

Is there any Difference in Service Fairness between Private and Public Hospitals Influencing Customer Satisfaction?

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Abstract: *The rapid expansion of insurance coverage, without the development of infrastructure, will create demand that cannot be met by the existing healthcare system. The sudden increase in demand will disrupt the delivery of service, especially in public hospitals, which will influence service satisfaction levels. A preliminary study shows that satisfaction levels of BPJS Kesehatan patients are still low. The most frequent reasons cited for dissatisfaction are fairness issues such as different treatments and different processes and procedures. Studies have found that aside from evaluations of quality, fairness is indeed an important factor that influences satisfaction. Yet there are limited empirical researches on the effect of service fairness on service delivery, especially in the healthcare industry. This study addresses the question of whether there are direct relationships between three variables of fairness and customer satisfaction. In other words, are there different levels of perceived service fairness in private and public hospitals and, if so, does this have an impact on customer satisfaction? Using a descriptive quantitative method, this study was conducted on BPJS Kesehatan members who used 19 public and private hospitals in nine cities in Java, Indonesia. A six-point Likert scale questionnaire was designed and distributed. Four hundred and six samples collected were eligible for analysis using descriptive analysis and structural equation modelling using LISREL. The results show that there is a positive impact of the three variables regarding service fairness on customer satisfaction in public and private hospitals. However, the relationship between distributive fairness and customer satisfaction is not significant in public hospitals. This study strengthens the building evidence that service fairness, in addition to service quality, influences customer satisfaction, specifically in service delivery in the healthcare industry*

Index Terms: *BPJS Kesehatan, Public Hospitals, Private Hospitals, Satisfaction*

I. INTRODUCTION

Indonesia is one of several low-middle income countries aiming to improve its health financing system and implement universal health coverage (Bredenkamp et al., 2015)). The government of Indonesia established the Badan Penyelenggara Jaminan Sosial (BPJS) (Social Security Administrator for Health) to ensure the implementation of the system. One of the programmes is BPJS Kesehatan, which covers health insurance for all Indonesians. Introduced in January 2014, BPJS Kesehatan has been successful, offering

coverage to a large proportion of the population. As of January 2017, three years after implementation, BPJS Kesehatan had 172.97 million members.

Bredenkamp et al. (2015) state that the sudden increase in demand will disrupt the delivery of service, especially in public hospitals, and will lead to the disruption of service and, as a consequence, satisfaction levels will be influenced. Currently, there is limited research on patients' satisfaction with the service of BPJS Kesehatan. One study from Center for Health Economic and Policies Study at the University of Indonesia shows that the satisfaction level with hospital service is 54% and the satisfaction level with doctor service is 44% (2). Dwidienawati and Abdinagoro (2017) in their small study also report that the satisfaction rate is below expectation (60%).

That study also reveals that this low level of satisfaction in BPJS Kesehatan is not only because of the quality of care, but also because of fairness issues. The most frequent reasons for dissatisfaction are long queues and long waiting times, different treatments, complicated procedures and the fact that few drugs are covered. The reasons mentioned by the respondents are very similar to complaints raised by BPJS Kesehatan patients in online articles. Long queues, waiting times, complicated procedures and different treatments (discrimination) are the most common issues raised by patients on articles from Kompas.com, CNNIndonesia.com, and Tempo.co.id from 2014 to 2016. Different treatments are said to be offered by the service provider to BPJS Kesehatan patients as opposed to regular patients, where more complicated procedures than necessary are offered to the BPJS Kesehatan patients.

Most fairness studies are conducted with an experimental design (4–8). Only a few studies, especially those on in-service delivery, are conducted using a survey design. So far, only two studies on service fairness and customer satisfaction in the healthcare industry exist. The objective of this study is to fill the gap in the empirical literature and investigate the influence of fairness on customer satisfaction in the natural or field setting – specifically, in the healthcare industry. Furthermore, this study aims to assess the impact of service fairness on satisfaction with BPJS Kesehatan service in public hospitals compared to that in private hospitals.

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II. LITERATURE REVIEW

A. Service Fairness

It is said that individuals are motivated by comparing themselves to others. In general, it can be assumed that customers are satisfied when they perceive treatment to be fair. Carr (2007) states that, no matter how good the service is, one will be more satisfied if he or she gets the same level of services as other customers. Service fairness is a customer's perception of the degree of justice in a service firm's behavior (Su & Hsu, 2013b). Researchers have found that in addition to quality evaluation, fairness is an important factor influencing satisfaction (11). Oliver and Swan (1988), in Vinagre & Neves (2010) confirm that meeting expectations and fairness are important predictors of satisfaction.

The equity theory of motivation states that individuals are motivated by a comparison of the ratio of their inputs to their outcomes relative to the same ratio in others who are comparable to them (13). How reward or outcome is perceived among recipients is called distributive fairness (DF). DF is concerned with equitable outcome distribution (14).

Procedural fairness (PF) refers to the processes and procedures by which allocation decisions are made (Folger & Greenberg, 1985; Thibault & Walker, 1975 in DeConinck, 2010b). It is the manner in which outcomes are delivered (11). It is associated with processes and the timeline of these processes (16). PF reflects a transparency system that signals that all customers will be treated fairly (17).

Interactional Fairness (IF) is the manner in which customers are treated in terms of respect, politeness and appreciation of other thoughts (Kashyap & Sivadas, 2012). IF refers to the interpersonal treatment in the organisation (Bies and Moag, 1986, in DeConinck, 2010b). It focuses on the fairness of interactional communications and procedures (18). IF refers to perceived fairness of treatment (19). It includes interpersonal aspects, such as courtesies and politeness, and informational aspects, such as delivering all relevant information well (20).

DF, PF and IF all have significant contributions towards satisfaction. Fairness has been studied in various industries, such as retail banking (21); air travel, restaurants, auto repair and dental (22); and in hotels and retail-wholesaler relationships (Brown et al., 2006). However, issues covered by fairness studies are mostly service recovery (4,7,8,19,24–27) and organizational behavior and price fairness (Malc et al., 2016; Homburg et al., 2014; Fernandes & Calamote, 2016). There are still few publications reviewing the impact of fairness post consumption on satisfaction. Only two studies on fairness in the healthcare industry are available so far (Vinagre & Neves, 2010; Ramsaran-Fowdar, 2008).

B. Customer Satisfaction

Consumer satisfaction is seen by marketing literature as initially being an outcome resulting from the consumption experience. Satisfaction is defined as "the consumer's fulfilment response", a post-consumption judgment by the consumer that a service provider offers a pleasing level of consumption-related fulfilment, including under- or over-fulfilment (Oliver, 2015). Kashyap and Sivadas (2012)

define satisfaction as consumer positive affective responses to the service.

Newsome and Wright (1999) state that consumer satisfaction is at the very core of marketing theory and practice. Ramsaran-Fowdar (2008) further argues that retaining customers may be more profitable than attracting new ones, as dissatisfied customers may lead to unfavorable behavior intentions such as negative word of mouth, doing less business or switching to an alternative service provider

In healthcare, Roberts and Reich (2002) argue that patients' satisfaction is an important indicator for evaluating public service systems (31). Investigating public satisfaction is the most common way of confirming public opinion and needs for policy innovation. However, it is demonstrated that there is a link between satisfaction and patient compliance in areas such as appointment keeping, intentions to comply with recommended treatment and medication use. A high-quality clinical outcome depends on compliance, which indirectly depends on patients' satisfaction (30). Therefore, patients' satisfaction should also be considered when looking to improve treatment outcomes (32).

Patients' satisfaction affects healthcare providers financially through referral and reimbursement. Patients' satisfaction has also been linked to unsolicited complaints and medical malpractice lawsuits (33).

III. METHOD

The population of this study includes a sample of BPJS Kesehatan Mandiri members (paying members), of which the total population is 61 million. Data for statistical analysis was gathered through a field survey from April to July 2018. This survey was conducted using a structured questionnaire.

The survey was administered in nine big cities on Java Island, Indonesia. It was designed to elicit the post-consumption opinions of the sample on BPJS Kesehatan service providers. Nineteen private and public hospitals in nine cities were targeted. Six hundred and ninety-eight questionnaires were distributed and collected using the convenience sampling collection method, due to time and resource limitations.

A. Measures

The survey explored respondents' assessments of IF, PF, DF and customer satisfaction. Respondents were asked to rate their level of agreement with particular items using a six-point Likert scale that ranged from strongly disagree to strongly agree. The mid-point was omitted to avoid social desirability bias (34). IF, PF and DF and customer satisfaction were measured using indicators modified from Carr (2007) and Kashyap and Sivadas (2012).

B. Measurement Model

Data from the returned questionnaires was compiled and analysed using SPSS. The measurement correlation for the latent variables IF, PF, DF and customer satisfaction was analysed with structural equation modelling using the LISREL programme.

IV. RESULT

Of the 698 questionnaires distributed, 100% questionnaires were returned. Since this study aimed to evaluate post-consumption judgment of service fairness and satisfaction, all questionnaires returned underwent first screen (to ensure each respondent was an active BPJS Kesehatan Mandiri member and had experience with BPJS Kesehatan service). The second screening was for missing data. After the screening, 406 questionnaires were viable for analysis.

Table 1 shows that the occupations of respondents in public hospitals were mostly within other sectors (38.8%), whereas respondents from private hospitals mostly worked in private sectors (37.2%). In both types of hospitals, the majority of respondents (more than 75%) often used the BPJS Kesehatan service. A higher percentage of respondents with income between 3-10 million used private hospitals compared to the percentage that used public hospitals (62.1 vs 55.8%). More female respondents used private hospitals than males. However, the ratio is relatively similar in public hospitals. Finally, more people with higher education degrees used private hospitals compared to those who used public hospitals (41.9% vs 37.1%).

Mean-statistical analysis reports show that respondents' answers to the four research variables were from 4.75 (PCF) to 5.05 (GEN), or around 5. These scores show that respondents mostly agreed with the statements in the questionnaire. Private hospitals had the highest mean for IF (4.97), followed by DF (4.9). PF had the lowest with mean, 4.8. In public hospitals, the highest mean was again for IF (4.8), but a lower score than that for private hospitals. DF and PF had similar means of 4.6. The satisfaction mean in private hospitals was higher than that in public hospitals (Table 2).

Table 3 shows that indicators used in this study to measure IF, DF, PF and customer satisfaction are valid and reliable and the model was in good fit (all GOFI criteria were met).

For total sample (comprising data on both private and public hospitals) all IF, PF and DF relationships to customer satisfaction were positive with t-value of >1.96. However, in public hospitals, the DF relationship to satisfaction was not significant (t-value <1.96). In private hospitals, IF had the biggest impact on customer satisfaction. In public hospitals, PF had the biggest impact to customer satisfaction.

V. DISCUSSION

Patients' satisfaction is an important indicator when evaluating public service systems (31). However, patient satisfaction has another important role rather than just indicator of programme achievement. Newsome and Wright (1999) state that patient satisfaction will influence compliance with and participation in treatment. Therefore, patients' satisfaction is also important in improving treatment outcome (32). BPJS Kesehatan is a very important healthcare programme for Indonesians. However, due to the rapid expansion of the programme, the service quality might suffer with the increasing number of patients. That will lead to customer dissatisfaction.

During the hypotheses testing, all relationships tested in private hospitals were positively significant. However, the sub-analysis results from the public hospitals showed that one

relationship – DF to satisfaction was not significant.

The post-survey interviews showed that patients prefer to go to private hospitals because of perceived better services. Looking at the descriptive statistics comparison (Table 2), all three service fairness variables in public hospitals were lower than in private hospitals. In other words, it can be said that interaction, procedure and desired or needed outcomes were lower in public hospitals compared to private hospitals. This leads to lower satisfaction in public hospitals compared to private hospitals.

DF had the lowest mean among the three variables of service fairness and the biggest difference in mean points between private and public hospitals (0.3 points) Table 2). This result implies that respondents perceived that their treatment outcomes are less adequately met in public hospitals. This finding might be because the standard of service in the public hospitals might be lower compared to that offered in private hospitals. Moreover, the number of patients seeking treatment in public hospitals is larger, therefore the time medical staff are able to spend with patients is less, which will influence the perceived quality of treatment. Consequently, the desired or needed outcome might be affected.

Nevertheless, respondents are still satisfied with the service of BPJS providers in public hospitals, even it is to a lesser degree. Looking at the respondent profile, those using public hospitals were working in other sectors (38.8%), fell into the lower middle-income ratio (55.5% in public hospitals vs 62% in private hospitals) are were less likely to have a higher education degree (37.1% vs 41.9%).

Treatment outcomes refer to the end result of seeking medical assistance. The higher the education qualification of the respondent, the more demanding he or she tended to be regarding real outcome, as well as regarding interaction and procedures. The same applies to more affluent respondents, such as people working in the private sector or entrepreneurs who have limited time. It is important for the respondents that use private hospitals that they receive the desired or needed outcome, which will have impact on their satisfaction.

In Table 2, the mean statistics for private and public hospitals show that all three variables of service fairness had a higher mean in private hospitals. In private hospitals IF, had highest mean and PF the lowest mean. The reason for this finding is possibly that it is a common belief that private hospitals offer much better service compared to public hospitals. Good private hospitals have certain rules to follow. They have to act and communicate to patients in certain way. How patients rate them is important. Therefore, the way staff treat and communicate with patients can be expected to be polite and respectful.

In both private and public hospitals, PF had the lowest mean (4.8 in private and 4.6 in public). PF was the most visible and easy to compare variable for BPJS Kesehatan patients. There are different procedures between regular and BPJS Kesehatan patients. For regular patients, hospitals can implement their own procedures. For BPJS patients, hospitals need to follow procedures set up for BPJS Kesehatan patients, both in public and



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private hospitals. By default, the procedures will be different for regular and BPJS patients. These different procedures are visible and observable to all patients. Patients can easily compare these procedures, which are usually more complicated for BPJS Kesehatan patients. This difference affects customer satisfaction.

The procedures used on BPJS Kesehatan patients are quite similar across private and public hospitals. In both types of hospital, patients considered the procedures offered to BPJS Kesehatan patients to be complicated or even inadequate. Therefore, the mean for this variable was relatively low compared to those for IF and DF.

Table 1.Respondent Profile

Category	No of Respondents	%	No of Respondents (Public Hosp.)	%	No of Respondents (Private Hospi.)	%
Occupation						
Civil Servants/Arm force /Police	24	5.9	7	5.4	17	6.1
SOE Employee	14	3.5	1	0.8	13	4.7
Workers from Informal Sector	5	1.2	1	0.8	4	1.4
Private Sectors	140	34.5	37	28.7	103	37.2
Entrepreneurs	102	25.1	31	24.0	71	25.6
Others	117	28.8	40	38.8	67	24.2
No Answer	4	1	2	1.6	2	0.7
Usage of BPJS Kesehatan Service						
Often	316	77.8	99	76.7	217	78.3
Selsom	88	21.7	28	21.7	60	21.7
No Answer	2	0.5	2	1.6		
Monthly Income						
< 3 Million	137	33.7	43	33.3	94	33.9
3 - 5 Million	174	42.9	55	42.6	119	43.0
5 - 10 Million	70	17.2	17	13.2	53	19.1
> 10 Million	23	5.7	12	9.3	11	4.0
No Answer	2	0.5	2	1.6	0	0.0
Gender						
Female	211	52	65	50.4	146	52.7
Male	194	47.8	64	49.6	130	46.9
No Answer	1	0.2		0.0	1	0.3
Education						
Elementary/Jr High School	45	11.1	19	14.7	26	9.4
High School or similar level	195	48	62	48.1	133	48.0
Diploma	51	12.6	18	13.9	33	11.9
Bachelor	106	26.1	28	21.7	78	28.2
Master	7	1.7	2	1.5	5	1.8
Doctor/PhD	0	0	0	0.0	0	0.0
No Answer	2	0.5	0	0.0	2	0.5

Table 2.Descriptive Analysis

	Mean Value			
	IF	PF	DF	SAT
Private Hospital	4.97	4.80	4.90	4.90
Public Hospital	4.80	4.60	4.60	4.50
Total	4.92	4.75	4.85	4.76
Diff Private vs Public	0.17	0.20	0.30	0.40

Table 3.Measurement Model Analysis of Customer Satisfaction

CODE	Indicator	SFL (≥0.5)	t-value (≥1.9)	CR (≥0.70)	VE (> 0.50)	RMSEA (≤ 0.08); NNFI (> 0.90); CFI (> 0.90); SRMR (< 0.05); GFI (> 0.90); NormX2 (≤ 2)
INF		0.89	0.68			Meet All Criteria
INF01	BPJS Patient is treated politely	0.93	0.14			
INF02	BPJS Patient is treated respectfully	0.98	0.04			
INF03	BPJS Patient is given enough time to explain their condition	0.68	0.54			
INF04	BPJS Patient voice is listened well	0.65	0.58			
PCF		0.87	0.69			Model Fit is Perfect
PCF01	The process and procedure for BPJS Patient is consistent	0.65	0.58			
PCF02	The process and procedure for BPJS Patient treatment are appropriate	0.87	0.25			
PCF03	The process and procedure for BPJS Patient treatment are considering BPJS Patient condition	0.94	0.11			
DTF		0.85	0.74			Model Fit is Perfect
DTF01	Service that BPJS Patient get is fair with what they pay/contribute	***	***			
DTF02	Healthcare provider help BPJS Patient to get desired outcomes	0.9	0.2			
DTF03	Healthcare provider give what BPJS Patient needs	0.82	0.33			
SAT		0.91	0.77			Model Fit is Perfect
SAT01	BPJS Patient is satisfied with the interaction with Healthcare provider or Hospital	0.84	0.3			
SAT02	BPJS Patient is satisfied with the support of Healthcare provider or Hospital	0.92	0.15			
SAT03	BPJS Patient is satisfied with the service of Healthcare provider or Hospital	0.88	0.23			

Table 4.Estimation of Research Model in Public Hosp. and Private Hosp.

Relationships Between Variables	Total N=406		Public Hositals N=129		Private Hospitals N=277	
	Coefficient	t-Value*	Coefficient	t-Value*	Coefficient	t-Value*
INF → SAT	0.35	10.29	0.29	4.52	0.39	10.67
PCF → SAT	0.41	8.50	0.54	6.34	0.37	7.24
DTF → SAT	0.27	5.38	0.15	1.70	0.33	6.27

VI. CONCLUSION

This paper sought to explore the satisfaction rate of patients regarding BPJS Kesehatan service providers. Patient satisfaction evaluation is important because it is an important indicator for evaluating the achievement of the programme as well as because of the effect of patient satisfaction on treatment outcome.



The results of the study show that patients are satisfied with the interaction, support and services provided to BPJS Kesehatan patients in both private and public hospitals. However, the satisfaction level is higher in private hospital, indicated by the higher mean of all variables of service fairness.

All variables of fairness positively and significantly influence satisfaction in private hospitals. However, DF failed to show a positive relationship to satisfaction in public hospitals. This is due to different patients profiles and their perception of whether or not perceived treatment outcome is as what they expected.

The managerial contribution of this study is that it offers insight to BPJS Kesehatan that the current health care provider service especially from private hospitals is satisfying. With that insight, BPJS Kesehatan needs to put some effort to involve more private hospitals in giving services to BPJS Kesehatan patients. It also shows that BPJS Kesehatan and hospitals need to improve processes and procedures as well as perceived treatment outcome. This study gives evidence of the impact of service fairness influence on customer satisfaction regarding service delivery in the healthcare industry.

The limitations of this study include the fact that there are healthcare service distribution issues in Indonesia. Considering this study was done in Java, further studies should be done outside Java to confirm the results.

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