



Service encounter design and patients' revisit behaviour of public hospitals in Port Harcourt

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Abstract

The aim of this paper was to empirically ascertain the effect of service encounter design on patients' revisit behaviour of public hospitals in Port Harcourt. While the study adopted cross-sectional survey design in accessing the research subjects, a total of 160 patients of government owned hospitals were surveyed. Basically, 4 public hospitals were used and 40 copies of the research instrument were administered to patients present in each of the 4 hospitals. Four hypotheses were formulated and tested statistically with Pearson Product Moment Coefficient. Results revealed that the dimensions of service encounter design (service flexibility and service friendliness) have positive and significant relationship with the measures of patients' revisit behaviour (satisfaction and referral). The study therefore concludes that service encounter design has a strong influence on patients revisit behaviour. Based on the conclusion, the study recommends that management of public hospitals that want to improve on patients revisit behaviour should design their services to not only be friendly but also provide for easy adjustment to effectively respond to any slight changes in patients' taste and preference as this will enhance patients' satisfaction and positive word-of-mouth.

Keywords: service encounter design, service flexibility, service friendliness, service point, patients' revisit behaviour

1. Introduction

For over twenty years, the healthcare industry has gone through changes and development in the healthcare service deliveries which have resulted into higher patients' service expectations, ever-advanced technology, increased access to health-related information through the internet and digital media (Francis, 2010; Bern, Stephen, Hames., & Martin, 2007) ^[10, 6]. The health sector is made up of the public system with major players including the Ministry of Health and Parastatal Organizations, Private Sector, Non Governmental Organizations, and Faith Based Organizations (Owino & Korir, 2014) ^[17].

Recent interest in and efforts to enhance healthcare facility users' experiences, has led to several design research on the role of front-line personnel and other advanced technical operations in the service delivery process (Fottler, Ford, Roberts, & Ford, 2012) ^[9]. As a matter of fact, hospital managements now recognize the importance of having a flexible service design with a touch of friendliness on the part of frontline personnel as they interact with patients' during service delivery. These activities are capable of influencing patients' revisit intentions and satisfaction (Stern, Mac-Rae, Gerteris, Edgman-Levitan, Walker, & Ruga, 2003) ^[24]. Again management strategists in hospitals have placed more emphasis on managing patients' waiting time, service convenience, friendly atmosphere, and their overall satisfaction (Becker, Sweeney., Parsens, 2008) ^[5].

Studies have observed the rapid development in the manner in which services are being rendered in hospitals. These changes are as a result of the dynamic nature of patients' needs and preferences (Owino & Korir, 2014; Lin, Leu, Breen., & Lim, 2008; Lee, 2011) ^[17, 14]. According to these studies, patients' nowadays do not just only assess hospitals by the number of

service department, laboratories, and other service points; but other factors such as patients' hospitality, staff friendliness, courtesy, warm interaction, spartial layout, traffic convenience, and minimum waiting time are very much in consideration.

Observably, these studies have dwelt more on service encounter such as service ambient, patients' safety, security, service costs, and other environmental conditions; in relations to organization performance and patients' satisfaction. However, our departure and/or focus here is to adopt service flexibility and friendliness at various service points to evaluate their effect on the satisfaction and referral of patients in public healthcare in Port Harcourt.

1.1 Research Problem

The poor state of patients' service in most public hospitals in Nigeria has resulted to patients' dissatisfaction, negative perception and eventual decline in patronage (Arneill & Delvin, 2013) ^[3]. In addition, there is an increase in the movement of patients towards patronizing private hospitals at the expense of public hospitals in Nigeria (Owino & Korir, 2014) ^[17]. Tam (2005) ^[25], observed that weak service delivery at various service points among most hospitals have caused some patients to look for alternative provider and to spread negative word of mouth which affects potential clients, hence a decline in growth of public hospitals.

In view of these challenges, could it be far from the solution to these issues as to the adoption of appropriate service encounter designs in hospitals? Put in another way; can service encounter designs improve patients satisfaction, referral, and reduce the movement of patients to private clinics for various kinds of services? Thus the above question is the theoretical and empirical journey our study intends to make by investigating the effect of service encounter design on

patients' revisit behaviour of public hospitals in Port Harcourt.

1.2 Study variables and model Specification

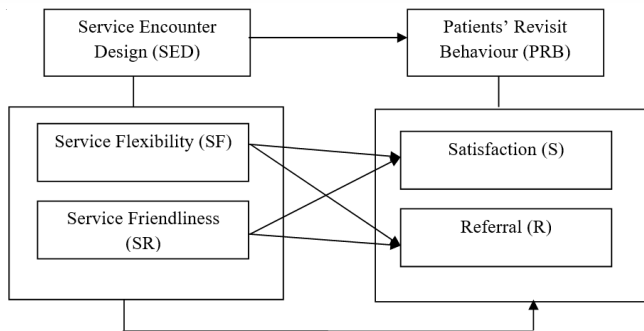
The independent variable of the study is Service Encounter Design (SED) with its dimensions as Service Flexibility (SF) and Service Friendliness (SF) while the dependent variable is Patients' Revisit Behaviour (PRB) with its measures as Satisfaction (S) and Referral (R).

The study reiterates its objectives to establish an operational relationship between the dependent and independent variable and as such a model specification was developed as below:

$$\begin{aligned} \text{PRB} &= f(\text{SED}) \\ \text{SED} &= f(\text{SL}, \text{SF}) \\ \text{PRB} &= f(\text{S}, \text{R}) \end{aligned}$$

Where

PRB = Patients' Revisit Behaviour
S = Satisfaction
R = Referral
SED = Service Encounter Design
SF = Service Flexibility
SR = Service Friendliness



Source: Researcher's Review from Related Literature, 2018

Fig 1: Operational Framework of the Relationship between Service Encounter Design and Patients' Revisit Behaviour

1.3 Research Hypotheses

The following hypotheses are crucial in realizing this study:

Ho₁: Service flexibility has no significant effect on patients' satisfaction towards public hospitals in Port Harcourt.

Ho₂: Service flexibility has no significant effect on patients' referral towards public hospitals in Port Harcourt.

Ho₃: Service friendliness has no significant effect on patients' satisfaction towards public hospitals in Port Harcourt.

Ho₄: Service friendliness has no significant effect on patients' referral towards public hospitals in Port Harcourt.

2. Literature Review

2.1 Theoretical Foundation

The theory upon which the study was anchored is the three stage model of service consumption propounded by Lovelocks & Wirtz (2011) [15]. The theory posits that consumers pass three major stages; such as pre-purchase, service encounter, and post-encounter stages (Lovelocks & Wirtz, 2011) [15].

- The Pre-purchase stage: This stage begins with need arousals and awareness which motivate customers to search for information and evaluate alternative means of meeting their needs before finally making decision.

- Service encounter stage: Clients move on the core of the service experience after making a purchase decision. This stage involves a series of contacts with the chosen service firm. Customers interact with the service encounter design, service employees and other customers present during the service encounter.
- Post-encounter stage: This stage is the last stage where customers evaluate the service performance they have experienced and compare it with their prior expectations.

2.2 Conceptualizing Service Encounter Design

The concept of service encounter design has been studied by plethora of scholars (Van Dolen, Lemmink, de Ruyter, de Jong, 2002; Meesala & Paul, 2018, Voor hees, Fombelle, Gregoire, Bone; Gustafsson, Sousa, Walkowiak, 2017) [27, 27, 16, 27] Van Dolen *et al* (2002) [27] defined the concept of service encounter design as a face-to-face interaction between service providers and recipients during the process of service consumption. Also, Voorlees *et al* (2017) argued that service encounter can only take place where both parties (employees and customers) come in contact. This contact could come with the help of a platform, e.g internet technology. The authors defined the concept as any discrete interaction either face-to-face or with the help of an IT device, between the customer and the service provider relevant to a core service offering. Solomon, Surprenant, Czepiel & Cyutman (2000) [22] offered a broader concept of service encounter design. The authors mentioned that service encounter is a period of time during which a buyer experiences a service providers offering. According to Ganesh *et al* (2000) [11] interactions between contact staff and customers is one of the most important factors for the success or failure of an organization. In line with their argument, the authors mentioned that in many service encounter situations, customers interact with front-line employees as this conversation goes beyond the core service. They further argued that this interaction outcome most time is more of socialization and friend lines from monitory transaction. In confirming Ganesh *et al* (2000) [11]'s view, Remykopol (2002) developed the concept of "linking service" in addressing consumer needs of social interaction and communication links. The authors suggested that the flexibility of service encounters in terms of environments, contact personnel, customer involvement, and interaction are fundamental cues in creating and sustaining relationship brand.

2.3 Patients Revisit Behaviour

One extensively used factor for predicting successive visit to an organization is revisit intention (Halim & Hamed, 2005) [12]. Patients' revisit behaviour is strong and implied commitment of patients to visit a particular hospital again whenever the need for healthcare service arises. Patients revisit behavior is an aspect of consumer behaviour and can be rooted from how consumers purchase goods and services. According to Samadi & Nejadi, (2009) [19], patients undergo some decision-making process before deciding on whether to revisit a particular healthcare service provider or not. This process according to the author, involves analyzing previous service encounters and post purchase experiences.

Patients' behaviour literature identified numerous determinants

of revisit intentions. Erden & Swait (2004) examined perceived friendliness, perceived risk, and service scope as main factors influencing patients' revisit behaviour. In addition, the study of Hanae & Taghiporim (2010) added two more factors to Erden & Swait (2004)'s model of determinants of patients revisit behaviour. According to the former, perceived value and traffic convenience; in addition to perceived friendliness, perceived risk, and service scope are major factors responsible for revisit behaviour.

Furthermore, studies have also suggested perceive quality service is arguably the main determinant of patients revisit behaviour (Zeithaml & Parasuraman, 1996; Wang & Yang, 2010; Baek, 2007) [28, 4], for instance, argued that the overall interaction outcome between contact personnel such as doctors, nurses, lab assistants; and patients' can go a long way to determine satisfaction and loyalty. The author argued that it is a result of the service outcome that patients evaluate in relation to their (patients) performance expectations that influence patients' revisit behaviour. Zeithaml & Parasuraman (1996) [30] in their work, proposed a five item components used in evaluating service quality. They include; empathy, assurance, reliability, tangibility, and responsiveness.

Basically, Solomon (2008) [22] emphasized the importance of patients' satisfaction in revisit behaviour. The author further stated that the first study on the origin of customer satisfaction was concluded in 1965 by Cardozo. The author went on to define patients satisfaction as a situation where patients perceived service performance is more than or equal to patients' expectations of service quality. In addition, Petruzellis, Duggento & Romanazzi (2006) [18] were of the view that patients are satisfied where service delivery meets their expectations; however, they are very satisfied where service delivery exceeds their expectations.

2.4 Service Encounter Design and Patients Revisit Behaviour

Delivering effective services that meet what patients' want has been scientifically proven to have a significant relationship with satisfaction and referral (Lovelock & Wirtz, 2011) [15]. A study conducted by Becker *et al.* (2008) [5] with focus on service encounter dimensions such as signage, waiting room, pleasantness, and service friendliness revealed the existence of relationship between these dimensions and patients' satisfaction and perceived value. The study further showed that friendliness of service environment goes a long way in affecting patients' responses during service encounter.

Moreover, service industries have evaluated the role of physical environment on customer satisfaction and retention and have put in efforts to create a physical environment that exceeds the patients' expectations. Recently, the healthcare industry has recognized that appropriate service encounters are important resources that can influence patients' revisit behaviour (Fottler *et al.*, 2000) [9].

2.4.1 Service Flexibility and Patients' Revisit Behaviour

Service flexibility from a strategic point of view remains unclear, and at that instance lacks accurate definition (Adams, Hofsted, Edmond & Van der Alst, 2006) [1]. Service flexibility dimensions have not been clearly determined especially in the healthcare industry (Schonenberg, Mans, Russell, Mulyar &

Van der Alst, 2007). Despite this, service flexibility in industry remains a strategic tool to improving competitive position of hospitals through patients' satisfaction and word-of-mouth. Surprisingly, service flexibility does not lead to competitive advantage when focused only on technology implementation (Adams *et al.*, 2006) [1]; this entails a careful and holistic management of the entire service delivery system in a way that can be quickly altered to suit customer need requirements.

The above multidimensional view of flexibility requires that a very important challenge by hospitals to achieve flexibility in their operation is to effectively manage and focus on the different dimensions of flexibility. In this context, service flexibility involves the introduction of new designs and techniques into the service delivery systems that can be easily adjusted, rapidly customized, and quickly handle changes in the service mix (Van der Alst & Van Hee, 2004). In line with this, anticipated patients' needs are easily handled and perceived service value is enhanced.

Again, with the ever increasing changes in patients' taste, preference, and expectations; hospitals must be as flexible as possible in terms of service delivery in order to cope with these changes and remain competitive (Schonenberg *et al.*, 2007) [20]. This is because patients remain the reason for the establishment and existence of hospitals and must be satisfied if a repeat visit intention is anticipated. Similarly, Tam (2005) [25], was of the view that patients revisit behaviour is enhanced where service delivery is quickly adjusted to patients' requirements and performance expectations. It is against this backdrop we offer the following hypotheses;

H₀₁: Service flexibility has no significant effect on patients' satisfaction towards public hospitals in Port Harcourt.

H₀₂: Service flexibility has no significant effect on patients' referral towards public hospitals in Port Harcourt.

2.4.2 Service Friendliness and Patients' Revisit Behaviour

Literature on service friendliness and patients' satisfaction and revisit intentions is few (Solomon, 2008; American Pain Society Committee, 2005) [22, 2]. Contact staff friendliness in the hospital and how patients perceive the outcome of their interaction is one of the fundamental reasons patients will come back or never want to visit again (Solomon, 2008) [22]. Service friendliness explains how front line personnel serve patients with courtesy. Building positive and long-term relationship begins with friendliness (Solomon, 2008) [22]. Treating patients with courtesy and care reaffirms patients' basic human dignity and self-respect. This experience is key to achieving long-term relationship and competitive advantage.

Service friendliness according to American Pain Society Committee (2005) [2] measures the extent to which health care service providers serve patients with care and courtesy. The committee is also of the view that patients feel delightful at friendly service interaction, hence patients feel satisfied and self-esteemed. Service friendliness is an interactive mechanism that portrays mutual support and relationship bond (Halin & Hamed, 2005) [12]. For optimum effect or usefulness of service friendliness, health care organization must ensure that contact personnel have a good sense of being friendly to patients in the service delivery process. These experiences are

key decision making criteria for patients' revisit intentions (Halim & Hamed, 2005) [12]. In view of the above, we hypothesize as follows:

Ho₃: Service friendliness has no significant effect in patients' satisfaction towards public hospital in Port Harcourt.

Ho₄: Service friendliness has no significant effect on patients' loyalty towards public hospitals in Port Harcourt.

3. Materials and Methods

Due to the nature of the study as to the administration of questionnaire to respondents within a specific area at a point in time, the study's population comprises patients of public hospitals in Port Harcourt metropolis. Again, given the constraint of arriving at a specific number of patients that patronage only public hospitals or the inability to access a verifiable documents (information) as to the number of patients that always visit government own hospitals; hence the study conveniently surveyed 160 patients from a public hospitals in Port Harcourt. It specifically administered 40 copies of the research instrument to each of the four hospitals. The table below explains further:

Table 1: Names of hospitals used and the number of patients contacted

S/N	Names of the Sites	Number of Copies
1	University of Port Harcourt Teaching Hospital (UPTH)	40
2	Braithwaite Memorial Specialist Hospital (BMSH)	40
3	NNPC Medical Clinic	40
4	Okrika Clinic	40
	Total	160

Source: Survey Research Data, 2018

Furthermore, while the primary data were sourced with the help of questionnaire distribution, interview, and observation, secondary data were obtained through internet publication, journal articles, textbooks etc. More so, Experts in this field were adequately consulted in validating the research instrument and the Cronbach's Alpha test was used to measure the reliability of the instrument. Lastly, Spearman's Rank Correlation Coefficient was adopted with the help of SPSS version 20.1 in testing the various proposed hypotheses.

4. Data Analysis and Discussion of Findings

Table 2: Questionnaire Distribution

Questionnaire	Frequency	Percentage (%)
Number Administered	160	100
Number Retrieved	152	95
Number used	140	87.5

Source: Desk Research, 2018

A total of one hundred and sixty (160) copies of the research questionnaire were distributed. However, only one hundred and fifty two (152) copies were completely retrieved. Out of this number, Nine (8) of the retrieved copies of the research questionnaire were not accurately completed and thus were not used in the analysis.

4.1 Test of Hypotheses

Hypotheses One and Two

Ho₁: Service flexibility has no significant effect in patients' satisfaction towards public hospitals in Port Harcourt.

Ho₂: Service flexibility has no significant effect on patients' referral towards public hospitals in Port Harcourt.

Table 3: Results of hypotheses test on Service Flexibility and Patients' Revisit Behaviour Measures Correlations

		SF	S	R
SF	Pearson Correlation	1	.908**	.966**
	Sig. (2-tailed)		.000	.000
	N	140	140	140
S	Pearson Correlation	.908**	1	.921**
	Sig. (2-tailed)	.000		.000
	N	140	140	140
R	Pearson Correlation	.966**	.921**	1
	Sig. (2-tailed)	.000	.000	
	N	140	140	140

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

Source: Data Output, 2018 and SPSS Window Output, Version 20.0
Key:

** = Correlation, at 0.01 significant level (2-tailed) i.e. p < 0.01

R = Pearson Product Moment Correlation Coefficient

SF = Service Flexibility

S = Satisfaction

R = Referral.

Hypothesis Three and Four

Ho₃: Service friendliness has no significant effect in patients' satisfaction towards public hospitals in Port Harcourt.

Ho₄: Service friendliness has no significant effect on patients' referral towards public hospitals in Port Harcourt.

Table 4: Results of hypotheses test on Friendliness and Patients' Revisit Behaviour Measures Correlation

		SR	S	R
SR	Pearson Correlation	1	.922**	.946**
	Sig. (2-tailed)		.000	.000
	N	140	140	140
S	Pearson Correlation	.922**	1	.956**
	Sig. (2-tailed)	.000		.000
	N	140	140	140
R	Pearson Correlation	.946**	.956**	1
	Sig. (2-tailed)	.000	.000	
	N	140	140	140

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

Source: Data Output, 2018 and SPSS Window Output, Version 20.0
Key:

** = Correlation, at 0.01 significant level (2-tailed) i.e. p < 0.01

R = Pearson Product Moment Correlation Coefficient

SR = Service Friendliness.

S = Satisfaction.

R = Referral.

4.2 Discussion of Findings

The relationship between service flexibility and patients' satisfaction was tested statistically at a 0.05 significant level and the correlation value of 91% and a probability value of 0.000 revealed that a strong positive and significant relationship exist between service flexibility and patients'

satisfaction. Thus, the null hypothesis was rejected in favour of the alternate hypothesis. Again, the relationship between service flexibility and patients' referral was tested statistically at a 0.05 level of significance, the correlation coefficient value of 97%, and a probability value of 0.000 showed that there is a strong positive and significant relationship between service flexibility and patients' referral. It is crucial to mention that these results corroborate with the findings of Gerwin (2000) when the author stated that service flexibility in hospitals remains a strategic tool to improving the competitive position of service organization through patients' satisfaction and word-of-mouth.

Furthermore, the relationship between service friendliness and patients' satisfaction was tested statistically at a 0.05 significant level and the correlation value of 0.898% and a probability value of 0.000, revealed that a strong positive and significant relationship exist between service flexibility and patients' satisfaction. The relationship between service flexibility and patients' referral was tested statistically at a 0.05 significant level, the correlation value of 0.927% and a probability value of 0.000, revealed that there is a strong positive and significant relationship between service flexibility and patients' referral. In comparison with other findings; Solomon (2018), argued that contact-staff friendliness in the hospital and how patients perceive the outcome of their interaction is one of the fundamental reasons patients will come back or never want to visit again. Service friendliness explains how front line personnel serve patients with courtesy. Building positive and long term relationship begins with friendliness (Solomon, 2008) ^[22].

5.2 Conclusion and Recommendations

This research work examined the effect of the dimensions of service encounter design (service flexibility and service friendliness) on the measures of patients' revisit behaviour (satisfaction and referral) of public hospitals in Port Harcourt. From our findings, service flexibility to a large extent, influence patients satisfaction and referral. On the other hand, service friendliness has a strong and significant impact on patients' satisfaction and referral. The findings of this study therefore revealed that there exist, a positive and significant relationship between the dimensions of service encounter design and the measures of patients' revisit behaviour. Consequently, all the null hypotheses proposed were rejected, while the alternative hypotheses were accepted.

Based on the conclusion, the study recommends that management of public hospitals that want to improve on patients repeat visit should endeavour to design their services to provide for quick and/or easy adjustment in order to effectively handle (respond to) unexpected changes in patients' taste and preference. Also, public healthcare centers are advice to recruit, train, and orient their staff (especially service contact personnel) on friendly virtue as this paper has revealed how important service friendliness can help in not only satisfying patients, but can spur them to become apostles and advocates to organizations.

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