

Factor Influence of High-Quality Service Delivery and Switching Costs on Patient Satisfaction and Loyalty in Libyan Private Hospitals

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Abstract

This review paper delves into the critical aspects of healthcare service quality and patient loyalty within Libya's private healthcare sector. Despite its significance for the country's healthcare landscape, there has been limited research on these topics by Libyan researchers. Therefore, this paper conducts a comprehensive literature search to address this gap. It examines the challenges and importance of enhancing patient loyalty, considering economic implications, private healthcare sustainability, and the unique dynamics of Libya's healthcare system. Additionally, it investigates factors influencing patient loyalty and sheds light on private-sector sustainability. Emphasizing the specific context of Libya and drawing upon the Satisfaction-Loyalty Theory (SLT) and the Expectation Confirmation Theory (ECT). It highlights the importance of actual value delivery and switching costs in Libya's private healthcare. The paper concludes by stressing the need for further research to develop conceptual underpinnings and analytical models, aiming to fill the research gap in Libya's private hospital sector and inform policies, practices, and academic knowledge.

Keywords: High-Quality Service Delivery, Switching Costs, Patient Satisfaction, Loyalty, Libyan Private Hospitals

Introduction

In the aftermath of the conflict, Libya's healthcare landscape has undergone significant transformations, particularly with the rise of private hospitals as pivotal healthcare providers amidst challenges faced by the public sector (Perroux, 2019). The emphasis on high-quality service delivery by these private institutions highlights the critical role they play in shaping healthcare experiences and outcomes for the population. Against this backdrop, this study delves into the concept of High-Quality Delivery (HQD) within the Libyan healthcare sector, aiming to unravel its implications for patient loyalty. Amidst the socio-economic complexities and constraints prevailing in Libya, ensuring access to high-quality healthcare services is

paramount (Mahmud et al., 2022). This research seeks to understand the intricate relationship between HQD and patient loyalty, exploring factors such as patient satisfaction, perceived value, actual value delivered, and the influence of switching costs. By focusing on patient loyalty within Libyan private hospitals, the study aims to provide valuable insights that contribute to the broader discourse on healthcare management in regions undergoing significant systemic transitions.

Overview Healthcare System in Libya

The healthcare system in Libya faces significant challenges, including shortages of essential medicines, deteriorating facilities, and inadequate supplies and equipment (Sullivan et al., 2011). Conflict has led to the destruction of hospitals and clinics, with many facilities now non-functional due to security issues and lack of funding (Daw, 2017). Approximately 1.3 million people require humanitarian assistance as a result of the conflict (KAK et al., 2023). Private hospitals in Libya prioritize high service quality, highlighting the importance of understanding their impact on public health post-conflict (Daw, 2017). While research directly addressing this is limited, various studies and reports illuminate the challenges facing the Libyan healthcare system (Taguri, 2018). Recent evaluations reveal acute shortages of medicines and severe dilapidation in primary healthcare facilities (Sullivan et al., 2011). Studies also indicate positive patient perceptions of primary healthcare quality, despite systemic underperformance and a shift towards noncommunicable chronic diseases in the national health services (Salam et al., 2010).

Transformation in the Libyan Healthcare Landscape: A Review

The impact of conflict in Libya has led to a notable transformation in healthcare delivery, with the private sector emerging as a significant player (WHO EMRO, 2007). Initially modest in size, the private healthcare sector in Libya primarily catered to primary and essential secondary care services by operating a limited number of outpatient and inpatient clinics with a modest bed capacity. However, data from 2007 revealed a gradual shift, indicating a proliferation of private healthcare facilities, particularly in urban areas where population density and financial capacity favored their establishment (World Bank, 2021a).

Existing Research on Libyan Private Healthcare: A Synthesis

Numerous studies have examined various aspects of private healthcare in Libya, shedding light on its expansion, patient satisfaction levels, and impact on healthcare accessibility (Mohammad & Saleh, 2019). Collaboration between the Libyan Ministry of Health and the World Health Organization has provided insights into the significant growth observed in the private healthcare sector between 2007 and 2018 (Mohammad & Saleh, 2019). This expansion encompassed a substantial increase in the number of inpatient clinics, laboratories, pharmacies, and diagnostic centers, indicating a shift towards a more robust private healthcare infrastructure (Mohammad & Saleh, 2019) (Figure 1).

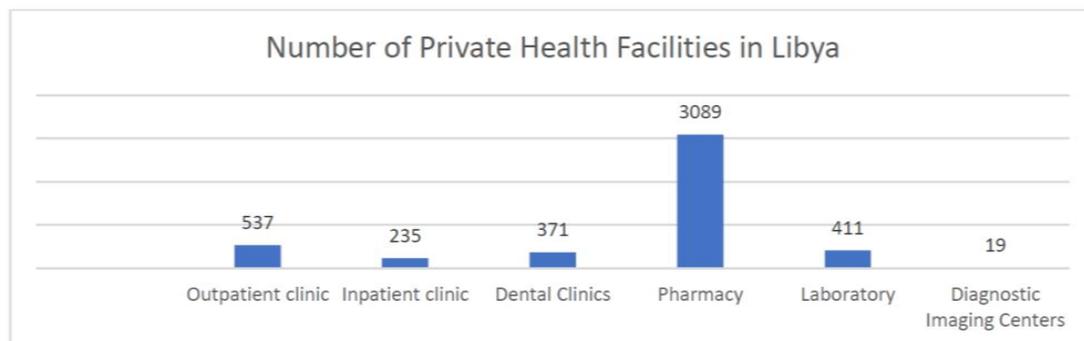


Figure 1. Number of Private Health Facilities in Libya until the Year 2018
Source: MoH 2019a

A 2010 study in Benghazi, Libya, found high patient satisfaction with primary healthcare services (Salam et al., 2010). Another study emphasizes the importance of patient-centered services for improved access and satisfaction (El Oakley et al., 2013). Additionally, research on nursing services in Libyan Ministry of Health hospitals highlights the link between higher education and income levels and increased satisfaction (El-Fallah, 2014) (Figure 2).

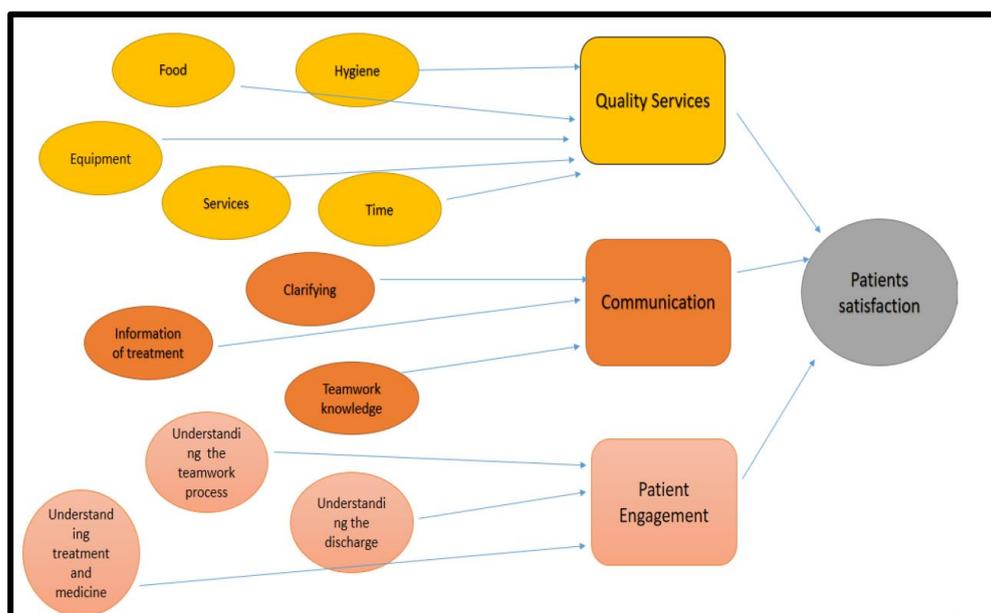


Figure 2. From the Literature Review of Previous Revisions in the Libyan Context

Literature Review

Hospital Service Quality in Libya

Hospital service quality in Libya has seen significant growth in recent decades, yet challenges like resource shortages and armed conflicts persist (Daw et al., 2020). Nursing services play a vital role in patient satisfaction, with Benghazi assessments showing positive scores (Elhadi et al., 2020; Khaial et al., 2019). Resource shortages and conflicts contribute to poor service quality, highlighting the complex interplay between patient trust, satisfaction, and provider behavior (Hemmeda et al., 2023; Iwendi et al., 2021). Further research is needed to address these challenges and enhance healthcare delivery, particularly in Libya's private sector (El Oakley et al., 2013; Taguri, 2018).

Hospital Service Quality: Outpatient Services

Outpatient services play a central role in healthcare delivery, serving as a primary point of contact for many patients (Pathak, 2018). Understanding the dynamics of service quality, perceived price, and patient satisfaction is imperative for hospitals seeking to enhance their outpatient services (Pathak, 2018). Lai et al. (2020) delves into the impact of service quality and perceived price on patients' revisit intentions, highlighting patients' discernment of healthcare values and the efficacy of pricing strategies in shaping positive behavioral intentions. Pouragha and Zarei (2016) identify key determinants of outpatient satisfaction in teaching hospitals, emphasizing factors such as perceived service costs, physician consultation, physical environment, and information provision. Arman et al. (2023) investigate the impact of service quality on patient satisfaction and loyalty, revealing significant effects on satisfaction with implications for hospital strategy. Al Fraihi and Latif (2016) address service quality gaps in outpatient care, emphasizing the vital role of addressing these gaps in enhancing overall service quality and patient satisfaction. These studies collectively contribute to our understanding of outpatient services, highlighting the complex relationship between service quality, perceived price, patient satisfaction, and loyalty.

Patient Loyalty

Patient loyalty is a critical factor for the success of healthcare providers and the well-being of patients (Zhou et al., 2017). Loyal patients tend to revisit the same healthcare provider, engage in positive word-of-mouth recommendations, and advocate for the provider to others (Zhou et al., 2017; Rahman et al., 2021). Loyalty contributes to reduced patient attrition, decreased expenses associated with acquiring new clientele, and improved health outcomes (Rashid et al., 2020; Yıldırım et al., 2022). Studies have expanded the research scope to include variables such as perceived value, brand image, trust, and commitment, demonstrating the impact of service quality on patient loyalty (Patawayati, 2013). High-quality service fosters enduring patient loyalty, while negative service encounters are more likely to prompt patient defections (Kulsum & Syah, 2017; Meesala & Paul, 2018). Strategies to enhance patient loyalty include examining loyalty under increased pricing and increasing switching costs to combat switching behavior (Lamiraud & Stadelmann, 2020; Anell et al., 2021; Atherly et al., 2020; Mofokeng, 2020). Strengthening service quality may reduce price sensitivity and enhance patient retention.

Patient Loyalty Obstacles

Patient loyalty in healthcare settings faces several obstacles that hinder its cultivation (Sumaedi et al., 2014; Urus et al., 2020). Effective communication, particularly the establishment of deep and empathic relationships between healthcare providers and patients, is crucial for meeting patient preferences and fostering loyalty (Chang et al., 2013; Kesuma et al., 2013; Rivai & Amirrudin, 2021; Lee & Park, 2022). Neglecting the needs of patients' family members further exacerbates patient discomfort with the services provided (Astuti & Nagase, 2014; Juhana et al., 2015; Alabdali & Husain, 2023). Care providers must differentiate between superficial needs and healthcare facility quality, including amenities like comfortable beds and gourmet food, to build psychological trust among patients and their families and enhance loyalty to care services (Kesuma et al., 2013; Nguyen & Tran, 2020).

Patient Satisfaction as an Antecedent of Patient Loyalty

Patient satisfaction serves as a vital precursor to patient loyalty in healthcare settings (Ismail et al., 2023; Ismail et al., 2021; Mahmood et al., 2018; Nyan et al., 2020). High satisfaction levels with service quality or products correlate strongly with loyalty towards healthcare organizations (Nyan et al., 2020). Satisfaction, representing an evolving state or continuous consumption experience, is integral to cultivating patient loyalty (Nyan et al., 2020). Patients highly satisfied with healthcare providers tend to demonstrate loyalty by consistently seeking medical attention from the same facility (Amarat et al., 2022; Soare et al., 2022). Conversely, a decrease in satisfaction levels may lead to a decline in patient loyalty (Amarat et al., 2022).

Patient Satisfaction and Its Impact

Patient satisfaction stands as a paramount objective for healthcare providers, impacting financial success, practice growth, and minimizing malpractice suits (Altin & Stock, 2016; Berziņa-Novikova & Taube, 2019; Manzoor et al., 2019). It encompasses various aspects, including expectations and healthcare service attributes, and plays a crucial role in shaping patient decisions and perceptions (Ferreira et al., 2023; B & M, 2018). Patient satisfaction measurement serves essential functions in understanding patient experiences, identifying system issues, and evaluating service quality (Godovykh & Pizam, 2023; Penconek et al., 2021). Models derived from patient satisfaction theory highlight the significance of factors such as access, communication, outcomes, and quality in predicting satisfaction levels (Zaidin et al., 2015). Patient satisfaction not only influences patient wellbeing but also contributes to the overall success and sustainability of healthcare institutions (Reilly et al., 2014; Sumaedi et al., 2014).

The Influence of Patient Satisfaction on Patient Loyalty

Patient loyalty is strongly influenced by satisfaction, emphasizing the importance of meeting patient needs satisfactorily (Sumaedi et al., 2014; Fatima et al., 2018). Hospitals must prioritize patient-centric activities and build trust to secure enduring treatment relationships (Rundle-Thiele, 2010; Lonial and Raju, 2015; Fornell, 1992).

Application of the HEALTHQUAL Scale in Libyan Healthcare

The HEALTHQUAL scale has been criticized for its narrow focus on healthcare quality, emphasizing external customers (patients) while neglecting internal customers (employees) (Endeshaw, 2021). Endeshaw (2021) argues that Western frameworks are unsuitable for developing countries' healthcare settings due to significant cultural and economic differences. Consequently, there is a need for contextually appropriate tools that reflect the unique characteristics of healthcare services in these regions. Generic models are insufficient for accurately measuring healthcare service quality, highlighting the need for country-specific models (Endeshaw, 2021). In this study, the HEALTHQUAL scale will be utilized in private hospitals in Libya, with adjustments made to suit the Libyan context and comprehensively assess service quality from patients' perspectives (Figure 3).

The HEALTHQUAL model, developed from the foundational work of Donabedian and Parasuraman et al. (1985) and adapted by Camilleri and O'Callaghan, evaluates service quality in healthcare by incorporating six major dimensions: Cost, Facilities and Environment, Service Procedures, Physicians, Nurses, and Administrative Personnel. These dimensions provide a holistic evaluation of healthcare service quality by integrating relevant aspects of service

quality from the literature. Initially, the applicability of the HEALTHQUAL model was limited due to its use in a single hospital in Malta, which restricted its generalizability to diverse contexts with different cultural, economic, and environmental factors (Miranda et al., 2010). Despite this limitation, the model is valuable for assessing functional quality, particularly the provision of healthcare services to patients.

The choice to use the HEALTHQUAL model in this study is based on its ability to offer a comprehensive assessment of service quality from the perspectives of patients. This approach is essential for understanding the dynamics of patient loyalty in Libyan private hospitals, especially in the context of a developing country. Since the model has been primarily used in developed nations, necessary adjustments will be made to align it with the Libyan context. By doing so, this study aims to bridge contextual and theoretical gaps in existing literature, providing insights into service quality, patient satisfaction, and loyalty (Mohammed Omar et al., 2020; Aljoudimi et al., 2017). Integrating theoretical frameworks such as the HEALTHQUAL scale and satisfaction-loyalty theory will help develop strategies to foster enduring loyalty in Libya's post-war healthcare landscape.

Utilizing service quality measurement models like HEALTHQUAL is vital for understanding the perception of service quality and its impact on customer satisfaction. Kitapci et al. (2014) and Alwirfili et al. (2023) argue that high-quality services are fundamental to satisfying consumer needs, which is critical for improving healthcare services in Libya.

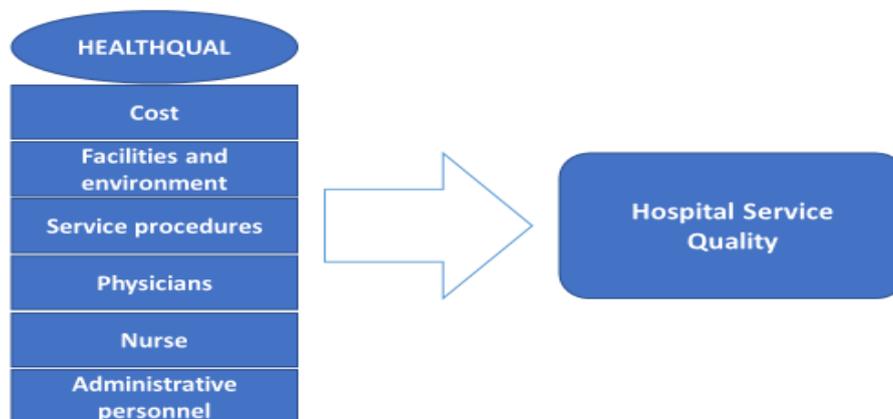


Figure 3. Dimensions of Hospital Service Quality

Source: Developed by Author

Cost

Cost in healthcare, from the patient's viewpoint, refers to out-of-pocket expenses (Edwin Yirong Chan, 2021). Perceptions of service costs significantly influence overall satisfaction (Pouragha & Zarei, 2016), with reasonable costs correlating with higher satisfaction levels (Pouragha & Zarei, 2016; Allahham, 2013). Patient satisfaction regarding costs involves dimensions like transparency and cost-quality ratio (Allahham, 2013).

Facilities and Environment

The facilities and environment in hospitals significantly influence patient satisfaction and experience (Kim et al., 2017). Well-designed interiors with features like natural lighting and landscaped gardens create a calming atmosphere, reducing stress (Rocco et al., 2020). Quality

facilities such as private rooms and comfortable waiting areas contribute to overall satisfaction levels (Kim et al., 2017).

Service Procedures

The "Service Procedures" dimension in hospital service quality, highlighted by Kim et al. (2017), emphasizes the significance of convenient appointment scheduling and efficient registration processes for enhancing patient satisfaction. Prompt response to phone calls, transparency in waiting times, and streamlined payment processes also contribute to a positive healthcare encounter.

Physicians

The "Physicians" dimension of hospital service quality encompasses critical aspects influencing the patient experience, including physician appearance, kindness, courtesy, effective communication, attentiveness to patient concerns, clear explanations, and professional knowledge (Kim et al., 2017; Abbasi-Moghaddam et al., 2019; Abbasi-Moghaddam Mohammad Ali et al., 2019).

Nurse

The "Nursing" aspect of hospital service quality comprises essential elements that significantly influence patients' experiences. The tidy appearance and professionalism of nurses are linked to their competence and dedication to patient welfare (Carretta et al., 2017). These factors contribute to the quality of nursing services and patient satisfaction in healthcare environments.

Administrative Personnel

The "Administrative Personnel" dimension in hospital service quality includes elements such as neat appearance, kindness, and attentiveness, all vital for patient satisfaction (Sutrisno et al., 2016). These factors reflect organizational efficiency and contribute to a supportive healthcare environment, enhancing overall service quality.

Actual Value Delivery

Understanding and addressing actual value delivery is crucial for healthcare providers as it directly impacts patient satisfaction and loyalty (Vimla & Taneja, 2021). Actual value delivery goes beyond perceived value to focus on concrete, measurable outcomes patients experience from their healthcare journey (Marzorati & Pravettoni, 2017). It encompasses factors like health outcomes, quality of life, cost-effectiveness, and evidence-based practice.

Healthcare organizations can enhance care quality by continuously monitoring patient outcomes, collecting feedback, and promoting patient-centered care and shared decision-making (Teisberg et al., 2020). By prioritizing actual value over perceived value, providers can ensure patients receive the best care and meaningful health improvements (Vimla & Taneja, 2021).

Value-based healthcare (VBHC) redefines success by prioritizing patient outcomes and incentivizing quality care delivery (Canolle et al., 2022). While patient-perceived value is important, actual value delivery plays a crucial role in mediating the relationship between hospital service quality and patient satisfaction (Liu et al., 2023). By focusing on actual value,

healthcare providers can improve patient outcomes and foster higher levels of satisfaction and trust (Shie et al., 2022).

Switching Costs

Switching costs in healthcare involve the expenses patients face when considering changing healthcare providers (Burnham et al., 2003). These costs encompass efforts such as learning, searching, inertia, and continuing contract costs (Gremler & Brown, 1999). Non-financial costs, like psychological burden and effort in searching for new providers, are also significant components (Dick & Basu, 1994). The rising healthcare costs globally highlight the importance of switching costs in the industry. Patients are less likely to switch providers when they anticipate higher switching costs (Ha et al., 2023). Improving healthcare service quality reduces patient disloyalty and dissatisfaction, fostering trust and lowering the likelihood of switching (Pick & Eisend, 2014). Patients switch providers if they perceive unsatisfactory quality (Pick & Eisend, 2014). However, the impact of switching costs on loyalty depends on factors like business nature and products offered (Macintosh & Lockshin, 1997). Switching costs have a more pronounced effect on business-to-customer relationships (Pick & Eisend, 2014). They moderate consumer loyalty by promoting customer satisfaction (Blut et al., 2014). Despite some skepticism, switching costs' impact on loyalty is often moderated and influenced by various factors. Competitors can devise strategies to help customers overcome switching costs, mitigating their influence (Blut et al., 2014).

The Theories: Underpinning and Supportive Theories

Satisfaction Loyalty Theory (SLT)

Satisfaction Loyalty Theory (SLT), also known as Customer Satisfaction (CSAT) Theory, emphasizes the link between customer satisfaction and loyalty. It suggests that higher customer satisfaction reduces complaints and the likelihood of customers leaving, thereby fostering increased loyalty. However, recent studies have highlighted challenges in understanding this relationship (Johnson, 1998). SLT includes key aspects such as Customer Segmentation in Competitive Industries, where customers are categorized into loyalists and mercenaries. Loyalists are highly satisfied and committed to the brand, while mercenaries are moderately satisfied and more transactional (Johnson, 1998). Emotional brand attachment and brand love play crucial roles in connecting brand satisfaction with brand loyalty, suggesting the importance of emotional ties beyond mere satisfaction (Ghorbanzadeh, 2021). Determinants of customer satisfaction include the frequency of product or service usage, where satisfaction may not meet expectations if usage differs significantly (Amangala & Wali, 2020; Marinova et al., 2018). To enhance satisfaction and loyalty, businesses should understand customer needs, wants, and pain points, and create systems to provide satisfying experience. Effective measurement of customer satisfaction helps in meeting expectations and building a loyal customer base (Amangala & Wali, 2020) (Figure 4).

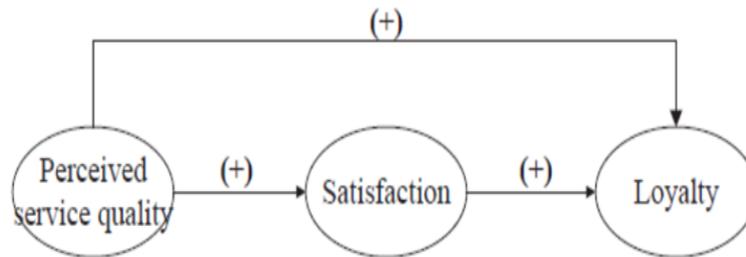


Figure 4. Satisfaction Loyalty Theory Constructs
Jen et al. (2011)

Expectation Confirmation Theory (ECT)

Expectation Confirmation Theory (ECT), pioneered by Oliver in 1980, is a seminal framework in consumer behavior research, particularly concerning post-purchase satisfaction. It offers a detailed examination of the consumer decision-making journey, encompassing stages from pre-purchase to post-purchase experiences. Initially, customers form expectations based on advertising, word-of-mouth, and past encounters. These expectations serve as a baseline against which perceptions of product or service performance evolve during consumption. The essence of ECT lies in the confirmation process, where satisfaction is affirmed or negated by comparing perceived performance with initial expectations. This comparison unveils the intricacies of satisfaction formation, elucidating how consumers assess their experiences. Oliver's theory delineates constructs involved in this confirmation process, providing insights into the cognitive mechanisms behind post-purchase satisfaction. By elucidating these constructs, ECT offers a nuanced comprehension of how consumers navigate their interactions with products and services, making significant contributions to consumer behavior research (Figure 5).

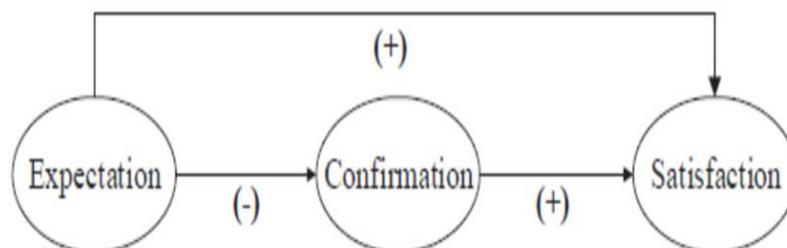


Figure 5. Expectation Confirmation Theory
Oliver (1980)

Satisfaction-Loyalty Theory can be integrated with other theories, such as Expectation-Confirmation Theory (ECT) as shown in the work of Fu et al. (2018) in (Figure 6).

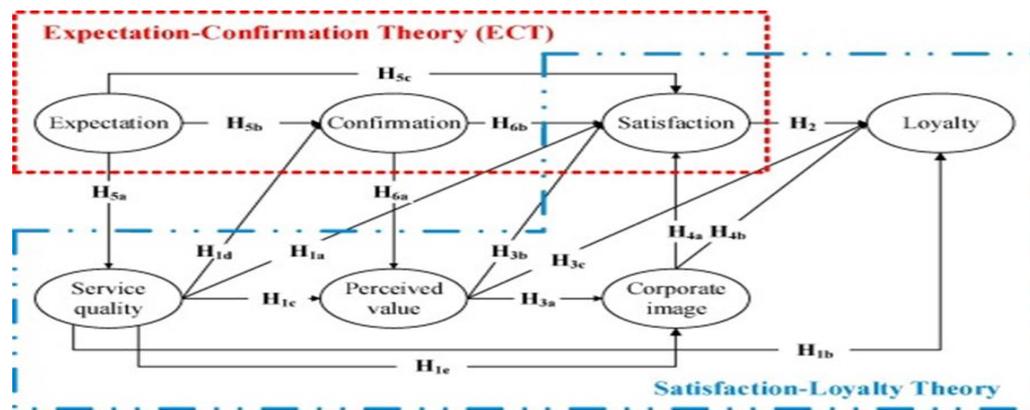


Figure 6. Expectation-Confirmation Theory (ECT) with Satisfaction-Loyalty Theory (SLT)
Fu et al. (2018)

Conclusions

The literature review paper has provided a thorough understanding of the current knowledge landscape in the field, laying the groundwork for investigating the interplay among service quality, actual value delivery, satisfaction, switching costs, and loyalty within specific healthcare contexts. By uncovering new insights into the dynamic relationships within the private healthcare sector, this study provides valuable resources as a starting point to implement empirical evidence to inform decision-making processes. The literature review found that prior research mainly focuses on perceptions rather than actual value, indicating a gap in understanding the true value provided. In future work, it is recommended to measure the actual value delivered. Additionally, the future work of this paper will try to fill a crucial gap by exploring the impact of switching costs on patient behaviour in the private healthcare sector, enhancing our understanding of patient satisfaction and loyalty dynamics.

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