ANTECEDENTS OF SERVICE OUTCOME AMONG MALAYSIAN PRIVATE MEDICAL CLINICS

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To my loved ones

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ABSTRACT

In health care services, achieving high performance is of utmost importance as it relates to human life. The main purpose of this research is to extend and consolidate knowledge about the outcome of customer's experience of consuming the attributes of services and the impact on business performance. Previous researchers investigated the health care services from social medical services perspective, in hospital and inpatient setting. Outpatient and private medical clinic setting was not the focus. Furthermore the researchers measured the performance of the services isolatedly and did not relate them to the business outcomes. Therefore this research aims to measure the service outcome from services marketing perspective, at the private medical clinic setting. This research fills the empirical gap through the measuring process of the service attributes of the private medical clinic by the customers. Private medical clinic is a business entity that provides services to customers who are the patients in an open market. Competition is part of the game and satisfying customers is an important agenda. The importance of this research relates to the nature of the private medical clinic itself that is a profit making entity, which reputation and customer loyalty are among the important measures. The whole framework was develop based on the marketing theory and marketing mix model that specifically tailored to services business. The conceptual framework was adapted into the private health care business. The service attributes were constrained to the extended Ps of the marketing mix strategies for services business, i.e. the physical evidence of the clinic (consultation and treatment) and people (physician). Patient satisfaction and enablement were treated as the outcome measures that mediate the relationship and the impact was measured on two performance traits that are relevant to the nature of the case, that are patient loyalty and patient appraisal on reputation. Two moderation variables: the categorical factor; patient category and the psychometric factor; patient health consciousness were tested on their effect towards the relationship. In the data collection process, questionnaire was used as the instrument. Data were collected at the private medical clinics on patients who went through the consultation before they consumed the medicine. 500 questionnaires were distributed, 358 were collected, and 201 were treated as completed questionnaire. The data were analyzed on the measurement model and the structural model namely the confirmatory factor analysis, composite reliability and discriminant reliability. Hypotheses bootstrapping test was done using SmartPLS 2. The key finding shows that doctor professionalism is the most critical factor that contributes to the performance. In addition satisfaction partially mediates the relationship but does not enablement. All paths tested were significant except enablement to performance, but health consciousness and patient category show insignificant effect on the relationship. Theoretically, this research proven that the extended 'P' that is People in services marketing is significant and the importance is obvious. In practical perspective, this research contributes to the development of 'people' and 'product' strategy in the marketing mix model in professional service business. It is recommended that in professional service business, the element of 'People' and 'Product' to be integrated since the 'product' in professional services business is reliant to the knowledge, skills and ability of the 'people' who deliver the service. Therefore all aspects of 'product' including brand, packaging and guarantee are to be developed in 'people' element itself.

ABSTRAK

Dalam perkhidmatan penjagaan kesihatan, mencapai prestasi tinggi adalah paling penting kerana ianya berhubungkait dengan kehidupan manusia. Tujuan utama kajian ini adalah untuk melanjut dan menyatukan pengetahuan tentang hasil pengalaman pelanggan dalam penggunaan atribut perkhidmatan dan kesannya terhadap prestasi perniagaan. Pengkaji-pengkaji terdahulu mengkaji perkhidmatan penjagaan kesihatan dari perspektif perkhidmatan perubatan sosial di hospital dan pesakit dalam. Pesakit luar dan klinik perubatan swasta tidak difokus. Tambahan pula pengkaji-pengkaji mengukur prestasi perkhidmatan secara berasingan dan tidak menghubung kaitkannya dengan hasil perniagaan. Justeru, kajian ini bertujuan untuk mengukur hasil perkhidmatan dari perspektif perkhidmatan pemasaran dalam ruang lingkup klinik perubatan swasta. Kajian ini mengisi jurang empirikal dengan mengukur proses atribut perkhidmatan klinik perubatan swasta oleh pelanggan. Klinik perubatan swasta adalah sebuah entiti perniagaan yang menyediakan perkhidmatan berkaitan penjagaan kesihatan kepada pelanggan yang merupakan pesakit di dalam pasaran yang terbuka. Persaingan adalah sebahagian daripada percaturan dan memuaskan pelanggan adalah agenda yang penting. Kepentingan kajian ini berhubung kait dengan ciri semulajadi klinik perubatan swasta itu sendiri iaitu sebuah entiti yang membuat keuntungan di mana reputasi dan kesetiaan pelanggan adalah antara pengukur yang penting. Keseluruhan kerangka telah dibangunkan berasaskan kepada teori pemasaran dan model campuran pemasaran khusus untuk pemasaran perkhidmatan. Kerangka konseptual telah diadaptasikan ke dalam perniagaan penjagaan kesihatan swasta. Atribut perkhidmatan terhad kepada tambahan P daripada strategi campuran pemasaran perkhidmatan iaitu bukti fizikal klinik (perundingan dan rawatan) dan manusia (doktor). Kepuasan pesakit dan kebolehupayaan dijadikan sebagai hasil pengukur menjadi pengantara hubungan dan kesannya diukur terhadap dua tret prestasi yang bersesuaian dengan ciri semulajadi kes iaitu kesetiaan pelanggan dan penilaian prestasi pesakit terhadap reputasi. Dua faktor penyederhana: iaitu faktor kategori; kategori pesakit dan faktor psikometrik; kesedaran kesihatan pesakit telah diuji ke atas kesan mereka terhadap perhubungan itu. Dalam proses pengumpulan data, soal selidik telah digunakan sebagai instrumen. Data dikumpul di klinik perubatan swasta ke atas pesakit yang telah menjalani konsultasi sebelum mereka mengambil ubat. Sebanyak 500 borang soal selidik diedarkan, 358 borang dikutip semula dan 201 diambil sebagai borang yang lengkap. Data dianalisis ke atas model pengukuran dan model struktur iaitu analisis faktor penentuan, kebolehpercayaan komposit dan kebolehpercayaan diskriminan. Ujian hipotesis ‘bootstrapping’ dilakukan dengan menggunakan SmartPLS 2. Dapatan utama kajian menunjukkan profesionalisma doktor adalah faktor paling kritikal yang menyumbang kepada prestasi. Tambahan pula kepuasan adalah pengantara separa kepada perhubungan tersebut tetapi tidak memberi kesan. Kesemua cara yang telah diuji adalah signifikan kecuali kesan terhadap prestasi, tetapi kesedaran kesihatan dan kategori pesakit menunjukkan kesan yang tidak signifikan terhadap hubungan tersebut. Secara teorinya, kajian ini membuktikan bahawa lanjutan ‘p’ iaitu manusia dalam perkhidmatan pemasaran adalah signifikan dan kepentingannya adalah jelas. Dari sudut praktis, kajian ini menyumbang kepada pembangunan ‘manusia’ dan strategi ‘produk’ dalam model campuran pemasaran bagi perniagaan perkhidmatan profesional. Dicadangkan bahawa dalam perniagaan perkhidmatan professional, elemen ‘manusia’ dan ‘produk’ diintegrasikan kerana ‘produk’ dalam perniagaan perkhidmatan professional adalah bergantung kepada pengetahuan, kemahiran dan keupayaan ‘manusia’ yang menyampaikan perkihdmatan itu. Oleh itu semua aspek ‘produk’ termasuk jenama, pembungkusan dan jaminan perlu dibangunkan dalam elemen ‘manusia’ itu sendiri.

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LIST OF ABBREVIATIONS

PM	-	Performance Measurement
PMC	-	Private medical Clinic
PMCSA	-	Private medical Clinic Service Attributes
PERF	-	Performance
SAT	-	Satisfaction
ENB	-	Enablement
DIS	-	Doctor Interpersonal Skills
DPRS	-	Doctor-Patient Relationship
DPRO	-	Doctor professionalism
CPE	-	Clinic Physical Evidence
CFA	-	Confirmatory Factor Analysis
EFA	-	Exploratory Factor Analysis
MOH	-	Ministry of Health (Malaysia)
WHO	-	World Health Organization
L	-	Loyalty
R	-	Reputation
HC	-	Health Consciousness
CKAPS	-	Cawangan Kawalan Amalan Perubatan Swasta

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CHAPTER 1

INTRODUCTION

1.1 Research Background

In health care services regardless of whether in public or private sector, achieving high performance is at utmost importance as it relates to human life. There should not be any trial and error exercises; neither can there be any mistakes to happen throughout the process, because any errors will cause fatal damage. The question is, how to ensure that there is no errors and mistakes took place?

Many previous researchers suggested monitoring practices. One of the monitoring methods is by measuring the performance of the health care practices. Measuring the performance of a health care practice is not a new agenda at all. Loeb (2004) claimed that health care quality measurement existed since 250 years ago. Until today it is still significant (Saver et al., 2015; Basu, et al, 2012; Berendes, et al, 2011). While the names and faces of the measures have changed, the intent of such measurement, i.e. obtaining data and information upholding medical outcomes, remains over the years, so do the challenges associated with the measurement of quality in health care.

According to Loeb (2004), the measurement of health care quality is a seemingly simple endeavor, beginning with a decision on what to measure, identifying the proper measures along with their respective data sources, and culminating in the analysis, aggregation, understanding, and dissemination of the

results. In the same tone, Saver et al. (2015) restated it by mentioning that the measures are often based on easily measured, intermediate endpoints such as risk-factor control or care processes, not on meaningful, patient-centered outcomes; their use interferes with individualized approaches to clinical complexity and may lead to gaming, over-testing, and overtreatment.

However, measuring the performance for a health care organization could never be simple exercises. Saver et al. (2015) proposed a set of core principles for the implementation of quality measures with greater validity and utility. On top, health care is a complex system (Best, et al., 2012; Blendon, Minah and Benson, 2001) and according to Wan Edura and Kamaruzaman (2009), service quality in health care is very complex as compared to other services because this sector has high involvement in risk. The complexities are due to high integration between departments and units; large number of parties involves and engages with many process and procedures, which are all linked. Another factor that causes complexity is the target object of the health care practice, i.e. human. Each and every one of human being has a different body system and anatomy. Therefore healthcare practitioners have to deal with individual patients exclusively.

The global standard treatment for many kinds of illness (for instance diabetes) (American Diabetes Association, 2014; pulmonary disease: Pauwels, 2014) is available, but the result may vary from one patient to another, those varieties will result in differences of the outcome. The difference may be due to case mix, setting differences, data collection method, chances and quality (Bridgewater, 2013; Boom, Lee and Tu, 2012; Westway et al., 2003; Mant, 2001), and it will result in inefficiencies and ineffectiveness. Due to these varieties, therefore the implementation of quality measures is challenging.

Monitoring the quality of care is a relevant approach to manage the efficiency and effectiveness of the health care system. Most importantly if it involves money making business. Therefore, measuring performance of health care service institution that is running on profit is necessary. Performance will ensure the sustainability of ones business in the market. The important aspect in measuring

performance is ‘managing and measuring it right’. This is the area that this research aims to investigate further.

Past researchers have investigated the performance measurement subject in the health care industry. According to researchers (Ndubisi, 2012; Singer, 2011; Westway et al., 2003; Campbell, Roland and Buetow, 2000; Donabedian, 1996; Rakich et al., 1985), performance in health care services is viewed from several perspectives, which earlier researchers have categorized them into three main aspects, i.e. the structure, process and outcome. Outcome measures (Deng, et al., 2013; Mant, 2001) are an indicator of health and valid performance indicators. On the other hand, process measures (Rebuge and Ferreira, 2012) are a direct measure of the quality of health care. It relates to outcome measure too, provided there is a link is demonstrated between a given process and outcome (Black, 2013; Doyle, Lennox and Bell, 2013; Westway, 2003). Furthermore, process measures are more sensitive to differences in quality of care (Donabedian, 1996). The third element is the structure measures. The measurement of structure quality includes the examine of overall health care organization, the types of the services offered, category and quantity of the staff that involve in the service delivery, equipments that consists of medical and non-medical as well as medicines. Conversely, process measures examine the process quality that includes the process of delivering the treatment services, which includes both, the technical and non-technical processes. Then again the outcome measures examine the outcome quality that consists of the changes of the health status (Zhong, et al., 2012; Boyce, 1996) of a patient due to the health care services been delivered (Manary, et al, 2012; Aiken et al., 2012), patients’ satisfaction (Lyu, et al, 2013; Michaud, et al., 2012; Donabedian 1996, 1988) and economic performance (Fenton, et al., 2012; Boyce, 1996). Patient satisfaction specifically had been used since 1980s as a way to include patients’ perceptions and preferences when evaluating the success of both medical treatments and systems of healthcare delivery (Hassali et al., 2014; Gattellari, et al., 2001; Wright, 2000; Turnbull and Luther, 1996; Brody, et al., 1989).

Since long time ago, health care institutions in the developed nation had recognized the importance of delivering patient satisfaction as a strategic variable and a crucial determinant of long-term viability and success (Polese and Capunzo,

2013; Chand, Pant and Joshi, 2012; Royal Pharmaceutical Society 1997; Makoul et al. 1995; Davies and Ware 1988). In fact, patient satisfaction had been considered as one of the desired outcomes of care throughout the 19th to 21st century (Bjertnaes et al., 2012; Nathorst-Böös, Munck and Eckerlund, 2001; Donabedian, 1988). It has been exploited as the determining factors for the effectiveness of services provided by health care provider (Rahmqvist and Bara, 2010; Carr-Hill, 1992; Fitzpatrick, 1991). There were some suggestions on the information about patient satisfaction to be as indispensable for assessments of quality purposes. It will be useful for the designing and managing the health care systems. Correspondingly, Rahmqvist and Bara (2010) and Sitzia and Wood (1997) confirmed that the measurement of patient satisfaction fulfills three distinct functions, identifying patients' experiences of health care, identifying problems in health care and evaluation of health care. According to the authors, the evaluation function is regarded as the most important dimensions. A more latest studies in the developing world have shown a clear link between patient satisfaction and a variety of explanatory factors, among which service quality has been prominent (Basu, et al, 2010; Rao et al. 2006; Zineldin 2006).

1.2 Methods of Measuring Performance

There are several approaches been employed in the effort of measuring performance for business. The most and widely utilized is the traditional financial measure. Financial measures tell the story of past events, which adequate for industrial age companies (Perrini, et al., 2011; Proctor and Campbell, 1999). However, today's age firms require a more advanced strategy, where investment in long-term capabilities and customer relationships are critical for success (Sachdeva, et al., 2014; Kaplan and Norton, 1996). Additionally, there was a notable and welcome shift away from narrow focus on efficiency of cost towards a broader definition of performance (Proctor and Campbell, 1999). In line with that, another management philosophy has shown an increasing realization of the importance of customer focus and customer satisfaction in any business (Homburg, Arts and Wieseke, 2012; Roberts and Grover, 2012; Smith, 2000). These were the leading indicators, in which if customers are not satisfied, they will eventually find other

suppliers that will meet their needs. Poor performance from this perspective is thus a leading indicator of future decline, even though the current financial picture may look good (Smith, 2000).

A more balanced performance measurement method is available (Grigoroudis, Orfanoudaki, and Zopounidis, 2012) and is called the Balanced Scorecard (BSC), which was originated by Drs. Robert Kaplan (Harvard Business School) and David Norton in the early 1990s. It is a performance measurement framework that added strategic non-financial performance measures to traditional financial metrics to give a more 'balanced' view of organization performance. Nevertheless, BSC method retains the traditional financial measures and at the same time focuses on the future value of the business through investment in customers, suppliers, employees, processes, technology and innovation. The method model suggested four perspectives of performance, which are financial, customer, internal, and innovation and learning.

As for this research, the performance that is to be measured is the customer perspective. According to Kaplan and Norton (1996), the generic measures for customer's perspectives are: satisfaction, retention, market and account share. This research looks into retention and intent to extend the measures by including the customer's appraisal on the reputation of the business organization measure. Nonetheless, satisfaction is measured but is treated as the outcome measure of the service attributes. Thus, this research is measuring the performance from the customers' perspective in two measures, i.e. retention and loyalty, and appraisal on the reputation.

1.2.1 Measuring Performance from the Customer's Perspectives

Customer's perspective simply means 'how customer see the firm', which in this research's context, is how patients (customers and consumers) see the private medical clinic as the health care service provider. The word 'see' refers to: the degree of their satisfaction and the processes used to deliver the service. As

suggested by Kaplan (2005), among the areas of the focus are: customer service, new product, new market, customer retention, customer satisfaction and what does the firm needs to do to remain the customer's valued supplier. The potential goal for the customer perspective includes: customer satisfaction, new customer acquisition, customer retention, customer loyalty, fast response, responsiveness, efficiency, reliability and image. In developing metrics for satisfaction, customers should be analyzed in terms of kinds of customers and the kinds of processes for which we are providing a product or service to those customer groups (Kaplan, 2005). The general metrics used to measure success in relation to the customer perspective are: customer satisfaction index, repeat purchases, market share, on time deliveries, number of complaints and average time to process orders, return orders, response time, reliability, new customer acquisitions and perceived value for money (Frösén et al., 2008; Payne and Frow, 2005).

1.2.2 Performance Measurement in Health Care Services Industry

Past researches on health care performance were mostly focused on the hospital setting (Raduan et al., 2004; Hasin, 2001; Walter and Jones, 2001; Ovretveit, 2000; Carman, 2000; Camilleri and O'Callaghan, 1998; Gross and Nirel, 1998; Andaleeb, 1998; Tomes and Ng, 1995; William et al., 1995; Cunningham, 1991; Reidenbach and Sandifer-Smallwood, 1990; Parasuraman, et al., 1988). Primary health care setting has been investigated as well, but limited to public sector's primary care or general practitioners' services.

In term of sector, many researches been done for private health care, nevertheless the focus was more on the hospital (Andaleeb et al., 2007). Private medical clinic has been ignored for a while. Even though there were several researches been carried out on private medical clinic, the focus of the research was on the demographic, establishment and structure of the practices (Al-Junid and Zwi, 1996; Al-Junid, 1995). Few researchers (Pitaloka and Rizal, 2006; Haliza, et al., 2003; Raja Jamaluddin, 1998;) investigated the quality issues of the private primary

medical practices, however the focuses were shallow, just concentrating on the satisfaction issue but do not exactly examining the performance of the practices.

1.3 Problem Statement

The idea of this research is led by the following findings of the past researches. First, the literatures indicated that service-based business organizations and academic researchers see service quality as a key driver of profit (Buyukozkan, Cifci and Guleryuz, 2011; Mukherjee et al., 2003). Accordingly, service quality could result in customer satisfaction (Izogo and Ogba, 2014; Ryu, Lee and Kim, 2010; Caruana, 2002; MacAlexander et al., 1994), and higher customer satisfaction leads to better financial returns (Zhang and Pan, 2009; Hallowell 1996; Anderson et al., 1994; Nelson et al., 1992). Furthermore, performance measurement and customer satisfaction have been endorsed as an established concept (Willians and Naumann (2011); Page and Prescott, 2005).

Second, in the health care service-based businesses world widely, health care services users (or consumers or patients) are increasingly being highlighted as the key to driving improvements to private provision of care. Their role has, however, been little evaluated in developing countries (Smith, Brugha and Zwi, 2001).

Third, in term of private health care practices, delivering high quality service is important, as they are in business arena and serving the customers. Several past researchers claimed that the quality of care offered by many private providers was poor (Kamat, 2001; Swan and Zwi, 1997; Aljunid, 1995).

Fourth, there has been some research identifying the dimensions on which healthcare quality and inpatient satisfaction should be measured (Andaleeb, 2007; Radhuan et al., 2004; Taylor et al., 2001) and the confirmation of constructs and indicators that constitute an overall care quality and satisfaction.

Having those four messages in mind, this research attempts to assess the patients of private medical clinics (outpatient services) on their satisfaction, loyalty and discernment on the clinic's reputation towards the service attributes. These three aspects are treated as the performance traits and will be measured based on the private medical clinic's service attributes quality. The assessment exercise takes patients as the measurer, and what measured are patients' satisfaction, their loyalty and their appraisal on the reputation of the clinic based on their experience with the services. These three traits are regarded as the performance.

The investigation on secondary data found there is no reports been published on the performance of the private primary medical practices in Malaysia. The only performance report that available is the financial report and this document is treated as private and confidential and is kept as an internal document. It seems that the assessment of the performance is not an agenda in the practices. On that account, this research attempts to suggest the establishment of the assessment culture in the practices, so that the national health mission is achieved.

In the performance measurement exercises, past investigations found that smaller firms tend to rely primarily on financial indicators. Thus, managers should be aware of the risk of being discriminatory. Therefore they have to capitalize their close-market contact by better utilize the customer feedback (Coviello, Brodie and Munro, 2000). Responding to those findings, this research is utilizing the patient's feedback as the source of information for assessment. It is relevant because private medical clinics are mostly operate in small scale as compared to private hospital. However, the feedback from the patients is not voluntarily forwarded, but it is investigated and stimulated through a set of questions that ask their immediate true feelings and experiences on the medical services they have just consumed.

Theoretically and practice wise, the performance measurement is an ever-practical evaluation concept that applicable in business regardless of sizes. The outcome of the performance measurement is information that is useful for quality improvement, quality corrective actions as well as for future quality goal setting. The importance of quality to business outcomes is well established in the academic literature. It has been demonstrated that higher quality results in higher stock prices

(Aaker and Jacobson, 1994), higher corporate performance (Easton and Jarrell, 1998), and higher market value of the firm (Hendricks and Singhal, 1997). On that account, the performance measurement is a relevant subject and aligns with this research's aim. The rationale behind the private medical clinic services being chosen as the case of the research is that, the service is considered as one of the prevalence but yet is a high credence services in this country and is available everywhere and for everyone. This is due to the fact that the public healthcare system that available in this country is inadequate to cater the populations' need. For instance, in 2007, there were only 806 public health care clinics serving the whole country, and the ratio between doctors and patients is about 1:1145. This scenario shows supply insufficiencies far behind the standard. According to international standards, the 'Doctor to patient'' ratio should be around 1: 250 (Maitreyi, 2005). Nevertheless, the shortage of services boosts the opportunity for private medical practices.

As mentioned in earlier section, private medical clinic's services are highly utilized in Malaysia. Due to the high usage rate, Raja Jamaluddin (1998) makes it imperative for the authority bodies to monitor the operation of the private medical clinics to ensure the service quality. The reason is to ensure the outcome is as what is expected and contributes to the country's health mission. Most importantly, the consumers get the services effectively and efficiently.

Second, this service is unlike other services business, which the authority bodies closely control the business and all the operations have to comply with the rules and regulations. Therefore they could not exercise the marketing strategy freely to gain the competitive advantage even though the market is highly promising. Having the performance measured will contribute to the improvement effort; in which is it believed that the service provider will pay effort to make their service agreeable to the consumers' (in this research context is patient) requirement. Delivering the service according to what the patients regard as quality will result as satisfactory service and could compensate the power of formal promotional activities, which in this case it means the service, is self-promoted.

High demand would encourage high supply, and this scenario is evidently apparent in the private health care sector, which makes the competition getting more

on edge. Strategically, the service provider could adopt the retention and loyalty concept to sustain and enhance the business and the market. Thus, it is important to identify what service attributes of the private medical clinic's business could retain the patients and make them loyal to a service provider. According to an earlier research's finding; satisfied patients is more likely to utilize health service and comply with the medical treatment, and continue with the health provider (Baker, 1990).

Further issue is about retaining the loyalty behavior. As mentioned in earlier section, the market of private medical clinic is promising and this encourages more and more new medical clinic entering the market. This is proven by the statistic at CKAPS (2009) that indicated the multiplication of the numbers of new applications annually. The impact goes to both, threat to the existing private medical clinics and opportunity to the customers (patients). Private medical clinic will have more competition, but patients have more choices of medical services; good for patients but not for private medical clinics. Then, reputation will have a great influence and play a significant role in retaining the loyal behaviors. It is believed that the private medical clinics that are positioned as a high reputation service provider will be able to retain the loyal behavior among the patients.

There were numbers of research been carried out in Malaysia with regard to patient satisfaction, however mostly were focusing on the public health care services e.g. Patient Satisfaction as an Indicator of Service Quality in Malaysian Public Hospitals (Noor Hazilah and Phang, 2009); Patients' Satisfaction in Antenatal Clinic, Hospital Universiti Kebangsaan Malaysia (Pitaloka and Rizal, 2006); The Utilization of Outpatient Health Services Among Adult and Factors Affecting it in Bachok District, Kelantan (February 1996- Mac 1996) (Abu Bakar and Mohd Hatta, 1996); Study on the outpatient satisfaction at the Maternal and Child Health Clinic, Muar Johor, 1995; Outpatient Clinic, Hospital Dungun, 1994; and Maternal and Child Health Clinic in Bachok, Kelantan, 1993 (the above mentioned researches were not published, the reports are only available for internal usages. However they were mentioned in Haliza et al. 2005 as the evidence of quality assurance efforts of the public primary health care services. The findings were not disclosed).

The findings from some of the previous researches on the public health care service attributes are presented in this section. The satisfaction assessment showed that respondents were satisfied with: interpersonal aspects from the staff, technical quality of the doctors, efficacy, availability, and the financial aspect. Meanwhile, the respondents were not satisfied with several aspects i.e. accessibility, convenience and continuity of care in Pitaloka and Rizal (2006); and doctor's explanation and waiting time in Haliza et al. (2003). Prior to Pitaloka and Haliza's findings, a research on the services of the private primary medical clinic in Lembah Kelang showed high overall satisfaction rate, but low on doctor's explanation on health and long waiting time as well as the follow-up treatment (Raja Jamaluddin et al., 1998).

1.4 Research Questions

This research aims to investigate the following seven issues.

RQ1: What is the critical factor of service attributes (physician) of PMC that influence patient's evaluation on the performance of the clinic services?

RQ2: What are the relationships like between the PMC's service attributes (physician) and performance traits?

RQ3: Does patient satisfaction acts as the mediator in the relationship between PMC's service attributes and performance traits?

RQ4: Does patient enablement acts as the mediator in the relationship between PMC's service attributes and the performance traits?

RQ5: Does patient categories on payment types moderate the relationship between service attributes and performance traits?

RQ6: Does patient health consciousness moderate the relationship between service attributes and performance traits?

1.5 Research Objectives

The main objective for this research is to identify and evaluate instruments designed to assess patients' experiences with practicing physicians, and to provide performance feedback at the individual level. Given the fact that there has been lack of research on an extensive performance measurement of private primary medical clinic's services, this research therefore aims to accomplish the following seven objectives.

i. To identify the PMC's service attributes (physician) constructs that influence patient's evaluation on clinic's performance.

ii. To investigate the relationships between the PMC's service attributes (physician) and performance traits.

iii. To identify whether patient satisfaction acts s the mediator in the relationship between PMC's service attributes (physician) and performance traits.

iv. To identify whether patient enablement acts as the mediator in the relationship between PMC's service attributes (physician) and the performance traits.

v. To identify whether the enablement mediate the relationship between PMC's service attributes (physician) and patient satisfaction.

vi. To assess whether patient's health consciousness moderate the relationship between service attributes (physician) and performance traits.

vii. To assess the two different group of patients (self-pay versus paid-for) on payment types moderate the relationship between service attributes (physician) and performance traits.

1.6 Scope of the Research

As to ensure the manageability and effectiveness of the research, the focuses are restricted to the following conditions.

The scope of the problem explored is restricted to the effect of the service quality attributes. The attributes are limited to doctor's related factors and the measurements are restricted to patients' satisfaction, loyalty and appraisal on reputation of the clinic.

Secondly, the service outcome constructs are restricted to two traists, i.e. loyalty of the patients and appraisal on reputation of the clinic. Third, the satisfaction, enablement and service outcome traits assessed in this research are based on visit specific satisfaction, not on episodes of care.

Fourth, measuring the service outcome of the private primary medical clinics from patients' (who consumed the service) perspective. Fifth, the object of the research is the private medical clinic that provides primary care services in Johor state (in eight districts) and officially operates the service business (for profit) and registered with CKAPS, Ministry of Health (Malaysia). Sixth, the population (subject of the research) is the patient who consumed the medical care services at the private medical clinic, which in this research play the role as the research unit analysis. The selection of the patients to be the respondents will be based on the following criteria: Must be aged 18 and above and living in Johor State (as the sampling design is specifically make a reference on Johor's population); Must be the patient of a specific private medical clinic; Must have consumed the medical care service as this research investigates the visit-specific experience; Must be patients who visited the specific clinic to get treatment from the clinic only. Patients whose part of the diagnoses and treatment are taken or sent to the third party (external laboratory for instance) will not be included in this research. Nevertheless, patients that fall under the following categories will be excluded from being the respondent of this research: Patients that have high visit frequency due to preventive treatment; pregnancy and other illness unrelated reason; Patients who have low frequency visit rate due to

limitation of medical expensed imposed by the employer or the third party payer; Acute and emergency cases.

Finally, the generalisability of the findings may be limited because the population observed represents just one clinical condition cared for.

1.7 Significance of the Research

This research essentially examines the relationship between the Primate Medical Clinic's service attributes (specifically on the consultation aspects) and the performance traits (loyalty and appraisal on reputation) with patient satisfaction and enablement act as the mediators. The outcome of the research contributes to the theoretical and managerial knowledge of Service Quality in Primary Healthcare Service Provider Services industry in Malaysiaparticularly.

Past researchers were mostly looked into satisfaction as the service outcome (Noble, Conditt, Cook, Mathias, 2006) and mostly were done on inpatient setting (Boulding, Glickman, Manary and Schulman (2011) and on the hospital services (Leong, 2014, Aiken et al., 2012, Andaleeb, 2001) and were focusing on specific clinical services such (Robetsson et al., 2000). This research looks into two aspects of service outcomes, i.e. loyalty and appraisal on reputation, on private medical clinic (business entity), and looking at outcome of the doctor consultancy setting by outpatients. Satisfaction is examined as the mediator as well as patient enablement, which previously were treated as independent variable (Price, Mercer and MacPherson (2006).

The purpose of the study is to develop the PMC service performance model by connecting four theories; performance measurement theory, service quality theory marketing theory and customer satisfaction theory in examining the impact of patient satisfaction and enablement on the service attributes towards the performance.

The private medical service performance model was developed in a comprehensive extent by involving two mediators and two moderators that are relevant to Malaysian Private Medical Clinic Services. The model assessed the relationship between service attributes and two performance traits (loyalty and appraisal on reputation) by investigating the mediation effects of two mediators i.e. the patient satisfaction and patient enablement constructs. Two moderators were also included, i.e. the patient's level of health consciousness and patient categories according to the type of medical bill payments to suit the Malaysian Private Medical Clinics Services.

The structure of the health care services varies between countries. In Malaysia, services are mainly provided by the public health care providers, such as public hospitals, health care clinics, as well al alternative health care services. Nonetheless, there are vast rooms for private practices, as the current supplies could not fulfill the enormous demands. Hence, the private sector grew rapidly. When the market expands, monitoring is necessary to ensure the business is operated in an appropriate manner. Past research has highlighted the lack of regulatory infrastructure available in low-and middle-income countries to monitor the performance of private healthcare providers (Bloom, et al., 2014; Palmer, 2000). Further, Basu et.al (2012) had reviewed the findings of the past researches on the performance of private and public sector healthcare delivery in low-and middle-income countries. Through a systematic review, they found that there is no evidence that support the claim that the private sector is usually more efficient, accountable or medically effective. These three dimensions are the outcome measure of the performance. Based on that scenario, this research is significant as Malaysia is in the group of developing countries and the development of the private medical services are encouraging. Thus, measuring the performance of the private medical clinic services is relevant and significant, as the findings of the research will add the total knowledge of quality services particularly in Malaysia and other developing countries. Its main contribution is pertinent to the industry players, regulatory bodies (CKAPS, Kementerian Kesihatan Malaysia, Association of the Medical Practitioners to name a few of the main bodies).

1.8 Research Contribution

This research aims to contribute to academicians, regulatory bodies and practitioners to understand the extent to which service quality relates to patient satisfaction, enablement, loyalty and appraisal on reputation in health care service environment. No doubt, there is abundance of references on the said aspect available. Nonetheless, this research contribution is rather specific to the regulated business environment where business strategy could not be exercised at freedom. Moreover, the health care service falls under emergency product category, therefore the decision to 'buy' this product is rather instantaneous, yet customer relationship strategies are still relevant. Therefore this research is hope able to contribute to service marketing literature on the relevance of customer strategies in a regulated service business environment; as well as the emergency product category.

The assessment of the most important service attributes of small-scale private health care practices setting can provide important cues, which may be used to review characteristics of the medical clinic as experienced by the patients. These cues can be used to improve patients (customers) satisfaction and loyalty that lead to further strengthen the image and reputation.

The findings are useful as an input to the assist the health care industry and the regulatory bodies to establish the checklist of service attribute quality dimensions and the minimum acceptable level of satisfaction, loyalty and reputation score. The checklist and the score should be treated as a quality-monitoring checklist. It therefore could serve as the guidelines for the practices to perform a continuous assessment.

1.10 Definition of Terms

The subject in this research is the private medical clinics, and the research items are the patients of the private medical clinics who visit the clinic to get

treatment. This research utilizes the scope of the definition by Primary Care Doctor's organization Malaysia (PCDOM) for both of the above-mentioned subject and items.

Service outcome of the Private Medical Clinic

Service outcome from the customer's (patient) perspective; in this research is defined as the satisfaction of patients (Anhang, et al., 2014) on the services they have consumed, patients' intention to stay loyal (Cowing et al., 2009) to the same medical care service provider and intention to tell others, and judge of the reputation of the private medical clinic's services positively.

Service Outcomes

Patient Satisfaction (Zgierska Rabago and Miller, 2014); Patient Loyalty (Sumaedi, et al., 2014); and Patient Appraisal on the Reputation of the Clinic (Voon, et al., 2014; Nelson Helfrich and Sun, 2014).

Satisfaction

Satisfaction is defined in many different ways. This research refers to patients affective and judgment on the medical care services (Jubelt et al., 2014; Anhang, et al., 2014). Patients response on the experience of the service consumption are varies, the satisfaction that this research measures is on the time-specific point of determination and limited duration, directed to focal aspects of the medical care service they have consumed.

Loyalty

Loyalty in this research refers to patient's decision to stick to the same service provider (Sumaedi, et al., (2014) for any of the medical care they need. Loyalty in this research also refers to patient's willingness to recommend and give reference to others about the service provider.

Reputation

In this reputation refers to the impression that patient has on service provider (organization and physician)'s ability. Ability may consists of skills, honest, professionalism, level of expertise, knowledge and humanness Voon, et al., 2014; Nelson Helfrich and Sun, 2014).

Private Medical Clinic's Service Attributes

Consist of doctor-patient relationship (Jani, Blane and mercer, 2012), doctor's interpersonal skills (that include communication) Greco, Browniea, and McGovern (2001), doctor's perceived professionalism (Winggins, Coker and Hicks, 2009) and physical evidence that relates to treatment.

In this research, it refers to the private medical clinic registered a separate entity (CKAPS) under section 30 of the Act. Offers primary medical care services to the patients.

Patient

Refers to a person (the customer and consumer) (Hudak, McKeeven and Wright, 2003; Vogus & McClelland, 2016) who is in need of medical care service, receiving the medical care services and gets the treatment of an outpatient basis.

Outpatient service

Outpatient (Zondag, Kooiman, Klok, Dekkers, & Huisman, 2013) service refers to a service that is organized to provide facilities, equipment and healthcare professionals who are qualified by training, experience and ability to care for individuals who come to a private medical clinic on an outpatient basis.

Health Consciousness

In this research, the concept of health consciousness refers to individual patient's comprehensive orientations toward health (Gould, 1990; Hong, 2009; Mercer et al., 2012; Wong et al., 2016). There are five components of health consciousness; (1) integration of health behavior, (2) attention to one's health, (3) health information seeking and usage, (4) personal health responsibility, and (5) health motivation. All five components are blended and being asked in 11 items in the health consciousness construct. In this research health Consciousness is treated as the moderating variable

In this research, enablement refers to the extent to which patient is capable of understanding and coping with his or her health issue after seeing and having a consultation or treatment from the physician.

Patient Categories

In this research, patients are categorized into two groups. Patients who pay the medical and services bill from their own pocket is categorized as 'self-pay' (Dover and Levitt, 2016) patient whereas the other group whose the bills are paid by the employer (self or spouse) are categorized as 'paneled-patient' or third party pay patient (Breamer, et al., 2015).

Enablement

In this research, enablement refers to the extent to which patient is capable of understanding and coping with his or her health issue after seeing and having a consultation or treatment from the physician (Wong, et al., 2016; Pawlikowska, 2012; Howie, Heaney, Maxwell and Walker, 1998).

1.11 Structure of the Thesis

This thesis is organized into six chapters:

Chapter 1: The Introduction

This chapter highlights nine sub topics that discuss about the research background, the problem that urge this research to be executed, the objectives, research questions, rationale, scope, contributions and the operational definition of the concepts that this research covers.

Chapter 2: Literature Review

This chapter discusses the previous researchers findings on the subject and the subject matters that this is are focusing on. Sub topics discusses are marketing performance, performance measure, service quality and service attributes, the clinic consultation-related attributes, the performance measures (loyalty and reputation),

the mediator and moderator constructs (patient satisfaction and patient enablement) and the psychometric construct. The moderator, health consciousness.

Chapter 3: Model and Hypotheses Development

This chapter discusses how the model of the research is developed and the hypotheses that the research is predicted within the model.

Chapter 4: Methodology

This chapter discusses on how the research is carried out, on research design, research plan and sampling, data collection, analyses and pilot study and questionnaire design.

Chapter 5: Analyses

This chaper discusses the data analysis includes preliminary data analysis, respondents profile and inferential analysis using SPSS and SmartPLS.

Chapter 6: Discussion and Conclusion

This chapter discusses the contribution of the research, the achievement of the objectives, the research implications, the recommendations for future research and finally the conclusion of the research based on the research questions.

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