

# "PERCEIVED HEALTHCARE SERVICE QUALITY AND BRAND IMAGE ON PATIENTS' LOYALTY IN ZAMBIA"

## *Research Note*

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### ” Abstract ”

*The Zambian government encounters significant challenges in providing beneficial health care services to the citizens. To address this social problem, Zambia has embarked on an ambitious program of health sector decentralization through the implementation of various policies over the last few years. Specifically, the National Health Policy is dedicated to achieving equity of access to cost-effective, high-quality health care as near to the family as possible. As a result, necessary strides are being made to ensure the quality of healthcare in Zambia is improved. This study aims to determine how the quality-of-service delivery in Zambian health facilities affects brand image, patient satisfaction, and patient loyalty. The expected research outcomes of this study are meant to give insights on the level at which the independent variables affect the dependent variable. The relationship between these variables is also to be determined.*

*Keywords: Brand image, Patient satisfaction, Patient loyalty, Healthcare service quality*

## **1 Introduction**

Healthcare is a dynamic, rapidly expanding industry that is currently undergoing substantial change and increased competition (Dagger et al., 2007). In its national health strategy, the Zambian government has set an ambitious rights-based approach to health care provision. Specifically, the government is determined to attain Universal Health Coverage (UHC) by providing free quality health care services to all residents through the public health system. Healthcare providers are under a lot of pressure to thrive in the face of market changes in the healthcare industry. Hence, hospitals work to create marketing strategies that enhance brand recognition among clients in order to raise patient satisfaction and loyalty while also enhancing output (Lien et al., 2014). Building strong client relationships that could lead to their loyalty in a highly competitive industry is seen as essential to growing market share and creating a long-lasting competitive advantage. Every industry in the globalization era is now needed to consistently develop services in accordance with their particular fields in a professional manner. The rapid advancement of technology and information forces every company and public organization to develop innovative products and services that can meet the needs and desires of customers, ensuring that customers are satisfied with the service product provided by the organization. In a competitive environment, healthcare performance is defined not only by technical abilities and the delivery of high-quality services, but also by patient satisfaction and retention. This literature review will go into detail on how brand image, patient satisfaction and loyalty has an impact on healthcare

service quality.

## **2 Literature review**

The literature review explores relevant literature on the tenets required to find answers connecting to the research question and objectives. This part seeks to unpack the research question and review the variables being discussed.

### **2.1 Healthcare service quality**

Quality healthcare, according to Mosadeghrad (2013), is consistently delighting the patient by providing efficacious, effective, and efficient healthcare services in accordance with the most recent clinical guidelines and standards, which meet the patient's needs and satisfy providers. According to Hermawan (2018), service quality is defined as a series of special forms of a production or service that can provide the ability to satisfy the community's needs and desires. Meanwhile, according to Kotler (2017) service quality is a form of consumer assessment of the level of service received with the level of service expected. Abdullah and Tantri (2017) define service quality as the overall characteristics and characteristics of a product or service that affect its ability to satisfy stated and implied needs. From this statement, it is stated that the quality of service is a measure of the level of difference between the reality and the patient's expectations of the services received or perceived. The quality of service is an important aspect that must be considered by hospitals in providing services to patients, so that they can be of interest to patients and lead to repurchase behavior towards hospital services. Hospitals have quality services that focus on health service providers consisting of very diverse structures. In terms of health care, service quality is the gap between patients' expectations and perceptions (Albert et al., 2005). Expectations are treated as what the patients think should be offered in the medical services, and perceptions can be considered as the evaluation of patients regarding specific medical service attributes relative to their expectations. Operationally, the service quality of hospital depends upon the balance of perceptions and expectations of patients. Moreover, Lytle and Mokva (1992) proposed that service quality satisfies the needs of patients, and patients evaluate a hospital's service quality from its service output, service process, and physical environment. Service quality is directly related to service attitude and decision-making in meeting customer expectations (Guo & Wang, 2015). The level and direction of compatibility between consumer perception and expectation is considered as the idea of service quality. Before they acquire the service that they have chosen, customers build expectations. Consumers form perceptions during the service delivery process, compare them to the expectations that will be met, and then evaluate the service's outcome (Wu, 2011). Tan et al., (2010) describe service quality as a process of meeting the needs and expectations of customers. According to Kotler and Keller (2012), service quality must begin with the customer's needs and conclude with the customer's perception. The concept of healthcare service quality is strongly tied to the quality of service provided by a hospital. Good healthcare service quality is determined not by the service provider's perception, but by the customer's perception. The customer's perception of service quality is a comprehensive assessment of the superiority of the service given by the firm to the patient.

Albert et al., (2005) emphasizes the importance of consumers' assessment of the service as a result of the comparison between expectations and performance or experience in using or use the services consisting of what, which include technical quality, including outcome and how, services functional explaining the nature or state of the services consumed, while that is no less important between the two services for brand image. User experience can be categorized into three criteria, namely in the

form of what can be felt (technical quality), delivery services (functional quality), and a good impression or a bad impression about the company (brand image) that is formed in his mind before or after he take benefit from services. If the expectation according to what he felt after take benefit from these services means that service quality was good. In other words, if the impression is positive, it means that patients were satisfied or very satisfied, which is an indicator that the services provided good quality. If what is perceived by patients are still below expectations, then the quality of services must be still low. This study puts to the test the hospital's definition of service quality. In this study, the context of service quality provided by the hospital is health care service. When a patient considers what the hospital has to offer, such as medical services, expectation is addressed. The balance between patient perception and expectation determines the quality of hospital services. Perception can be defined as the patient's judgment of the medical service and the relative attribute of the anticipation received by the patient. According to John (Shahidzadeh et al., 2008), medical service quality can be improved by encouraging patient-doctor interaction, and he referenced to the concepts of technical care and emotional care. Technical care entails the precision of the diagnostic and treatment procedure, whereas emotional care entails the behavior of the service provider and communication between patient and medical doctor. According to Lytle and Mokva (Shahidzadeh, 2008), the quality of medical services meets the needs of patients, and patients evaluate service quality based on service outcome, service process, and physical surroundings.

The classification of factors of medical services quality perceived by patients varies by researchers. Medical services quality is classified into: (i) trust of patient, (ii) reliability of hospital, (iii) quality of treatment, (iv) subsidiary facilities and services, (v) physical facilities, (vi) queuing time, and (vii) mental care (Reidenbach & Sandifer-Smallwood, 1990). Babakus and Mangold (1992) measured expectation level and performance level of five dimensions of SERVQUAL (service quality) indices – tangibles, reliability, responsiveness, assurance and empathy. The development of Servqual to measure the quality of service from a user's perspective in service industries has led to active discussions on medical services quality from the perspective of patients and medical services consumers (Parasuraman et al., 1988). The service quality assessment is undisputedly dominated by Servqual scale to measure customer satisfaction which is based on expectation and perception gap analysis (Butt & de Run, 2009). However, this is a generic evaluation process and holds ground for reformation to fit into the specific industry. As a result, all five dimensions were determined to be adequate factors of medical services quality.

Kamwanga et al. (1999) conducted a primary health care project in an attempt to contribute to the improvement of basic healthcare in Zambia. The primary goal of this study was to investigate the factors that impede or enable health reforms in both rural and urban Zambia, with the ultimate goal of improving basic health care. According to the findings of this study, studies of care must consider the numerous components of care, the type of health facility, and the diverse environments in which health facilities are placed. One significant area is the scarcity of medications in health-care facilities. Access to health care facilities, particularly in rural areas, is said to be limited. Shikabi (2013) investigated the variables impeding primary health care delivery in the Chibombo district. According to the report, some of these reasons include poor infrastructure, a lack of medical supplies, a lack of equipment, a lack of budgetary allocations, and physical and economic restrictions that users confront. However, according to a Siachisa study, people's unwillingness to pay user fees is influenced by a variety of factors such as income, occupation, education, the provision of excellent services, and sensitization owing to high density residential areas. People choose alternative health care providers such as traditional healers, private local pharmacy

stores, pharmacists, and private clinics as a result of these reasons.

Attrition can have an impact on the provision of quality health services due to concerns such as insufficient time spent with patients due to work overload, the closing of certain units of the health facility due to personnel shortages, and the increased employment of inappropriate health professionals, among other things. This study has improved on the previous one by doing a case study of the Mandevu residential area in order to observe the impact of personnel shortages on a community. Zambia has a serious shortage of medical personnel, with less than one-third of the WHO-recommended doctor-patient ratio. However, after years of neglect, the human-resources predicament is receiving renewed attention, and Zambia has become a test site for numerous projects aimed at keeping health personnel, growing the healthcare workforce, and enhancing the wellbeing of nurses and doctors. Despite the fact that there are only so many doctors to go around, the amount of time someone spends at the clinic has been discovered to be a key factor influencing the provision of quality treatment. According to Kaonga, (2019) the results suggest that overcrowding at health facilities is a major hindering factor to accessing quality health care. With more patients left unattended longer queues and longer waiting time at the health facility is a norm. Zambia's major hospitals such as University Teaching Hospital, Levy Mwanawasa Teaching Hospital, Chipata First Level and Matero First Level hospital all experience overcrowding due to the provision of most facilities as a result patients shun from coming to the facility due to the long queues and the amount of time they spent at the facility. The inequitable distribution of health facilities within the country causes congestion in existing facilities, particularly in high-density areas. At the district level, the government has divided districts into A through D zones, with C and D zones having the lowest degree of investment in health facilities. Users in these zones are thought to suffer increased challenges to accessing health facilities as a result of inadequate health mapping, health staff allocation, equipment, maintenance level, road conditions, and so on. Overall, although there are various factors that may hinder users in accessing quality healthcare, the study identified the following: congestion at health facilities, economic factors, attitudes of personnel, among others. Quality healthcare does not only involve the service providers' ability to produce good services but also meeting the patients' needs. Healthcare quality has several impacts on individuals and the economy, therefore an active part to improve the overall performance is key.

## **2.2 Brand image**

Brand image is a collection of perceptions associated with a brand that reflects a customer's overall view of the business (Keller, 1993). Brand image has been extensively researched in customer purchasing behavior because it is crucial in consumer decision making (Yagci et al., 2009). Brand image relates not only to real objects but also to business institutions such as hospitals. Company brand image refers to the set of views about a company's name and reputation, and it represents both the factual and emotional aspects of a company (Keaveney & Hunt, 1992). Kotler (2017) suggests the notion of image as the public's perception of the services provided. Aminah et al (2017), defines brand image as the overall perception of a brand that is formed by processing information from various sources over time. According to Khuong and Tran (2018), brand image is a situation where patients think and feel an attribute of a brand so that patients can properly stimulate purchase intentions and increase brand value. Meanwhile, according to Clow and Donald (2018), brand image reflects the feelings that patients and businesses have about the entire organization as well as individual products or product lines. Thus, it can be said that the hospital image is the patient's perception which is shown through the patient's view or impression of hospital services. Every sector, including healthcare, recognizes the importance of

branding. Patient choice has never been more crucial in healthcare than it is now. Keller (1993) defines healthcare branding as the practice of changing how a healthcare institution is viewed. According to Kotler (2001), brand image is a set of beliefs, ideas, and impressions that a person has about an object, whereas Keller (1993) Considered brand image to be a collection of consumer perceptions about a brand in their memory. Positive branding is important because it helps customers visualize and comprehend things and reduces their perceived risk when purchasing services. A health care organization's brand image is relative to rival businesses in the same industry; it is not absolute (Kim et al., 2008).

A good corporate image is an important asset for the company, because the image will have an impact on the perception of value, quality and satisfaction (Zeithmal et al, 2017, 48). Similar to hospitals, hospitals that successfully show a good image will affect the increase in value, quality and patient satisfaction. Meanwhile, a good brand image is expected to influence patient attitudes and behavior, especially in terms of the patient loyalty process (Afrizal and Suhardi, 2018). The image of the hospital also serves as a liaison and guardian of the harmonious relationship between the hospital and its patients (Wu, 2011). Through the image of the hospital, patients are able to feel satisfaction and trust in using hospital services, resulting in loyalty to the hospital. In today's competitive business environment, the corporate brand image has become a critical success component in all industries, particularly the service sector. A strong company image is required for a service provider to maintain its market position (Kim & Kang, 2008). It has strategic consequences for patient acquisition and retention.

Customer decisions are influenced by brand image (Wu, 2011). The intrinsic brand image in the consumer is a constant process established by the organization and a generation of value for the customer (Rajagopal, 2007). The digital era, as defined by good technology utilization and the availability of conveniently accessible services by customers, causes service providers to produce superior services. The effort made by the organization to establish a positive brand image includes recognizing the different types of customers (Tanford, Raab, & Kim, 2011). A positive brand image also pushes organizations to provide high-quality services. According to Hess et al., (2005) if a hospital provides good quality services, patients will be more satisfied than the hospitals anticipation. Every healthcare service firm strives to create and maintain a distinct and appealing brand image in order to attract and retain clients over time. Furthermore, healthcare organizations frequently employ brand image to boost their competitive position in their respective industries. Branding is especially crucial in-service businesses, according to Berry (1999), because strong brands increase clients' trust in the invisible purchase. Even more crucial is the source of customer value generation. As the importance of service in determining consumer value grows, the brand highly affects the customer's loyalty. The study conducted by Sahin, et al. (2011) shows the results that brand trust, brand experience and satisfaction affect brand loyalty. Meanwhile, Eric Aysel, Sevtap, Candan, and Hatice (2012) in their study they find that brand satisfaction and brand trust affect the commitment and desire to repurchase a product, thus it affects loyalty. A positive brand image is critical to a company's ability to sustain its market position. The hospital brand image is the sum of patients' beliefs, thoughts, and impressions of the services provided by the hospital. The inherent brand of a hospital is also determined by the medical examination procedure and treatment experience (Kim, & Kang, 2008). Furthermore, hospital brand image has a strategic purpose. As a result, a positive hospital brand image strengthens patients' intentions to choose the hospital.

Healthcare Insurance is still quite low in the Zambia Insurance Industry. More citizens now have access to inexpensive healthcare thanks to the implementation of the

National Health Insurance Scheme (NHIS). The concept of universal access and coverage is based on the assumption that there are services to be accessed and that a uniform bundle of benefits may be provided. This necessitates the provision of essential infrastructure, facilities, equipment, and medications. The NHIS operates in tandem with a private, profit-making health-care insurance system. In other words, there is a parallel system in place, which poses issues in terms of service equality. There is a significant infrastructure disparity between privately funded and public health care service providers, and because the NHIS is intended to apply to both the private and public sectors, a coordinated mechanism between the insurance schemes is required to ensure access to standardized quality of care (Mange, 2021). With this in mind, patients are abandoning the brand image in favor of NHIMA-accredited institutions with the necessary infrastructure both for private and public hospitals. This has a significant impact on hospitals that are not NHIMA-accredited, putting them at a competitive disadvantage in comparison to other hospitals.

At the other end of the spectrum, Zambians must travel 500 kilometers to the nearest health care institution, with one doctor for every 12,000 patients (WHO, 2018). As a result, brand image is meaningless to patients who are simply looking for the nearest health center. According to Kaonga (2019), economic considerations influenced local people's access to health care. Economic factors are mostly concerned with issues of affordability. This might take the shape of service costs and prices, as well as household resources and willingness to pay. The financial situation of the patients may have an impact on their capacity to obtain appropriate healthcare treatments. As a result, even if a hospital's brand image is positive and patients want to go there, their financial situation becomes a barrier.

Generally, brand image in Zambia doesn't seem much of a concern as individuals are striving to get the best healthcare services at the most affordable price. With that in view, patients are opting for places that have the required services and infrastructure to attend to their needs. Due to majority of the poor living in highly densed areas, their selection is the nearest public health centre to cut down on costs. However, with the implementation of the NHIS system individuals have more options to choose from, including private hospitals.

### **2.3 Patient satisfaction**

Patient satisfaction is defined by Tjiptono (2017, pp. 146) as a post-purchase review in which the perception of the performance of the selected service alternative meets or surpasses expectations before to purchase. Meanwhile, Kotler (2017) defines patient satisfaction as a person's joy or dissatisfaction as a result of comparing the perceived performance of the service (or outcome) to their expectations. Furthermore, Daryanto and Setyobudi (2018, pp. 135) define patient satisfaction as an emotional assessment of the patient after using the service in which the patient's expectations and requirements are met. Kotler & Pohan (2017) define patient satisfaction as the patient's assessment of health services based on a comparison of what is expected against the actuality of health services obtained in hospitals. In addition, patient satisfaction can be defined as the patient's feelings after receiving health treatments in hospitals that meet their expectations. Patient satisfaction is a determinant of patient loyalty, therefore if a patient is satisfied with the health service they receive, they will repurchase the health care without regard for the services of a competitor hospital. Patient satisfaction is closely related to service quality, in that the quality of care can inspire patients to form strong bonds with the institution. This link allows the hospital to better understand its patients' expectations and needs. As a result, hospitals can improve patient satisfaction by emphasizing pleasant encounters while avoiding or eliminating negative ones (Tjiptono, 2017).

The goal of a company's customer retention strategy is to keep them happy. Customer trust, among other factors, can lead to satisfaction and commitment to the product or service chosen. Patient satisfaction is a hotly debated topic (Akbar and Parvez, 2009). Patient satisfaction is defined in various ways, but it is generally defined as a favorable/unfavorable feeling experienced by customers based on their evaluation of the conformity between their expectations and the performance of service providers (Zeithaml and Bitner, 2003; Kotler and Keller, 2011). Customers will be satisfied if performance meets or surpasses their expectations, and they will be disappointed if this does not happen (Oliver, 1997). The literature on patient satisfaction supports the description in the healthcare environment (Chahal and Mehta, 2013; Chang et al., 2013; Choi and Kim, 2013). Patient satisfaction is heavily influenced by the congruence of expectation and experience (Amin and Nasharuddin, 2013; Moliner, 2009). Customers will develop faith in the service quality if the firm provides better satisfaction than what they expect. According to the findings of a study conducted by Sahin et al. (2011), patient satisfaction influences loyalty. Meanwhile, Eric Aysel et al. (2012) indicates that consumer loyalty and willingness to repurchase a product might be influenced by satisfaction. Customer satisfaction is the emphasis of the organization in designing the strategy for development in the face of change in a highly competitive environment. The study conducted by Padma et al., (2010) explains that customer satisfaction is organization's strength, objective and driver in making strategy creativity, so as to lead to loyalty customer and excellent performance. Patient satisfaction can be examined when customer has used company's product or service.

Employee satisfaction affects the quality of health-care services, which leads to an increase in patient satisfaction (Babakus et al. 2004; Hau et al. 2016). Furthermore, the level of service provided by employees that have direct contact with clients is connected to employee satisfaction (Lee et al. 2012). The subjective assessment of service quality by the customer includes not only their subjective judgment of services that satisfy stated standards, but also their evaluation of performance during the service delivery process (Upadhya et al., 2019). As a result, all of these services are critical for retaining patients. According to Zeithaml et al. (1996), when customers have favorable evaluations of service quality, it is their desirable behavioral intentions that build their relationship with the service provider, and as a result, patients. There is compelling evidence that patients who receive high-quality hospital care are more likely to return (Taner & Anthony, 2006). The recommendations of friends, relatives, and other patients are considered as an important source of information when choosing a provider (Taner & Anthony, 2006). Furthermore, healthcare marketing experts feel that positive word-of-mouth from satisfied patients will be the most effective type of advertising for the services of physicians and hospitals (Zeithaml et al., 1996). Previous research has typically found a link between patients' satisfaction and loyalty. In their study, Cronin et al. (2019) established a link between satisfaction and loyalty across six industries, including health care services.

According to Kaonga (2019), the study discovered that some health personnel's attitudes could be a factor influencing patient satisfaction. Healthcare providers have been accused of being unpleasant and lacking decorum when conversing with patients. Low motivation levels may be a cause in health personnel's negative attitudes. As previously noted, health care institutions are understaffed, and employee morale is low. Despite patients' differing experiences, the study found that health personnel attitudes are a barrier to users receiving healthcare services, as users may feel disrespected and choose to travel to a health facility that is further away, bypassing the one nearby. According to Kaonga, (2019), a study conducted in Chaisa health center suggested that despite the enormous number of users, they reported pleasure with good quality services and faster service. It is vital to highlight that each user had a unique

experience in terms of satisfaction. While others were pleased with the speedy service and rated the hospital as the finest, others were dissatisfied with the lack of doctors, high wait times, lack of civility by personnel, corruption, and lack of openness when attending to patients. According to Kaonga, 2019, individuals at Mandevu clinic were dissatisfied with health facilities due to poor service delivery; as a result, some users were hesitant to use them. In public hospitals individuals are often discouraged from visiting the clinic due to a lack of medications and immunizations which has been a challenge in Zambia. Most hospitals will not have the prescribed drugs and people were forced to buy medicines. As a result, individuals tend to purchase medications from a private drugstore rather than going to a hospital. As a result, confidence in the services provided are low and no satisfaction is experienced. People who lacked faith in the quality of care may have bypassed the nearest facility in the belief that they could get a better service elsewhere. Generally, patient satisfaction has the potential to retain patients. The quality of healthcare services that they receive will determine their satisfaction. This study aims to determine the extent to which the quality of healthcare services affects the patient's satisfaction.

## **2.4 Patient loyalty**

Griffin (2017) defines loyalty as a non-random purchase exhibited over time by a decision-making unit, and loyalty is an attitude/behavior that shows routine purchases of services based on the decision-making unit. Meanwhile, according to Kotler and Keller (2017, 138), loyalty is a promise to repurchase or subscribe to a specific service in the future, regardless of the influence of conditions or marketing activities that can create behavioral shifts. Purnomo (2019) provides the most recent definition of loyalty, stating that loyalty is an expression of customer satisfaction acquired after using services. Sari (2018), on the other hand, defines patient loyalty as the behavior of patients who are satisfied with health care received by using health services regularly. Patient loyalty is defined by Rohmati (2020) as a type of compliance behavior or loyalty of a patient in choosing and using the same health service frequently over a period of time. Thus, patient loyalty can be defined as conduct that demonstrates the patient's commitment to repeatedly use hospital services or subscribe to hospitals. According to Gremler and Brown (1996), customer loyalty is more crucial in-service businesses than in goods businesses. This is explained by the fact that customer-producer interactions occur more frequently in the service industry than in the goods industry (Parasuraman et al., 1985). Furthermore, clients incur larger risks when purchasing services rather than commodities, presumably because goods can be examined before to purchase, whereas services can only be reviewed in retrospect (Murray, 1991). Healthcare services can be classified as people processing, which necessitates frequent interactions between consumers and service providers, or as a credence service, which is a high-risk service that customers find difficult to evaluate objectively (Zeithaml et al., 2008; Chang et al., 2013). Thus, healthcare service institutions must consider patient loyalty in order to retain their client/patient base and recruit new patients. There is no consensus on what constitutes loyalty.

In the context of a healthcare institution, loyalty can be characterized as patients' strong desire to continue using or preferring specific healthcare service providers even when alternatives are accessible (Chang et al., 2013; Moliner, 2009). This definition distinguishes two categories of customers: those who choose specific service providers out of necessity (because they have no other option) and those who make a genuine decision based on preference (Chang et al., 2013; Moliner, 2009). This may be seen in the four dimensions that contribute to the loyalty construct, namely repurchase intention, price insensitivity, feedback (word of mouth, complaint behavior), and intention to increase business in the future (regular buying and no switching intention)



(Zeithaml et al., 1996). Customer loyalty in the context of healthcare services has been investigated by researchers. Previous research, however, has been dominated by the notion that loyalty is a result of patient pleasure (Chang et al., 2013). This study, on the other hand, offered a conceptual model with three variables: satisfaction, trust, and perceived value (Figure 1). This concept is founded on the realization that contentment is no longer sufficient to explain consumer loyalty (Chang et al., 2013).

Patients will benefit from improved health outcomes if patient loyalty is developed and maintained. Patients have important roles in healthcare services, and their participation influences health outcomes (Zhou, 2017). Loyalty promotes continuity of care, compliance with medical advice, and higher use of preventative services. Loyal patients continue to use medical services, follow treatment plans, and maintain relationships with specific healthcare professionals (Phiri & Ataguba, 2014). Medical advice compliance and continuity of treatment improve healthcare services and patient outcomes. As a result, healthcare practitioners must manage patient loyalty effectively for the benefit of both health providers and patients. Several studies have been conducted to investigate how the components influence patient loyalty (Yusof et al., 2012). Patient loyalty is a direct effect of high service quality. Loyalty is supposed to be an emotional tie formed between customers and service providers. The user's decision-making process is directly influenced by the quality of services acquired (Kulsum, Yanuar, & Syah, 2017). Patients may decline acknowledgement in need or offered if there is a congruent beneficial relationship, a satisfactory therapeutic outcome, and patient satisfaction (Astuti & Nagase, 2016). As a result, the strength of the user's relationship is utilized to determine loyalty (Nogami, 2016). The attitude and actions of the customer reflect loyalty. Whereas attitude helps to build trust and relationships, behavior shows a willingness to use the company's product or service again. Consistent use of a product or service thus displays a strong belief in the system, which translates into loyalty.

With the introduction of the National Health Insurance Scheme, services have proved to be more accessible for a larger number of citizens making private services less attractive due to higher prices. According to Lwenga, 2019, penetration levels are still low countrywide with 1.6% adults recorded to have health / Medical insurance cover by 2018. This entails that the introduction of the scheme has helped improve a wider access to health care institutions. Over 100 hospitals have been accredited under the scheme which has given patients more access to healthcare services. However, the introduction of the scheme has reduced patients' loyalty resulting in patients only going to hospitals that are NHIMA accredited. This has reduced the overall loyalty levels because patients would rather go where they pay less instead of their usual healthcare service provider.

Overall, patient loyalty is seen amongst individuals when they are satisfied with the services that they receive. If patient loyalty is built and sustained, patients will benefit from improved health outcomes. Customers and service providers are intended to develop an emotional bond through loyalty, this is important as the quality of services acquired has a direct influence on the user's decision-making process. In this study we will be able to obtain insights on how healthcare services have an impact on the loyalty of a patient despite the prevailing changes that are currently occurring in the Zambian healthcare industry.

## **2.5 Summary of the literature review**

The reviewed literature provided the study with a wealth of knowledge and theoretical insights on what affects the quality health care service in health facilities. The literature review enabled the study to adopt a more ideal methodology for the study. It helped to

establish that to identify factors that affect quality it is not enough to collect views from service providers, however, views from users must also be explored. Quality is a multi-dimensional concept and might mean different things to different people, however, it is important to note that quality is not just about providing a good service but also involves accessibility and utilization by those in need. The aforementioned variables discussed would not hold if no new strategies are implemented. Therefore, an updated version and insights of the best practices to be done to improve the healthcare industry have been highlighted. The thematic review acknowledged that there is need for studies to examine the identified variables and the interplay between them in greater depth. This literature, therefore, clearly showed the value of undertaking the research.

### 3 Framework

The framework used is shown in figure 1 below. Along with these study variables, a description of the existing frameworks is provided, focusing on how they connect to the research approach and objectives. This section presents a diagrammatic illustration of the theoretical frameworks. Figure 1 demonstrates the relationship that the independent variables (brand image, patient satisfaction and patient loyalty) have on the dependent variable (Healthcare Service Quality) adopted from Aladwan (2021). The relationships among patient satisfaction, patient loyalty, and brand image on healthcare service quality dimensions will be examined by the correlation analysis, and the impact of patient satisfaction, patient loyalty, and brand image on healthcare service quality will be analyzed by regression analysis.

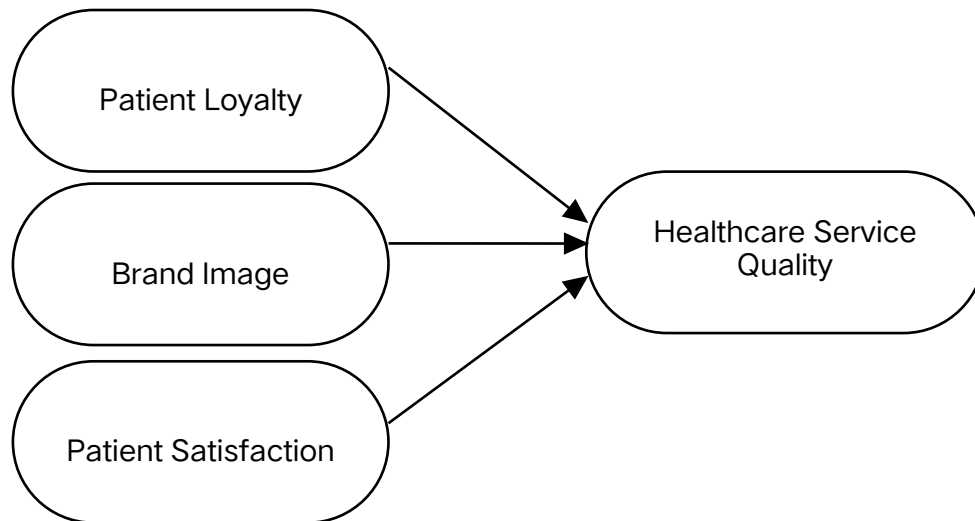


Figure 1. Research Model.

Source: Based on Aladwan et al., (2021), authors made.

### 4 Study gap

While a wealth of literature exists on quality assessment in health sector, few research have been conducted to identify factors that enhance or inhibit quality of healthcare services (Albert 2005, Shad 2008). According to the study of the literature, there are relatively few articles that aim to measure how hospital brand image, patient loyalty and satisfaction affect healthcare service quality. To explain patient loyalty, researchers have generally focused on service performance (Moliner, 2009; Chang et

al., 2013). More specifically, satisfaction has been identified as the most critical construct in determining patient loyalty in prior studies (Moliner, 2009; Chang et al., 2013). However, according to the literature on service marketing, customer loyalty can no longer be solely explained by patient satisfaction (Aurier and N'Goala, 2010; Chang et al., 2013). Consumers who are satisfied do not always become loyal consumers (Chang et al., 2013). This suggests that satisfaction functions as an order qualifier rather than an order winner (Prajogo and Sohal, 2001). According to Chang et al. (2013), this is also true in the healthcare industry, where satisfaction is a prerequisite but not a guarantee of loyalty. In other words, dissatisfaction leads to betrayal, whereas satisfaction does not guarantee loyalty. As a result, research on patient loyalty that incorporates additional components is required to assist healthcare organizations in attracting and retaining patients. This study, therefore, aims to fill this research gap by empirically exploring patients' perspectives on the quality of medical services in hospitals. To fill this gap in research, we look at the association between patient satisfaction, brand image and patient loyalty to healthcare service quality, as illustrated in Figure 1.

## **5 Research purpose**

In order to improve healthcare service quality, insights on the impact brand image, patient loyalty and satisfaction will be established, and healthcare providers will be provided an approach to plan the formulation of health systems that can improve health care delivery significantly. Ways on how to satisfy patients will be revealed allowing a higher number of loyal customers which has a positive effect on the brand image of the hospital.

## **6 Research question (RQ)**

To fill the gaps in the literature, this research aims to examine the simultaneous effects of healthcare service quality, brand image and patient satisfaction on patient loyalty. Specifically, this research attempts to answer the research question below:

RQ: What is the impact of brand image, patient satisfaction and patient loyalty on healthcare service quality in Zambia?

## **7 Expected study outcome**

The expected research outcomes of this study are meant to give insights on the level at which the independent variables affect the dependent variable. The relationship between these variables is also to be determined. Further, insights on how best to improve the healthcare service quality in Zambia will be established based on the respondents' views.

## **8 Conclusion**

This research aims to investigate how the independent variables affect healthcare service quality in Zambia. The information discussed under the literature review gives a background of the variables. The study will discover that various factors influence healthcare practitioners' ability to provide great health care. These include staff availability, user population, infrastructure, financial resources, and medical and surgical supplies. These are critical health building elements for achieving quality health care. However, in order for public health facilities to function optimally, these basic elements are insufficient. The available health staff is insufficient to meet the needs of

users, and some of them are dissatisfied with their salary, working conditions, and institutional assistance. The health infrastructure is likewise insufficient to fulfil the ever-increasing demand for health care, and it requires continual upkeep and improvements. Health-care facilities' financial muscle is weak, resulting in shortages of crucial drugs, vaccines, medical and surgical supplies, and other logistics.

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