

Moderating Role of Corporate Image on Service Quality and Customer Satisfaction: Evidence from Healthcare (Laboratory Franchises in Pakistan)

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Abstract

This study explored the moderating effect of corporate image on service quality and customer satisfaction in franchises of healthcare laboratories in Pakistan. The service quality is discussed with its dimensions with the help of a tool called SERVQUAL, suggested by Parasuraman et al. 1994 and used by many researchers in the service sector. The service quality consists of three dimensions: Tangibility, Empathy, Responsiveness (dependent variables), and customer (patient) satisfaction (dependent variable), and the corporate image is considered to observe the moderating effect. The survey method using non-probability convenience is used for data collection, and bivariate correlation and multiple regression are considered in data analysis. The results exposed the laboratory's image as a moderating variable to strengthen the relationship between service quality and patient satisfaction, and service quality's effect on patients' dignity regarding Pakistani health laboratories found irrelevant. This research work facilitates the health administrators, health care policymakers, and local and foreign investors to perceive a safer flight regarding good corporate image for increasing patient satisfaction required for expanding business as an entry mode strategy in each country's healthcare system.

Keywords: Corporate Image, Service Quality, Patient Satisfaction, Asia Pacific Franchise World.

Introduction

Corporate value, quality service, and other important attributes like functionality to increase customer satisfaction regarding customer behavior have remained a debatable issue from the beginning of organizations—moreover, the discussion on these elements greatly interested scholars and practitioners. The transitional strict shift regarding relational perspectives has remained significant during the 20th century. Creating value and sustainability explored customers' commitment and experiences (Klaus & Maklan, 2013). It is important to create a meaningful association with consumer debate establishment (Alamgir & Uddin, 2017).

Likewise, organizational control and management focus on the commitment that spreads the businesses through various franchises over multiple regions, which cover that business's scope and create revenue. Franchising is considered a new business model in the current era for a business

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investor to expand their business globally. Franchising is a growing phenomenon in developed as well as underdeveloped countries, particularly it is very common in Europe, some parts of Asia, Australia, and New Zealand (Hoffman, 1995). The growth phenomenon is important to explore the risk and return trade-in business (Hussain et al., 2011), and risk explores information asymmetry (Khan et al., 2020). In Asia, Japan was the first country where franchisors started targeting locals in the 1970s (Choo, 2001). 1.5 million franchise outlets were noticed and illustrated for considering the franchise growth and perceived as remarkable in Asia Pacific Franchise World (APFW). The popularity of franchising in Asia grew in the 1980s when multinational companies wanted to expand their business to acquire local investors in different sectors such as fast food, hotels, retail stores, Etc. The firms' working capital can be enhanced to achieve the growth target (Khan et al., 2011). Moreover, the market performance depends on franchise growth (Akash et al., 2011). Currently, the fast food sector has the highest number of franchises in the world, i.e., McDonald's, KFC, and Burger King (Franchise Direct, 2018).

Franchise building is perceived as a new business system and exposes an increasing number of units regarding healthcare in both developing/developed countries (Karlijn et al., 2014). In Pakistan, business format franchise is common in the care sector where the franchisor provides an established business, including name, trademark, support system, and specification of products and services to the franchisee to run independently (Komoto, 2005). The opportunity cost can be adjusted to build a new business and support (Khan et al., 2020), and high quality can be explored through signals (Akash et al., 2023). Two franchise networks are available in the healthcare sector, i.e., Green Star and Green Key, while mostly local investors are dominant in providing franchises. Despite increasing demand for health care services in Pakistan, this sector has yet to have a foreign franchisor. Surprisingly, our total expenditure on health is 2.8 percent of the GDP, while developed countries have five to 14 percent (Baloch, 2012 & Abid Rashid & Hamzah, 2011). In Pakistan, service quality and customer satisfaction in health services have always been under discussion because of the high costs of treatments and unstandardized medical practices (Akash et al., 2023). This domain effectively explores the policies regarding the economic upturn of the country (Amir et al., 2023). Thus, it is hard to discuss the quality of health care service and subsequently measure the satisfaction level, especially in developing and developing countries. However, some committed investors are trying to provide quality healthcare services regardless of unprecedented challenges in Pakistan. The effect on financial institutions also explored the risk effect regarding economic upturn (Khan et al., 2023).

Furthermore, extensive research studies evaluate the service quality and patient satisfaction in public and private hospitals. However, only a few studies used the moderating role of any variable, as Fatima & Shabbir (2018). Secondly, to the best knowledge of the researcher, no study focuses on service quality and customer satisfaction of franchises of health care laboratories in Pakistan. According to Perrigot (2015), the growth of franchising in other sectors, e.g., the healthcare sector, could be studied. A quantitative approach can be used to analyze the customer perception of franchises in Pakistan. It will provide a sustainable environment for businesses (Khan et al., 2021). According to Nijmeijer & Huijsman (2014). Therefore, this is the first study to determine the service quality and patient satisfaction in franchises of healthcare laboratories in Pakistan by analyzing the moderating role of corporate image. It also covers the corporate social responsibility elements (Ahmad et al., 2022). Furthermore, this research facilitates the investor to understand the role of corporate image in enhancing patient satisfaction required for expanding business by using franchising as an entry mode strategy in the healthcare sector of Pakistan. The risk financial policy can be explored regarding the investor's sentiments (Akash et al., 2023). So, examining the impact

of Service quality on patient satisfaction and analyzing the moderating role of corporate image on service quality and Patient satisfaction is important concerning the Franchises of healthcare laboratories in Pakistan. Moreover, there is a need to expose whether customer satisfaction has a positive or negative effect and whether service quality relation influences patient satisfaction within the domain of franchises of healthcare laboratories in Pakistan. The following literature is suggested for further inquiry as per the stated arguments.

Literature Review

The basic theory regarding marketing to test the customer's behavior is explored as expectation disconfirmation theory (EDT) (Oliver & DeSarbo, 1988). EDT theory is explored to expose the expectations regarding confirmation and disconfirmation, perceived as beliefs originating from consumer behavior for products and services. On the other side, disconfirmation is explored as it is a perception regarding consumption and post-consumption. In fact—the disarrangement of arguments between these two phenomena sets benefits and an important implication. The analysis explores the positive variance in the literature regarding testing customers' experience after consumption, which was found to be better than before. It depends upon their expectations. Conversely, negative variance has also been tested as the expectations were negative and bad before consumption. Both perspectives explored customer satisfaction as the commitment to their beliefs and expectations (Yi et al., 2021).

The expectations of the customers focus on enhancing the business into franchises. Franchising is the most popular and fast entry mode strategy for international companies to enter new markets (Combs et al., 2004). The academic community is also moving its attention towards international franchising, and several researches have been conducted to explore this effective mode of entry at the international level. In the 17th century, the Concept of franchisees started in England and later on expanded in the United States in the mid-19th century when a druggist named John S. Pemberton licensed selected people to sell his bottle, which was an early version of the famous brand of beverage, i.e., Coca Cola. Different models of franchises are implemented in the business sector depending on overall size or terms of using the brand name, i.e., business format franchises, manufacturing franchises, and franchises for single operators. Business format franchises explore the facilities to occupy any business's trademark and brand name. However, many authors stated that franchises as a business strategy elucidated the products and services, quality and delivery canons, and employees' training, which rapidly expands accessibility and quality products to all citizens in any sector (Karlijn et al., 2014).

On the other hand, scholars also identified the likely drawbacks of franchising. Knott AM & J. Kimberly (2008) and Montagu (2002) forecast complications in governing the excellence of facilities regarding franchisees, the flaws of interest between parties, and issues of monitoring and standardization, especially in the service sector where brand image is largely dependent on the service given by provider. Brand character and brand awareness can explore Pakistan's capital flow and economic upturn (Akash et al., 2023).

Franchise in Pakistan

In Pakistan, specifically, the attractive areas of the healthcare system are restaurants, cafeterias, hotels, and food points in colleges and universities. Franchises in retail stores, hospitals, hotels, restaurants, colleges, and universities are especially required in big cities as ample business opportunities are available due to the large population. Allocation on the health care budget is very few percent of the total budget compared to developed countries in Pakistan. The authorized

Government bodies should pay more attention to health care facilities in the country and perceive the health as a corrupt system. (Gadit, 2011, and Malkan, 2016). Another study in the same context by Nasim & Janjua (2014) stated that most Pakistanis use private healthcare services and pay high treatment and consultation fees. The poor government health policies forced the private sector to penetrate by authorizing local investors through franchises. Currently, many private hospitals are providing medical test services with the help of franchisees by charging high fees to the public. Shabbir (2016) and Irfan (2011) reported a higher level of satisfaction with a private hospital and their services, while Nasim & Janjua (2014, and Jeff Ruster & Rogo, 2015). At the international level, there are several challenges to expanding business across boundaries, such as languages, time differences, personal security, currency fluctuation etc. In contrast, at the local level, monitoring, standardization, and maintenance of service quality is a big challenge for franchisors to authorize another party to use their brand name and trade mark. Therefore, market entry in any region needs to be considered on the basis of local cultural norms, government policies, and mainly the worth of the franchisee in the market, Etc. Despite these challenges, they are expanding in different sectors, and there is no doubt that ample opportunities are available for foreign investors to enter the healthcare sector in Pakistan.

The individual holds a mental picture immediately that is explored as the business's corporate image (Foroudi et al., 2014). The image is exposed to the customer's experience (Aydin & Ozer, 2005).

The corporate image combines perceived service quality and Customer satisfaction (Wu, 2011). Behavioral concerns have been exposed in Taiwan's restaurants regarding quick service providers who showed a significant impact and positive on the intentions of this business and industry (Wu, 2013), in park industry theme (Wu et al., 2018), and industry of games (Wu, 2014).

Similarly, a good corporate image is a prime factor for an organization to expose its market share (Kotler & Clarke, 1987). An image of a hospital is usually judged by the patient's prescribed treatment checkup (Kim et al., 2008; Javalgi et al., 1992). Thus, a positive hospital image makes it easy for patients to select a hospital for their healthcare treatments. A positive image of health care service largely depends on policies based on the patient's needs, desires, and wishes rather than good medical practices (Kirdar, 2007). As Chwo- ming Joseph Yu & Tai, 2005 exposed, a good corporate image leads to high patient satisfaction and eventually directly links with good service quality. On the other side, the corporate image is an effort to explore favorable situations for the customers and put positive words in their mouths. Words of mouth can be explored as it is a type of communication from person to person that perceives a strong image, product business, etc (Harrison-Walker, 2001).

The discussion on service quality regarding theoretical work has explored in equity theory that people optimize their detriments and rewards considering the exchange procedure (Adams, 1963). The theoretical work regarding equity has been illustrated to test the relationship between companies and customers (Chen et al., 2019 & Lim, 2020). It exposed that it covers treatment and equitable exchange procedures with the company whenever they felt satisfied. The customers are perceived as equitable up to the service quality and explore the commitment regarding the company (Kelley & Davis, 1994; Jiang et al., 2016). The equity theory is the root of measuring customer service quality and loyalty (Chen et al., 2012). Service quality is the prime element in customers' evaluation. In the case of the service sector, many researchers defined aspects of service in their examination of facility worth as practical outcome quality, interaction quality, and physical environment quality (Aqsa et al., 2016), while interaction quality reflects the way the provider facilitates the customer and physical quality demotes the overall layout of the service provider.

Researchers propose that customers only expose excellence in detail but criticize service quality. Patients' quality perceptions account for 17 -27 percent of the variation in a financial recital of health care (Naidu, 2009 Hu, 2010).

Customer satisfaction is a tool to explore the expectations that are favorably met through the product and service of the organization (Kotler & Armstrong, 2018). The customers perceive the benefits of their products (Oliver, 2010). The sustainability of loyal customers remained successful until the desired needs were satisfied (Mohd Suki, 2017). Researchers and Practitioners explored the term service quality and satisfaction comparatively. These two terms are dissimilar regarding their outcome and causes. Satisfaction is generally a bigger idea, and service quality is more focused on the scope of services. Service quality is a basic section of customer satisfaction (Taqdee et al., 2018). Furthermore, Badri (2009) stated that patient satisfaction is crucial in organizing and executing service delivery. According to Shabbir (2016), there is a positive association between healthcare service quality and patient satisfaction in healthcare settings. Patient satisfaction is the gateway to earning profit in the healthcare industry. Due to increased competition, organizations realized the importance of satisfied customers and outcomes received in terms of economic health and profit. Today, service management literature asserts that service quality and Patient satisfaction is the prime factor in building a good corporate image in the mind of consumers (Ryu, 2012). The sales personnel also elucidates that customer satisfaction is a tool to expose the positive signal and will to pay more the customers (Agnihotri et al., 2019). Very rare studies have been exposed on service quality corporate image regarding behavioral perspective for customer satisfaction in the health industry (Saleem et al., 2017).

Moderating Role of Corporate Image

As scholars, we have tried to explore the elements of the subject matter, like consumers' decisions to buy products and services in the health sector. Various arguments have been floated in research regarding testing the corporate image and focusing on customer satisfaction to check the business efficiency. The brand of the company is a key element to observe the image and reputation of that business. As a result, organizations are now focusing on enhancing the corporate image through their stakeholders. The competitive advantage can only be achieved by targeting the corporate image and customer satisfaction. These elements can be achieved through responsiveness behavior, beliefs, ethics, empathy, and tangibility focus of the organization (Zameer et al., 2015). The corporate goals can be achieved through the expressed forms of visual and non-visual ads in the markets. Trademarks, monograms, and various tools used in the business can explore the corporate image response effectively. The literature elucidated that service quality impacts corporate image (Ozkan et al., 2020). This argument supports the study to test and investigate the moderating role of organizational management for customer satisfaction, corporate image, and service quality (Chien & Chi, 2019). The literature also supports it, so the following hypothesis and methodological model have been stated based on the above facts.

Hypothesis

H1: There is the possibility of Corporate Image moderating effect between the service quality and customer satisfaction about franchises of healthcare laboratories.

H2: There is no possibility of Corporate Image moderating effect between the service quality and customer satisfaction about franchises of healthcare laboratories.

Methodology

The survey questionnaire method was used to consider the validity of the analysis. Likert scale is defined, and the Likert scale is adopted in this study; Lai, 2004 has considered and measured on a 5-point Likert scale. Several experts and health practitioners were taken into consideration to target the response of the data. Questionnaires are employed to measure the data and expose the techniques, i.e., multiple regression correlation analysis, for finding the results. Cronbach Alpha occupied to check the reliability and consistency of the model. Data was based on the patients who visited healthcare laboratories for various types of medical tests, and the sample size was derived by using the rule of thumb under sample size consideration given by Hair & Black, 2009 for regression analysis. This study explored the results by occupying the multiple regression and correlation models.

The following model is applied to explore the results as under.

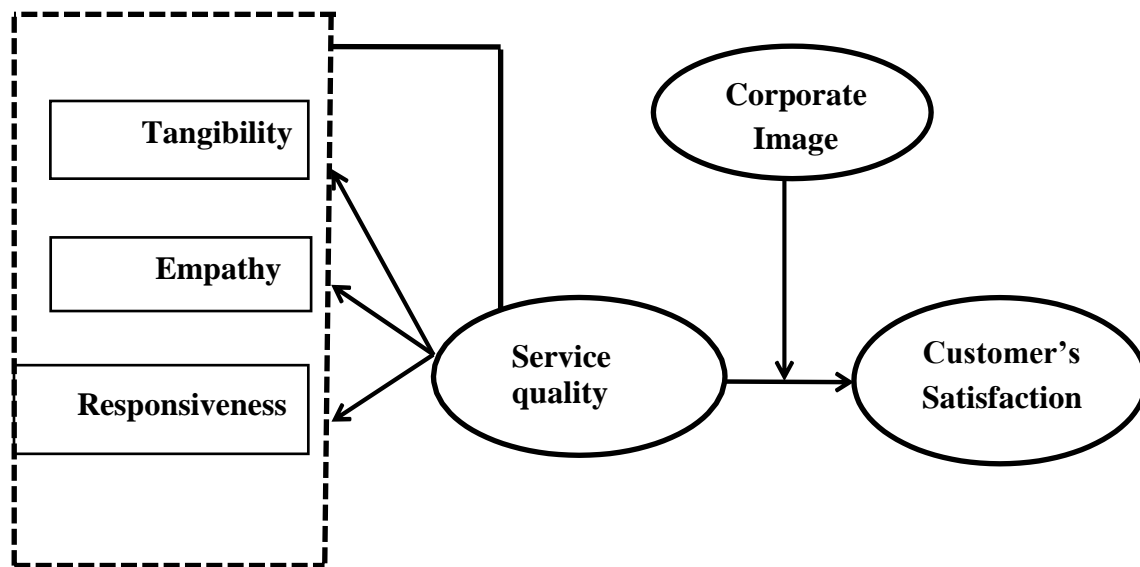


Figure 1: Methodological Model

Regression Model

The regression model is explored as under to identify the interdependence that at what extend the variable is dependent upon others. Here this relation is observed by considering the corporate image, service quality and customer's satisfaction regarding franchises of laboratory services in Pakistan.

$$CS = B_0 + B_1 \text{Corporate Image} + B_2 \text{Service Quality} + B_3 \text{Tangibility} + B_4 \text{Empathy} + B_5 \text{Responsiveness}$$

In this equation CS is customer's satisfaction, B_0 is constant, B_1 is coefficient. The other control variables were taken to expose the valid effect of corporate image, service quality and customer's satisfaction likewise tangibility, empathy and responsiveness. The corporate image is taken as moderating variable.

Findings and Discussion

Normalized the data and in the data set, we analyzed the value of skewness and kurtosis for data

normality. An acceptable range is from -3 to +3 while zero value of skewness and kurtosis is considered as perfect normal distribution of data.

Table 1: Descriptive Statistics

	N	Mean		Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error	Statistic	Std. Error
Service quality	100	.04659	.157	.241	.644	.478	
Customer's satisfaction	100	.06945	-.456	.241	.131	.478	
Corporate Image	100	.06431	-.346	.241	-.369	.478	
Valid N	100	100	100	100	100	100	

The above value shows that data is normal as all values fall between -3 to + 3.

The majority of the respondents were male with 67.0%.

The age group of respondents with higher is the percentage was ranging from 20 – 25 years with 65.0%. The monthly income level of the respondents was 75000 and above with 44.3%.

The mean value of the variable showed that at some extent, the respondents are targeting the corporate image towards service quality and customer's satisfaction.

Table 2: Percentage of Participants in Sample

Demographic variables	Categories	Percentage %
Gender	Male	67.0
	Female	33.0
Age	20-25	65.0
	25-30	9.0
	30-35	9.0
	35-40	7.0
	40 above	10.0
Monthly Income	15000-35000	23.7
	35000-55000	15.5
	55000-75000	15.5
	75000 & above	44.3
Education	Under Graduate	43.0
	Graduate	33.0
	Post Graduate	24.0
Laboratory Experience	Shaukat Khanum Lab.	38.4
	Agha Khan Lab.	10.1
	Chughtai Lab.	35.4
	Others	16.2
Occupation	Professional	26.3
	Educator	9.1
	Student	60.6
	others	4.0

The highest percentage of respondents for educational status falls in option of under graduation with 43.0%. respondents' experiences with health care laboratories are with Shaukat khanum Laboratory with 38.4% which is close to Chughtai Laboratory with 35.4%. Finally, majority of the respondents are students with 60.6%. The value ranges from 0 to 1 but 0.7 and above values are acceptable while less than 0.7 are questionable. The Cronbach's alpha of each variable is given in below table.

Table 3: Calculation of Cronbach's Alpha

Variables	Number of items	Cronbach's alpha
Tangibility	4	.775
Empathy	4	.783
Responsiveness	5	.774
Service Quality	13	.741
Customer's Satisfaction	4	.756
Corporate Image	4	.770

Table 4: Description of Dispersion

		Mean	Std. Deviation
Service quality	100	3.0064	.46588
Customer's satisfaction	100	3.6217	.69454
Corporate Image	100	3.8233	.64313
Valid N	100		

Responses for the scale of the scale were measured on a five-point scale with strongly disagree; 2= disagree; 3 = neutral; 4 = agree; and, 5 = strongly agree. The Cronbach Alpha value suggested that the model is fit and within the range. This measurement should enhance the validity of the results and arguments should be on facts. The value of Cronbach is within the accepted limit. On the other side, the standard deviation is exploring that at what extent the mean value is deviating from original value. The value of customer's satisfaction is more deviating than other variables in the study.

Table 5: Coefficient of Correlation

Quality service		Patient satisfaction		Corporate image
Service quality	Pearson correlation	1	.370	.310
	Sig. (2-tailed)		.000	.000
	N	1	100	100
		0		
		0		
Customer's satisfaction	Pearson Correlation	.3	1	.670**
		7		

		0		
	Sig. (2-tailed)	.0		.000
		0		
		0		
	N	1	100	100
		0		
		0		
Corporate Image	Pearson Correlation	.3	.670**	1
		1		
		0		
	Sig. (2-tailed)	.0	.000	
		0		
		0		
	N	1	100	100
		0		
		0		

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

The correlation results exposed that the entire variable has positive relationship with other variables. Service quality has positively moderate relationship with patient satisfaction i.e., $r = .3$. Patient satisfaction is positively correlated with all the variables of the hypothesized model while it has strong relationship with corporate image i.e., $r = 0.670$. The last variable corporate image has significant positive relationship with patient satisfaction i.e., $r = 0.670$. They're found strong correlation between corporate image and customer's satisfaction. Higher the customer's satisfaction explores the higher level of corporate image of the organizations.

Table 6: Regression Analysis

Customer's satisfaction model parameter estimates

Model		Unstandardized coefficients		Standardized coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.787	.458		6.273	.216
	Service quality	.197	.150	.162	8.664	0.09

a. Dependent Variable: Customer's satisfaction

Moreover, multiple regression analysis is occupied to explore the degree of dependency regarding the factors to expose the hypotheses result. In this research study, Tangibility, Empathy and responsiveness as service quality is the independent variables whereas Patient satisfaction is the dependent variable.

Table 7: ANOVA^a of customer satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.065	1	.065	.134	0.09 ^b
	Residual	47.691	98	.487		
	Total	47.756	99			

a. Dependent Variable: Customer's satisfaction

b. Predictors: (Constant), Service quality

The above table shows that p – value of ANOVA is 0.09 which indicates that model of Patient's satisfaction highly insignificant as the p – value is much larger than 0.05.

Table 8: Model summary of customers satisfaction

Model	R Square	Adjusted R Square	Std. Error of the Estimate
1	.10	.09	.89760

a. Predictors: (constant); service quality

b. Dependent Variable: Customer's satisfaction

The R square value explored that 9. % variation in the Patient satisfaction is noted by the concepts of service quality in franchises of health care laboratories. The Adjusted R square value indicated that 9.0% variation occurs in the model for customer's satisfaction is explained by linear connection of independent variables.

Table 9: ANOVA^a of moderating effect of corporate image on service quality and customer's satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
2	Regression	21.559	2	10.780	39.915	.000 ^c
	Residual	26.196	97	.270		
	Total	47.756	99			

a. Dependent variable: patient satisfaction.

b. Predictors: (constant), service quality, corporate image.

The above table shows that p-value of ANOVA is 0.000 which indicates that moderating effect of corporate image on service quality and patient satisfaction is highly significant as the p-value is much larger than 0.05.

Table 10: Model summary of moderating effect of corporate image on service quality and customer's satisfaction

Model	R square	Adjusted R Square	Standard error of the estimate
2	.451	.440	.51968

a. Predictors: (Constant), Service quality, corporate image.

b. Dependent Variable: Patient satisfaction.

The R square value shows that 44.0 % variation in the Patient satisfaction is explained by the

moderating role of corporate image in franchises of health care laboratories. The Adjusted R square value indicated that 45.1% variation exists in the model for patient satisfaction is explained by linear relationship of moderating variable.

Table 11 Result of Hypothesis

H1	H1: There is a possibility of Corporate Image moderating effect between the service quality and customers satisfaction in relation to franchises of healthcare laboratories.	Rejected
H2	H1: There is not a possibility of Corporate Image moderating effect between the service quality and customers satisfaction in relation to franchises of healthcare laboratories.	Accepted

Conclusion

This research study examined the corporate image of healthcare laboratories in Pakistan. The relationship between service quality and patient satisfaction has been discussed extensively in research but has yet to receive more attention in the healthcare sector. The results elucidated that service quality does not affect patient satisfaction in health care settings. It means that patients are more concerned with the authenticity of laboratory test, medical service procedure, and timely getting medical reports in case of diagnosis of severe cases such as HIV, cancer, etc as they know that the government spend very little on health care services and only allocated. Thus, their expectation and level of satisfaction with service quality in health care service is very low. The results contradicted several previous studies on patient satisfaction (Javed & Ilyas, 2018).

On the other hand, this is the first research study that indicates that variable. The result clearly shows that patient is more concerned about the overall image of healthcare laboratories because the majority of the population and most of the health facilities in urban and rural areas are illegal and unregistered by the government. Therefore, there are several opportunities for local and foreign investors to enter the franchising system in the care sector of Pakistan.

Recommendations

The study has some new directions for future researchers in the healthcare sector. First, the quantitative method can be used to get more customer insight into analyzing the franchising system in the healthcare sector of Pakistan. Second, challenges and opportunities can be explored by analyzing the franchisor and franchisee relationship. Third, several other important factors can be considered, such as care services. Furthermore, future studies could be done by comparing franchising and non-franchising systems in Health care services. They could be done by taking similar factors in franchises of another service sector.

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