because it cannot be identified from the interaction basis, has got many different deviating issues, Furthermore, Grönroos (1984, pp. 38- 39) explained that the service quality can be categorized into two main parts, called technical and functional.

Technical category considers subject relating with what is given or provided to customers or clients and functional refers the way or feature of delivering services. According to McDougall and Levesque (1994, quoted in Dagger et al., 2007, p.125), explained that service quality described into three main features such as service outcome, service process, environment factors and enabling.

Oliver (1994, quoted in Dagger et al., 2007), explained that service quality can be categorized into three major parts such as service outcome, service process and environment.

Brendy and Cronin (2001), explained that service outcome, interpersonal and environment are the main features responsible for service quality.

To conclude and summarize all the dimensions provided above by different authors quoted in Dagger et al., 2007, explained that service outcomes can be classified into technical category suggests what is given to customers, interpersonal category refers to functional dimensions of Grönroos (1984, pp. 38- 39), environmental category reflects as usual discussed by Dagger et al., followed by enabling categorized as administrative aspects.



2.2.2 SERVQUAL MODEL

To discuss about service quality, SERVQUAL model is very important to be emphasized on as it was explained and indicated by Parsuraman (1985) categorized five different sub-aspects of service quality for instances reliability, tangibles, responsiveness, assurance and empathy. According to Miranda et al., 2010, p. 2139 stated that parasuraman SERVQUAL model is suitable for all service quality organization as whole.

- Tangibility: it refers to the materials that customers can observe in hospitals generally for example equipment's, staff, uniforms, attitudes and behavior of staff's and doctors in hospitals.
- Reliability: it refers to services provided by the hospitals as what they promised to clients.
- Responsiveness: it refers to how fast the staff's in hospitals respond to their patients and perform their activities at immediate as possible.

- Assurance: it refers to the skills, politeness and potential of staff's in hospitals which give a sense of guarantee and commitment towards the betterment of their problems
- Empathy: it refers to the tendency of staff's in hospitals of understanding the feelings of patients and fulfills the requirements by providing proper consideration and awareness.

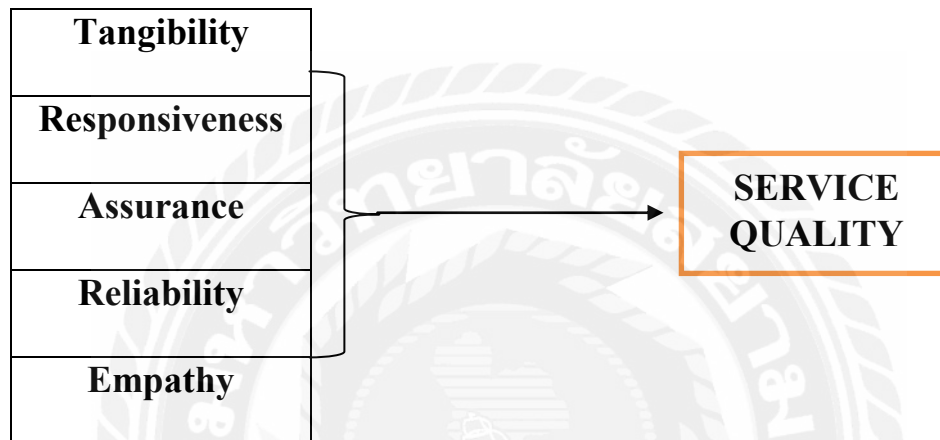


Figure 3: SERVQUAL MODEL (Parasuraman et al., 1998)

Correspondence and explanation of SERVQUAL model and Dagger et al., 2007

As we know that SERVQUAL model explains about the important aspects which are inter-related and inter-connected between customer and service providers and it has supported by (Miranda et al., 2007, p.2139) and on the other hand, Dagger et al., 2007 explains about the different dimensions of service quality as discussed earlier because if we examine only SERVQUAL model aspects we are restricting our research. Hence, as below discussed the SERVQUAL model and Dagger et al., 2007 are as follows.

Firstly, tangible and responsiveness aspects of SERVQUAL model are reciprocally connected with technical and administrative features of service quality subsequently. Tangible and technical deal in physical components.

Secondly, responsiveness and administrative deal in the performance of staff's to provide help and remedy their problems at earliest as possible

Thirdly, interpersonal features are reciprocally connected to all the salient features of SERVQUAL model aspects as it covers all the parameters of functioning in hospitals.

After analyzing both aspects, it's still not concluded that the best service quality criteria to measure the healthcare sector as it didn't explain enough about the environmental factor of Dagger et al.,

To detect more information, it requires more detail explanation on customer satisfaction and customer loyalty with some achieved relationships.

2.2.3 Customer satisfaction

Customer satisfaction can be described as the difference between what customers foresee and what they collect. Zineldin, 2000 explanation of customer satisfaction is an emotional reaction to the difference between what customers anticipate and what they receive.

According to Oliver, 1999 it's concerning the achievement and accomplishment of some need, goal or desire.

Gerpott et al. (2001) who suggested that customers satisfaction is mostly related and explained from the service providers point of views whether they attained their expectation or not. When customer buys a product or a service and after using that product or service, form a perception about the product, perception leads reaction and reaction leads behavior, behavior shepherds outlook and finally

outlook shows your attitude (Fornell, 1992). So if customer is highly satisfied with the products or services the chances of customer likely to attach with the respective products are higher and vice versa explained by Stauss et al. (2001)

Moreover, Kotler (2000) indicated a person's feelings of pleasure or disappointment resulting from comparing a product are perceived performance in relation to their expectation" so it explains if the performance of the product or service match up the desire expectation or needs of the customer then customer will be highly satisfied. On the contrary, if the performance of the product or a service doesn't match up customer expectation, needs then the customer satisfaction will be highly dissatisfied.

In today's time, many firms, like to retain customers by offering high quality services so that they fulfill the customer satisfaction at most because customer switching is very fast these days and cheaper as well if options available as because the customer satisfaction depends on the content of service and customers can assess the content for future decision and experience (Crosby et al., 1990).

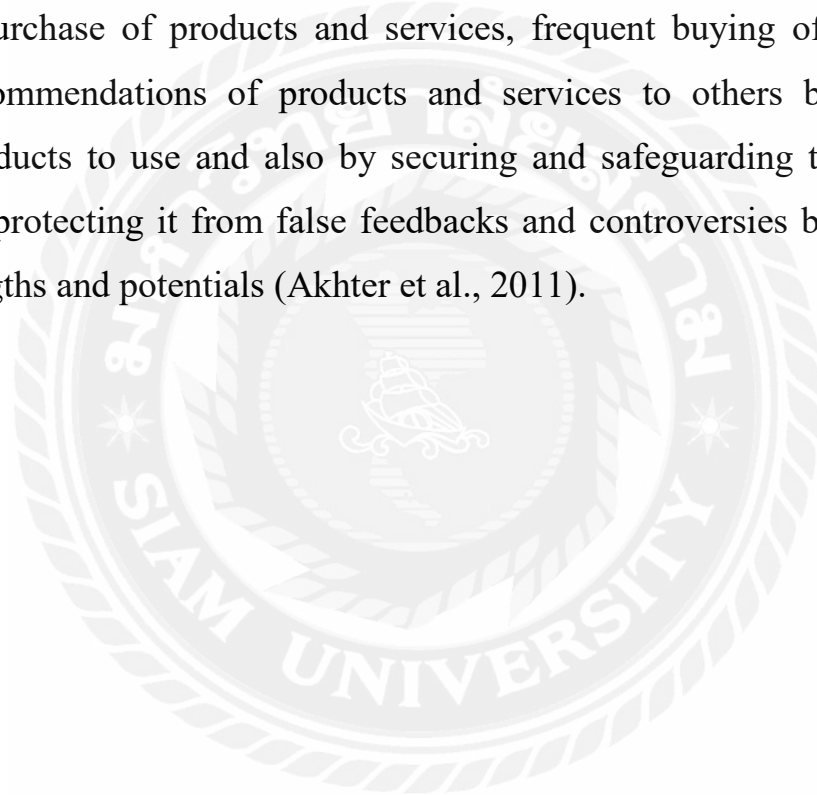
2.2.4 Customer loyalty

Customer loyalty refers to the level of commitment which customers show towards the products or services during the course of time and stick to the same brands that customers have been using and at the same time service providers also look for consistent favorable changes to cater the needs and demands of customers barring and considering the internal and external factors in mind and keep trying to reduce customer switching to another products or services (Oliver 1999).

According to Edvardsson et al. (2000), it was a motive or an intention of customer or tendency to buy products from same source apart from that it's also an important point for organization to sustain in the competitive market (Keating,

Rugimbana, and Quazi, 2003) and if customer loyalty is higher than the customer retention rate is higher as well and likely to be the same in the future explained by Luis and Casalo (2008) as because if the service is lower from one product to another from same category from the criteria of customer value achieved by customers then customers will avail the different options available very rapidly indicated by Hallowell, 1996.

The term customer loyalty can be defined from the attributes for instances, continuous purchase of products and services, frequent buying of products and services, recommendations of products and services to others by naming the company products to use and also by securing and safeguarding the interests of company by protecting it from false feedbacks and controversies by exercising it with its strengths and potentials (Akhter et al., 2011).



CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH METHOD

In this chapter, the researcher divided it into four main parts after the detail literature review examined and explained. First step explains about the quantitative procedure in order to calculate and analyze the data. Second step explains the collection and gathering of primary data from the patients through questionnaire from two different hospitals over the 2 months period of time in Yangon. Thirdly,

Fourth, to do the pretesting of research instrument regarding validity and reliability was carried out from 40 respondents with the help of cronbach's alpha testing method. Lastly, to produce the result by carrying out through SPSS testing method to find the correlation, reliability and validity proportions.

The questionnaires in this research paper decided on the basis of the conceptual framework and also from the research work done by other researchers in this. The questionnaire for survey carries 30 questions and was distributed to 200 respondents and collection of data regarding this survey was chosen at two places such as Pin Lon Hospital and Yangon General Hospital, Myanmar.

3.2 LOCATION FOR COLLECTION OF DATA

3.2.1 YANGON GENERAL HOSPITAL- 100 COPIES

Address: Bog yoke aung, San Street, Yangon, Myanmar, 1119.

Public hospital.

3.2.2 PIN LON HOSPITAL- 100 COPIES

Address: 9(1) Saya San Road, Quarter, Yangon, Myanmar.

Private hospital.

3.3 RESEARCH FRAMEWORK

This research paper conceptual framework is divided into three parts. First part explains about the service quality factor act as an independent variable factor and customer satisfaction factor act as a dependent variable factor. Second part explains about the service quality factor as an independent variable factor and customer loyalty factor as a dependent variable factor and lastly, the third part explains about customer satisfaction factor as an independent variable factor while customer loyalty factor as a dependent variable factor. The result of these parts will be explained in the later part of this research paper.

3.4 SAMPLE SIZE

According to Jackson in 2008 explained there is an equal chance of being selected through random sampling technique in order to select the sample size. It was estimated that both hospitals in Yangon had about 600-700 persons al together of monthly patients. Therefore, this amount of patients was considered as population of the research.

In order todetermine the sample size for both hospitals, there are several methods but in this paper the selection of sample size done on the basis of guidance provide by Naumann & Giel (1995) that show an approximate and probable sample size which is discussed as below. In this guidance it has been assumed that errors will be +5% and confidence level

will +95% and lastly the total sample size for this study was 200. According to this sample size of this paper it has been assumed that total population of both hospitals in will be 400 in a month so according to the guidance structure of Naumann and Giel (1995) the sample requirements would be 200.

3.5 RESEARCH INSTRUMENT

There are three sections in this questionnaire in which first section will discuss about the demographic factor of respondents; second section will ask about the service quality, third section will examine the customer satisfaction of both hospitals and the last section will explain about the customer loyalty of both hospitals.

In this paper the research Instrument is in the form Likert scale from 1 for not satisfied at all to 5 for very satisfied. To examine all the variable factors there are 5 items with Likert scale ranges from 1 to 5 in which 1 show strongly disagree and 5 shows strongly agree.

3.6 DATA ANALYSIS PROCEDURES

The data analysis and examine in this chapter will be assessed with the help of SPSS (Statistical Package for Social Science) software and this study will analyze first the reliability test of questionnaire by using the Cronboch's alpha instrument of first 30 respondents by pre-testing to check the reliability and also for understanding whether the patients or respondents have understood the list of questions and answered them free from prejudice or biasness followed by all 400 respondents by doing main testing regarding all the questions. In questionnaire, the surveys questions are basically in the form of Likert scale whereas 1 point is for strongly disagree and 5 points for

strongly agree. The questionnaire will be provided to all patients who will be there for their medical treatments in both hospitals.

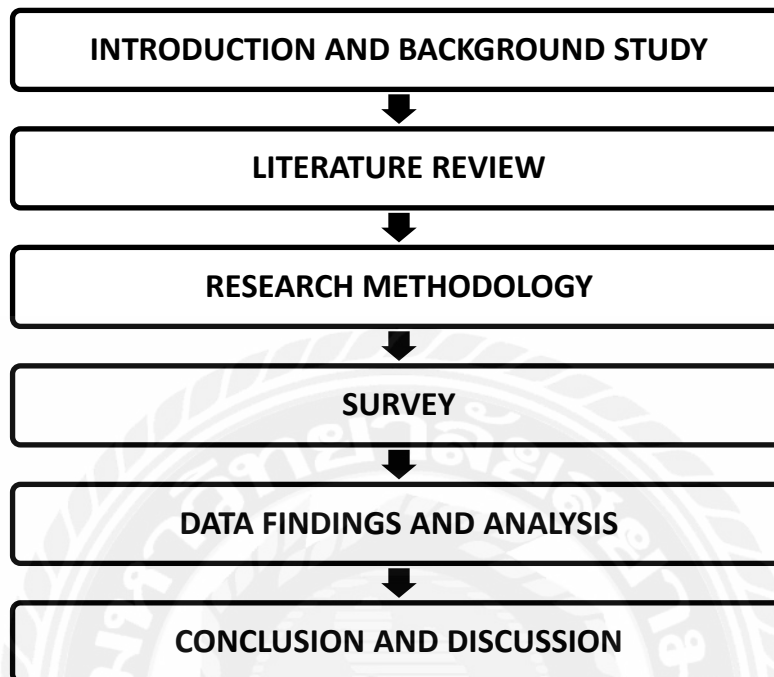
As we know that the Cronbach's reliability test to check the reliability status in the scale question as 30 samples chosen for pretesting in which it has been found out the reliability which is discussed below and If the score is higher than 0.70 which means that there is a positive and strong reliability in the scale questions.

Table 3

RELIABILITY TEST FACTOR	CRONBACH'S ALPHA 30 COPIES
Service quality	0.810
Customer satisfaction	0.813
Customer loyalty	0.798

After the reliability test, the next step is to find the correlation between independent variable and dependent variables by using Pearson testing. In this research paper there are three sets of independent variable and dependent variables such as service quality factor as an independent variable factor and customer satisfaction factor as a dependent variable factor. Second set explains about the service quality factor as an independent variable factor and customer loyalty factor as a dependent variable factor and lastly, the third set explains about customer satisfaction factor as an independent variable factor while customer loyalty factor as a dependent variable factor.

3.7.1 RESEARCH STRUCTURE



CHAPTER 4

DATA FINDINGS AND ANALYSIS

The total number of respondents from both hospitals was 200 in number and out of which 113 were male accounted for 56.5% and remaining were female for 43.5%. The response rate was 100 percent in total as nobody was left in order to answer the survey questions. In age group, the highest proportion was people ranging the age from 31 years to 50 years as 44.5% followed by 26-30 and they were 33%. It shows the mid-thirties and forties were the frequent goers in both hospitals.

Mostly, people from Asian region were there in the hospitals with 70% from the total sampling population followed by others countries apart from UK, European and Germany which were 2.5%, 6.0% and 1.5% respectively. The most significant reason for visiting hospitals was meeting with family or friends who show 41.5% and after that people those who visited both hospitals had gone there for their medical treatment or regular checkups (33.0%).

The respondents who participated in this survey, the majority were regular employee (42%), followed by business owner (27%) and they have selected these hospitals for their treatments or other purposes with the help of internet. 34.5% of respondents went there because of the reference which was given to them and it shows approx. 34.5%.

Number of times visit by respondents explains that highest time visit by patients were twice accounted for 53.5%, after that 23.0% people who went there at once.

4.1 Relationship between service qualities and customer satisfaction.

Table 4

Correlations

		Service Quality	Customer Satisfaction
Service Quality	Pearson Correlation	1	.656**
	Sig. (2-tailed)		.000
	N	200	200
Customer Satisfaction	Pearson Correlation	.656**	1
	Sig. (2-tailed)	.000	
	N	200	200

** . Correlation is significant at the 0.01 level (2-tailed).

In this correlation, service quality is an independent factor while customer satisfaction is a dependent factor. Here we achieved that overall correlation relationship between service qualities including all the factors accompanied with customer satisfaction was .656** which is stronger than moderate. This shows there is significant relationship between two variables. Thus we reject null hypothesis and accept alternative hypothesis.

H1: There is a positive relationship between service quality and consumer satisfaction.

4.2 Relationship between service quality and customer loyalty.

In this correlation, service quality is an independent factor while customer loyalty is a dependent factor. Here we achieved that overall correlation relationship between service qualities including all the factors accompanied with customer

loyalty was .807** which is very strong positive relationship. This shows there is significant relationship between two variables. Thus we reject null hypothesis and accept alternative hypothesis.

Table 5
Correlations

		Service quality	Customer loyalty
Service quality	Pearson Correlation	1	.807**
	Sig. (2-tailed)		.000
	N	200	200
Customer loyalty	Pearson Correlation	.807**	1
	Sig. (2-tailed)	.000	
	N	200	200

**. Correlation is significant at the 0.01 level (2-tailed).

H1: There is a positive relationship between service quality and customer loyalty.

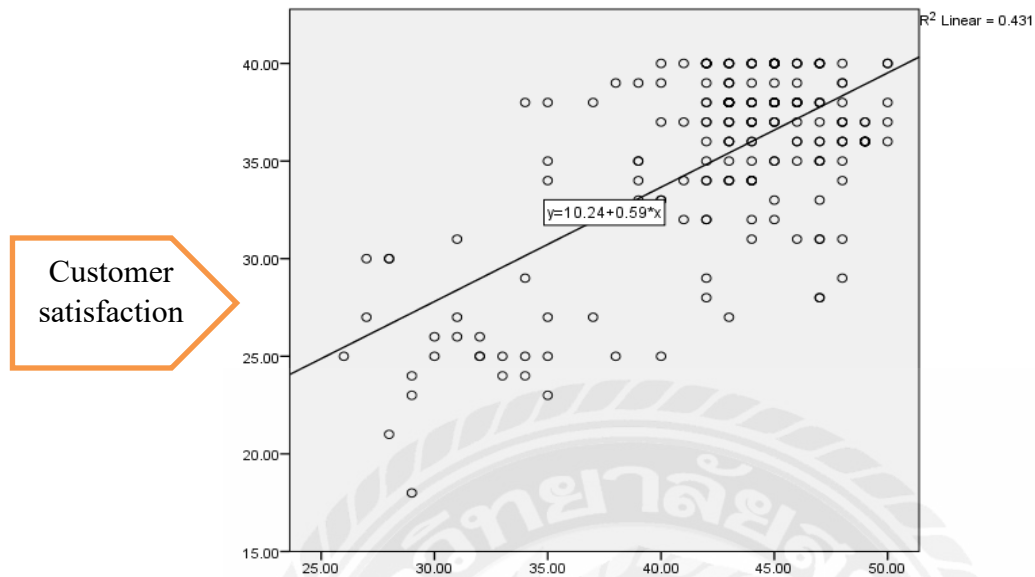
Table 6**Correlations**

			Service quality	Customer loyalty
Spearman's rho	Service quality	Correlation	1.000	.743**
		Coefficient		
		Sig. (2-tailed)		
		N		
	Customer loyalty	Correlation	.743**	1.000
		Coefficient		
		Sig. (2-tailed)		
		N		

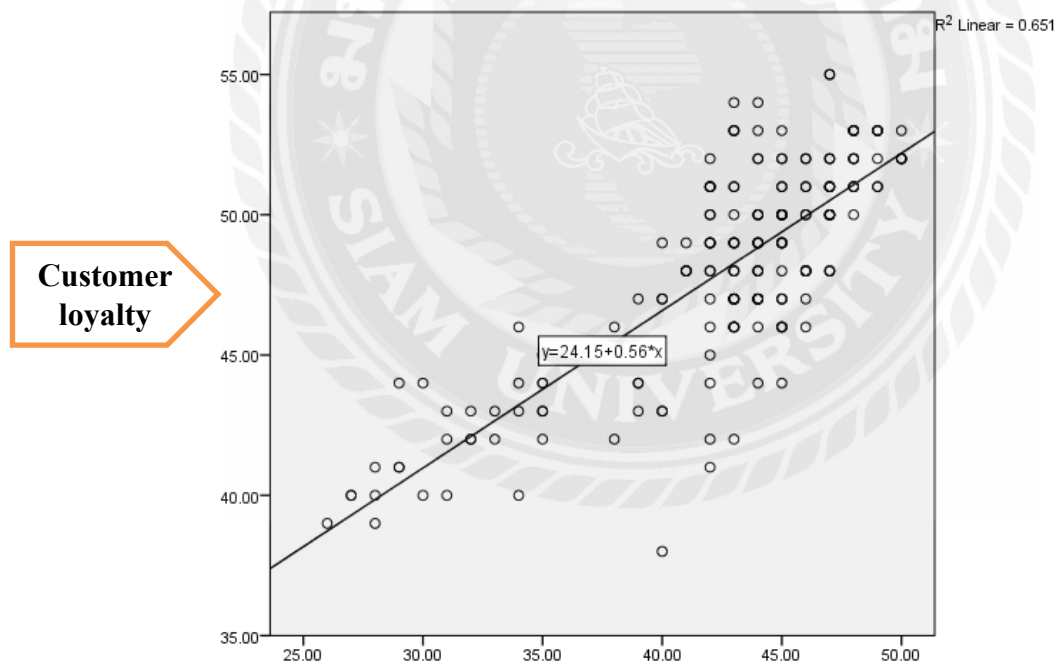
** . Correlation is significant at the 0.01 level (2-tailed).

According to spearman's rho analysis the relationship between service quality and customer loyalty is significant enough to prove that both two variables are strongly correlate than moderate as it shows that correlation between service quality and customer loyalty is .743**

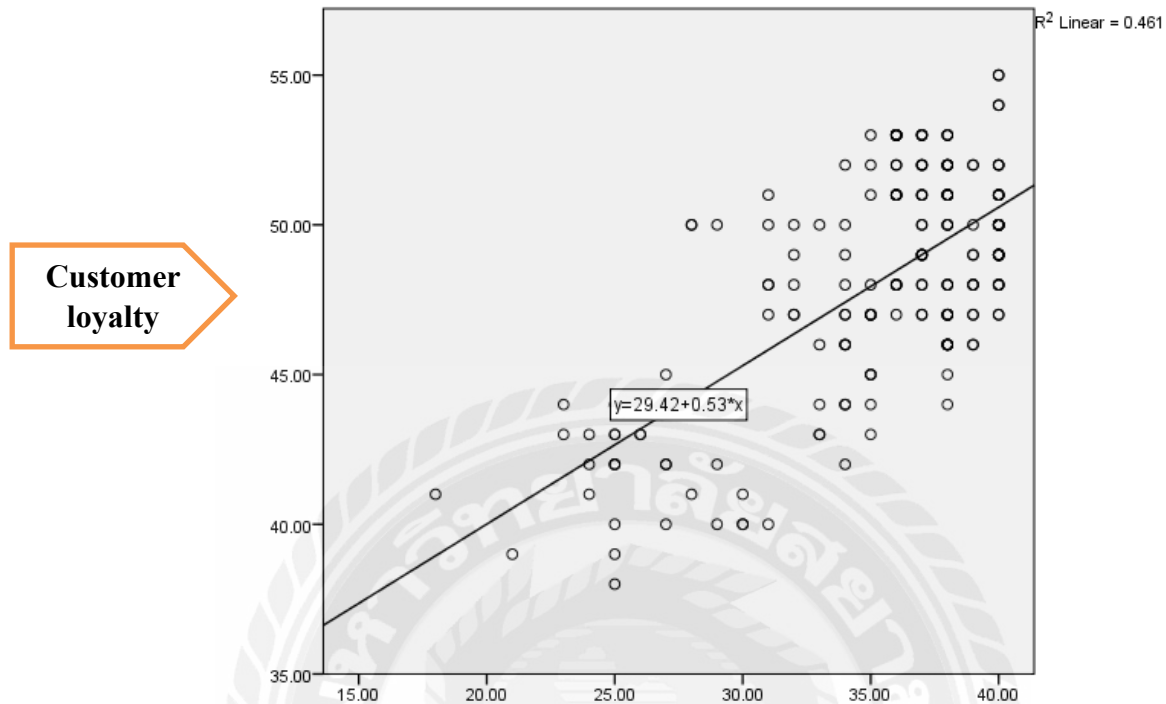
Scatter plotting



Service quality



Service quality



Customer Satisfaction

4.3 Relationship between customer satisfaction and customer loyalty.

Table 7

Correlations

		Customer Satisfaction	Customer Loyalty
Customer satisfaction	Pearson Correlation	1	.679**
	Sig. (2-tailed)		.000
	N	200	200
Customer loyalty	Pearson Correlation	.679**	1
	Sig. (2-tailed)	.000	
	N	200	200

** . Correlation is significant at the 0.01 level (2-tailed).

In this correlation, customer satisfaction is an independent factor while customer loyalty is a dependent factor. Here we achieved that overall correlation relationship between customer satisfaction with customer loyalty was .679** which is stronger than moderate. This shows there is significant relationship between two variables. Thus we reject null hypothesis and accept alternative hypothesis.

H1: There is a positive relationship between service quality and consumer satisfaction.

4.4 Factor analysis between all three variables. (Table 8)

Correlation Matrix^a

		Service quality	Customer satisfaction	Customer loyalty
Correlation	Service quality	1.000	.656	.807
	Customer satisfaction	.656	1.000	.679
	Customer loyalty	.807	.679	1.000
Sig. (1-tailed)	Service quality		.000	.000
	Customer satisfaction	.000		.000
	Customer loyalty	.000	.000	

a. Determinant = .176

4.5 KMO and Bartlett's Test

Table 9

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.720
Bartlett's Test of Sphericity	Approx. Chi-Square	342.033
	df	3
	Sig.	.000

If we look at the table of KMO and Bartlett's Test we can say that the relationships between all variables do not have any sample issues as because the Kaiser-Meyer-Oklin measure of sampling is more than 0.5.

4.6 communalities Test

Table 10

Communalities

	Initial	Extraction
Service quality	1.000	.838
Customer satisfaction	1.000	.738
Customer loyalty	1.000	.854

Extraction Method: Principal Component Analysis.

To analyze, the level of communalities between all variables it also suggests that all the questions asked in the survey fit in this research paper as all extraction values for different variables are not less 0.2, which means the questionnaire does not need to be changed or modified.

4.7 Cronboch's reliability test findings

As we know that cronboch's reliability is to measure the accuracy of items which were asked in survey and it shows the level of accuracy relating with sample questions.

Service Quality

Table 11

a. Tangibility

Reliability Statistics

Cronbach's Alpha	N of Items
.721	9

b. Reliability

Reliability Statistics

Cronbach's Alpha	N of Items
.754	8

c. Responsiveness

Reliability Statistics

Cronbach's Alpha	N of Items
.705	9

d. Assurance

Reliability Statistics

Cronbach's Alpha	N of Items
.735	10

e. Empathy

Cronbach's Alpha	N of Items
.720	9

Customer Satisfaction

Table 12

Reliability Statistics

Cronbach's Alpha	N of Items
.754	8

Customer Loyalty

Table 13

Reliability Statistics

Cronbach's Alpha	N of Items
.743	5

Descriptive analysis

Table 14

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
During my stay in this hospital, I was sleeping in a clean room.	200	4	1	5	4.39	.071	1.006	1.013
During my stay in this hospital, I was sleeping in an area which was quiet at night.	200	4	1	5	4.44	.063	.889	.791
During my stay in this hospital, I was given enough privacy by the staff.	200	4	1	5	4.31	.071	1.000	1.001
During my stay in this hospital, I did experience any pain.	200	4	1	5	4.10	.078	1.101	1.212

During my stay in this hospital, my pain was well controlled by the staff.	200	4	1	5	4.40	.057	.802	.643
During my stay in this hospital, the staff did every possible thing to help with my pain	200	4	1	5	4.20	.076	1.080	1.166
During my stay in this hospital, I was given new medication which I had not taken before.	200	4	1	5	4.05	.078	1.097	1.204
During my stay in this hospital, I was told by the staff about the new medication uses.	200	4	1	5	4.13	.076	1.077	1.159
During my stay in this hospital, I was told by the staff about the new medication side effects.	200	3	2	5	4.40	.051	.723	.523
During my stay in this hospital, I was given information about the symptoms which I should look out after I leave	200	4	1	5	4.17	.078	1.108	1.227
During my stay in this hospital, I was treated by the nurses with courtesy.	200	3	2	5	4.57	.052	.740	.547
During my stay in this hospital, I was treated by the nurses with respect	200	4	1	5	4.39	.079	1.115	1.244
During my stay in this hospital, nurses listened to me carefully.	200	4	1	5	4.36	.077	1.089	1.186

During my stay in this hospital, nurses explained me easily.	200	4	1	5	4.20	.079	1.116	1.246
During my stay in this hospital, doctors treated me with courtesy.	200	3	2	5	4.52	.055	.776	.602
During my stay in this hospital, doctors treated me with respect.	200	4	1	5	4.36	.075	1.066	1.136
During my stay in this hospital, doctors listened to me carefully.	200	4	1	5	4.41	.064	.908	.825
During my stay in this hospital, doctors explained to me easily.	200	4	1	5	4.36	.074	1.048	1.097
During my stay in this hospital, I felt it's too expensive.	200	3	2	5	4.23	.065	.917	.841
I would recommend this hospital to my friends or family.	200	4	1	5	4.13	.062	.876	.767
I would like to have treatment again in this hospital.	200	4	1	5	4.30	.072	1.017	1.035
It was easy to find the location of this hospital.	200	4	1	5	4.25	.079	1.121	1.256
I would like to rate my current health as healthy.	200	4	1	5	3.94	.080	1.130	1.277
Valid N (list wise)	200							

CHAPTER 5

SUMMARY AND DISCUSSION

In this final chapter, its main aim to discuss the service quality factors and its relationship between service quality and explained about which particular service quality factors have contributed most to service quality in both hospitals according to the data collection.

According to the literature review of this research paper, service quality plays an important role for any industries to achieve growth and development for long lasting, it also increases profit and income of numerous industries (Howcroft, 1991).

Evardsson 1998 explained that the dependency of service quality is based on how the customer needs are accomplish through the perceived value from the products by its performance. So here in this case same goes for both hospitals as how they can meet the needs of patients through their performances by taking care of their health through good performances.

This will bring the both hospitals to achieve higher patient's hospitalization because of the positive feedback by prior patients about service quality, superior patients and doctor's relationship, handling of chaotic situation so easily (Caruna, 2002)

The first research question was to determine and find out which isolated factors have contributed maximum contribution towards the patients when they were in the hospitals for their treatments or other purposes. According to findings it's concluded that tangibility factor of 0.983** which explains about the physical presences which a patient can feel, see or touch has contributed maximum in order to achieve maximum service quality for two hospitals. According to Wakefield and Blodgett, 1999 stated that tangibility have the highest effect on the service quality

as customers satisfaction depend on the way they see, sense and feel about the product.

Correlations

		Service quality	Tangibility
Service quality	Pearson Correlation	1	.983**
	Sig. (2-tailed)		.000
	N	200	200
Tangibility	Pearson Correlation	.983**	1
	Sig. (2-tailed)	.000	
	N	200	200

**. Correlation is significant at the 0.01 level (2-tailed).

The reliability test explains that a patient can rely on skills and knowledge of a doctor or a staff in a hospital and it also talk about whether the hospital fulfills their promises or not. In this case, it has contributed second most to service quality (.974**). According to Kumar et al (2009), Jamal and Anastasiadou (2009) have explained that there is a very narrow gap between the perceived value of customers and their level of satisfaction which means that if patients achieve what they were promised leads to the satisfaction. Wong et al (2008) has explained that the reliability brings wider gap between perceived value and customer satisfaction. The future prospects of both hospitals depend on how fast they serve their patients with full attention, accuracy and there should be a sense of trust between patients and doctor's.

Correlations

		Service quality	Reliability
Service	Pearson Correlation	1	.974**

quality	Sig. (2-tailed)		.000
	N	200	200
Reliability	Pearson Correlation	.974**	1
	Sig. (2-tailed)	.000	
	N	200	200

** . Correlation is significant at the 0.01 level (2-tailed).

Assurance refers about the skills, politeness and potential of staff's in hospitals which give a sense of guarantee and commitment towards the betterment of their problems. In this research paper, findings suggest that contribution level to service quality was 0.920** and this also supported by Sohail and Shaikh, 2008. This result shows that assurance factor in both hospitals were strongly significant and staff's provided better assurance to patients which lead them to feel safe.

Correlations

		Service quality	Assurance
Service	Pearson Correlation	1	.920**
quality	Sig. (2-tailed)		.000
	N	200	200
Assurance	Pearson Correlation	.920**	1
	Sig. (2-tailed)	.000	
	N	200	200

** . Correlation is significant at the 0.01 level (2-tailed).

Responsiveness refers to tendency of servers that how much interest, eagerness that they are showing towards the patients betterment. According to findings of this research paper it shows that responsiveness factor contributed 0.892** to service quality which is quite strong correlation relationship between both variables and its highly positive. Responsiveness factor plays major function

when the satisfaction of customer requires and it was also explained by Lopez et al. (2007) and Van der Wal et al. (2002). Responsiveness covers major aspects in healthcare sector in various areas such as response rate, attention level, attitude etc.

Correlations

		Service quality	Responsiveness
Service quality	Pearson Correlation	1	.862**
	Sig. (2-tailed)		.000
	N	200	200
Responsiveness	Pearson Correlation	.862**	1
	Sig. (2-tailed)	.000	
	N	200	200

**. Correlation is significant at the 0.01 level (2-tailed).

Empathy explains about the tendency of staff's in hospitals of understanding the feelings of patients and fulfills the requirements by providing proper consideration and awareness. The contribution level of empathy factor in service quality according to research outcomes was 0.892** correlation relationship with service quality of both hospitals as both hospital were good in empathy factors and they understand the feelings of patients quite well. This point was also supported by Jamal and Anaastasiadou (2009) that empathy has a good and strong impact on service quality.

Correlations

		Service quality	Empathy
Service quality	Pearson Correlation	1	.892**

quality	Sig. (2-tailed)		.000
	N	200	200
Empathy	Pearson Correlation	.892**	1
	Sig. (2-tailed)	.000	
	N	200	200

** . Correlation is significant at the 0.01 level (2-tailed).

5.1 SERVICE QUALITY AND CUSTOMER SATISFACTION

The outcomes and findings that arrived it shows that it has a positive correlation between both variables of 0.656** even though it's not very strong relationship but according to Pearson statistical method it's in the range of moderate and positive relationship. The outcomes of this research paper findings also well supported by different researchers such as Oliver in 1993 indicated that customer satisfaction would be the top priority for service quality and after that this theory was well supported by other for example Anderson and Fornel in 1994, Brown and Swartz in 1989.

According to Fornel, service quality can be increased if the expectation of industries increase to become better and bigger and it can achieve increase in customer satisfaction. This proves that there is a positive correlation between service quality and customer satisfaction.

Cronin and Taylor in 1992, Kotler and Keller in 2006 also have said that good service quality generates good customer satisfaction. The relationship between service quality and customer satisfaction according to some researchers it says that both have same concepts or theory as according to Sureshchander et al in 2002, the true correlation is still uncertain and unavailable but according to Kiran

in 2010 indicated customer satisfaction is considered to be a wider concept on the contrary, service quality is a small part of customer satisfaction.

After discussing the literature review and analysis of findings it's concluded that there are various findings and data which proves that there is a strong relationship between service quality and customer satisfaction.

5.2 SERVICE QUALITY AND CUSTOMER LOYALTY

The third research question was to determine and examine the relationship between service quality and customer loyalty. According to Rust and Zahorik in 1993, they explained that service quality gives perception to customer loyalty as because if a firm offer a supreme service quality to its customer so customer can have and remember about the product for long time which ideally can give the service provider to have higher customer retention and higher customer retention will provide both hospitals in have higher customer loyalty and customer retention can achieve through positive behavior when doctors or staffs treating their patient's, patients recommending the hospital names to their friends and family and it was also supported by Choudhury in 2010.

Authors for example, Renaweera and Neely in 2003 explained that service quality and customer loyalty go hand in hand in order to develop and grow customer base.

Al-hawari et al in 2009 explained that there is a direct relation between service quality and customer loyalty if a service quality will increase in both hospitals it will increase the customer loyalty but authors like Renaweera and Neely in 2003 and Chaudhary in 2013 disregarded for the fact there is no direct relationship between service quality and customer loyalty, they suggested it depends on the factors as well as the behavior pattern of patient's or customers.

In order to prove this, the findings from this research paper suggest that there is a positive correlation between service quality and customer loyalty of 0.807** correlation which indicates a strong positive correlation according to Pearson statistical method.

According to spearman's rho analysis it has found out that the correlation between service quality and customer loyalty is significant enough to justify that there is a strong positive relationship of .743**between both variables.

5.3 CUSTOMER LOYALTY AND CUSTOMER SATISFACTION

According to Anderson and Fornell in 1994, explained that customer loyalty can be found out with the help of customer satisfaction unless customer needs and demands are well known by the service providers indicated by Luarn and Lin in 2003.

According to Jones and sasser in 1995, they have categorized the relationship between satisfaction and loyalty in four main elements such as if there is high loyalty and high satisfaction then service provider is loyalist, if there is a high loyalty and low satisfaction then service provider is hostage, if there is low loyalty and high satisfaction the service provider is mercenary and last if there is a low loyalty and low satisfaction then service provider is a defector.

According to Deng et al in 2009 and Dick & Basu in 1994 have indicated that there is a customer satisfaction can create a positive and significant impact on customer loyalty.

According to Botton and Bramlett in 2000 they advocated that if there is a high customer satisfaction then there is a high customer loyalty and this research was also well supported by Fornell and Wererfelt in 2002.

Moreover so many other researchers have advocated and indicated that there is no impact of customer satisfaction on customer loyalty such as Riechheld in

2001 indicated that if ever customer reach a certain level of satisfaction this will not guarantee that they will not change their taste so, similarly in this case if a patients showing higher satisfaction are likely to change hospitals if possible.

According to findings our research paper it suggests that relationship between customer satisfaction and customer loyalty in both hospitals are moderate positive as it shows 0.679** correlation between both variables and it's also significant enough to prove their relationship.

5.4 LIMITATIONS

While conducting this research, researcher had faced many restraints and issues regarding this research. The first limitation was to gather proper and valid information from the respondent from both hospitals in Yangon and medium of conversation in not English so difficulty got compounded as all the old data and information was not in English, as it can create huge involvement of extra time, effort and money to derive and look for what actually required to achieve. The second constraints in this research paper was getting approval from doctors from both hospitals and getting information from patients as staff authority at various occasions didn't allow to seek for information as it was invading the privacy of information and confidentiality both public and private hospitals in Yangon.

The third limitation in this state was too examined and analyzes different researcher explanation of service quality, customer satisfaction and customer loyalty of different organization which researcher was unsure that would be acceptable in this case.

Due to the information privacy issues from both hospitals in Yangon it has restricted us to limit our sample size to 200 only.

5.5 CONTRIBUTION

This research paper would be really beneficial not only for both hospitals but also for other hospitals or related industries. This research paper conclude that tangibility benefits service quality most so healthcare sector should give special attention towards tangibility factor of hospitals such as equipment's, staff, uniforms, attitudes and behavior of staff's and doctors in hospitals and try to enhance it to supreme level as it creates first impression. This paper also elucidates about that least contributor to service quality was empathy so in this case hospitals should try to increase empathy factors by increasing more tendencies of staff's in hospitals regarding understanding the feelings of patients and fulfills the requirements by providing proper consideration and awareness.

This paper shows that the relationship between service quality and customer satisfaction is least compare to other hypothesis as hospitals should try look into which particular factors of service quality contributing least in taking care of patients in both hospitals which is empathy in this case and try to take corrective measures and improve it so if service quality different factors will improve then customer satisfaction will improve as well.

5.6 RECOMMENDATION FOR FUTURE RESEARCH

This research paper only provides information only about two hospitals one is public and one is private in Yangon Myanmar. It explains about service quality dimension, customer satisfaction and customer loyalty as variables. So for future research it would be beneficial for the betterment of society to discover more different variables apart from service quality, customer satisfaction and customer loyalty.

Future researcher should also look for some other remote areas to investigate about healthcare industries in Myanmar which provide the healthcare industries to

take advantage and improve the standard of living of people in different remote areas.

It's also be advisable if the sample size of research should be large in number and covers larger picture with bigger population and demographic structure.

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QUESTIONNAIRE

Dear Respondents,

There is no right and wrong answers as long as you did it honestly. Rest assured that your answers to this survey-questionnaire will be treated with utmost confidentiality. This survey result will be analysis for the title of “**An Exploration of Relationships among Service Quality, Customer Satisfaction and Customer Loyalty Healthcare Sector in Yangon, Myanmar**” and it helps to fulfil the requirements for the Master of Business Administration Program, Siam University, Bangkok, Thailand.

Hospital Name: _____ Department : _____

Ward : _____

Part A: DEMOGRAPHIC

1. Are you a female or a male?

- ☐ Male
- ☐ Female

2. Age

- ☐ 18- 25
- ☐ 26-30
- ☐ 31-50
- ☐ 50 or older

3. Nationality

- ☐ Asians
- ☐ UK
- ☐ European
- ☐ German
- ☐ Others

4. Purpose of visit

- ☐ Medical treatments or regular check ups
- ☐ Meeting family or friends
- ☐ Collecting report
- ☐ To make an appointment
- ☐ Others

5. Hospital selection

- ☐ Yourself
- ☐ Reference
- ☐ Internet
- ☐ Others

6. Occupation

- ☐ Government officials
- ☐ Owner of business/ company
- ☐ Employee
- ☐ Student
- ☐ Others

7. Number of times

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ More than 4 times

PART B: SERVICE QUALITY

8. During my stay in this hospital, I was sleeping in a clean room.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

9. During my stay in this hospital, I was sleeping in an area which was quiet at night.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

10. During my stay in this hospital, I was given enough privacy by the staff.

- ☐ Strongly disagree
- ☐ Disagree

- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

11. During my stay in this hospital, I did not experience any pain.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

12. During my stay in this hospital, my pain was well controlled by the staff.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

13. During my stay in this hospital, the staff did every possible things to help with my pain

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

14. During my stay in this hospital, I was given new medication which I had not taken before.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

15. During my stay in this hospital, I was told by the staff about the new medication uses.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

16. During my stay in this hospital, I was told by the staff about the new medication side effects.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

17. During my stay in this hospital, I was given information about the symptoms which I should look out after I leave.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

PART C: CUSTOMER SATISFACTION

18. During my stay in this hospital, I was treated by the nurses with courtesy.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

19. During my stay in this hospital, I was treated by the nurses with respect.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

20. During my stay in this hospital, nurses listened to me carefully.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

21. During my stay in this hospital, nurses explained me easily.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

22. During my stay in this hospital, doctors treated me with courtesy.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

23. During my stay in this hospital, doctors treated me with respect.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

24. During my stay in this hospital, doctors listened to me carefully.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

25. During my stay in this hospital, doctors explained to me easily.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

PART D: CUSTOMER LOYALTY

26. During my stay in this hospital, I felt it's too expensive.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

27. I would recommend this hospital to my friends or family.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

28. I would like to have treatment again in this hospital.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

29. It was easy to find the location of this hospital.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

30. I would like to rate my current health as healthy.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

Thank you