Effects of Perceived Cost, Service Quality, and Customer Satisfaction on Health Insurance Service Continuance

ABSTRACT This paper aims to contribute to the universal discourse on financial services continuance behavior by examining the impact of service cost on customers’ service-quality perception and service-continuance intention. It presents the results of an empirical study that has explored the impacts of service cost, service quality, and customer satisfaction on health insurance customers' behavioral intention toward continuing or discontinuing with their service providers. Very few studies had examined the impact of service cost on service-quality perception. Our study attempts to fill that gap. A sample of 820 customers was surveyed, and 624 usable responses were analyzed with ANOVA, Standard Multiple Regression, and Logistic Regression. Our findings indicate that, although highly satisfied health insurance customers will most likely retain their current service providers, customer dissatisfaction does not necessarily lead to discontinuance. Our results also provide some operational implications for health insurance managers, with strategies for reducing attrition and improving customer retention.

Keywords: Service cost; customer expectations; service quality; customer satisfaction; behavioral intention; health insurance
INTRODUCTION

Meeting and exceeding customers’ needs and expectations, and providing the best satisfaction experience in various market sectors, is a necessity challenging companies globally today (Kotler et al., 2012; Christiansen et al., 2016; Minkara, 2016). This is generally true in the financial services domain, where money-exchange for intangible products holds sway; but especially so in insurance services, where there is new consciousness today in proactively pursuing service-quality growth and best customer experiences aimed at achieving higher customer retention (Koormneef et al., 2012; Al-Amri et al., 2012; Oxford Business Group, 2015).

Generally, customers’ loyalty and intention to continue with their current service providers is influenced by the level of satisfaction they experience from services received (Butt and De Run, 2010; Kumar and Srivastava, 2013). It is, therefore, important to understand what factors drive customer satisfaction in various service paradigms. According to Tse and Wilton (1988, p. 204), satisfaction is the difference between a customer’s prior expectation of quality and the actual perceived quality. This gap also determines a customer’s level of satisfaction or dissatisfaction, which in turn determines his or her behavioral intention toward continuing with the service or switching (Zhang et al., 2011; Koenig-Lewis and Palmer, 2014). In line with this logic, both expectations of service quality and perceived service quality have been identified as the key antecedents to customer satisfaction (Hussain et al., 2014).

Another construct, perceived service cost, has also been identified in the literature as an important antecedent to customer satisfaction (Spathis et al., 2004). However, despite the fact that González et al. (2007), Chen (2008), Carlson and O’Cass (2010), and Bala (2011) have all highlighted the need to further examine the roles of perceived service cost, customer expectation, and perceived service quality in jointly determining customer satisfaction across
service contexts, the role of perceived service cost in the prior determination of perceived service quality has been largely overlooked in the existing studies (Dimitriadis, 2011). In this paper, we posit that service cost is a vital consideration in customers’ estimation of the value received from services, because their perception of service quality is a direct result of their comparison of costs and benefits (Dimitriadis, 2011; Kotler and Keller, 2012). Surprisingly, very few studies have examined the impact of perceived service cost on consumers’ service quality perception and, consequently, on their level of satisfaction (Tam, 2004; Spathis et al, 2004; Dimitriadis, 2011). We have included the perceived cost construct in our study because we believe that through various interventions, service providers can control their service costs in order to influence their customers’ overall satisfaction.

Research objectives

Two major objectives were isolated in our study. First was to examine the antecedents of customer satisfaction in the health insurance service context, including customers’ prior expectations of their insurance service quality; their perception of the total costs of the services; and their perception of the quality of the services received. We examined the relationships between these constructs in order to better understand how they jointly influence customer satisfaction, as suggested in the literature (see Spathis et al, 2004; González et al, 2007; Chen, 2008; Carlson and O'Cass, 2010; Bala, 2011; Dimitriadis, 2011).

Our second objective was then to examine the influence of the customers’ satisfaction on their behavioral intention toward continuing or discontinuing with their current insurance providers. The unique contribution of this study relates to the influence of perceived service cost on customers’ perception of service quality, level of satisfaction, and behavioral intention to continue or discontinue the service usage. We hope that our findings will add current knowledge to the requisite service-quality research in the health insurance paradigm, as advocated by Al-Amri et al (2012).
THEORETICAL FRAMEWORK

Expectations of service quality

*Expectations* reflect consumers’ wants or desires - what they feel a service provider should be able to offer them in order to satisfy their service needs (Cheng-Lim and Tang, 2000). *Expectations* result from sources such as consumers’ past experiences with specific services; friends’ and associates’ advice; marketers’ information and promises; and competitors’ information and promises (Zeithaml *et al.*, 2013; Kotler and Armstrong, 2014). According to these scholars, if a marketer raises *customer expectation* too high, the buyer is likely to be disappointed after interaction with the service. In contrast, if the *expectation* is set too low, it won’t attract enough buyers, although it will likely satisfy those who do buy.

In a study of the nature and determinants of consumers’ expectations of service, Zeithaml *et al.*, (1993) configured a model that specifies three different types of *service expectations*, including *desired service*, *adequate service*, and *predicted service*. Lee *et al* (2000) also conceptualised *expectation* as a normative construct that predicts *customer service quality perception*. Adopting the assimilation theory of Oliver and DeSarbo (1988), the scholars argue that increasing a customer’s *predictive expectation* leads to higher *service-quality perception*. They therefore advise that service marketers should stimulate their customers’ predictive expectations in order to increase the customers’ perceptions of their overall service quality.

Chéron and Nornart (2010, p. 31) are of the opinion that “expectations are important to determine consumers’ *satisfaction* levels, and thus their post-consumption evaluations of service quality. Consequently, to succeed in the service business, it is important for service providers to determine the *service expectations* of their different consumer groups and to attempt to meet them.” Additionally, Negi (2009) highlights the importance of measuring
consumers’ expectations of service and comparing them with their perceptions of the quality of services they have received, and asserts that “without adequate information on both the expected quality and the perceived quality, feedback from customer surveys can be highly misleading on policy and operational perspectives” (p. 702). In general, researchers agree that the evaluation of service quality is influenced by prior expectations, and that in order to assess the quality of any service offering, customers’ expectations must first be measured (Yelkur and Chakrabarty, 2006).

**Perceived service quality**

*Quality* is a multi-dimensional phenomenon, and it is therefore unfeasible for a firm to attain service quality without delineating the essential aspects of its services as quality dimensions (Ueltschy *et al.*, 2007; Mosahab *et al.*, 2010). For instance, the quality of the coffee, pastries, store ambience, store layout, sales assistants’ service attitudes, seating convenience, internet access, proximity to customers’ residences, and adequate parking space in a Starbucks outlet all jointly constitute the Starbucks service quality (Fitzsimmons and Fitzsimmons, 2013). A series of studies by Parasuraman *et al* (1985; 1988; 1991a; 1991b) resulted in the development of the service quality model known as "SERVQUAL." Initially based on 10 dimensions, the model was later reduced to 5 dimensions, comprising tangibility, reliability, responsiveness, assurance, and empathy.

The SERVQUAL model examines the gap between two customer assumptions of service quality. One is customers’ anticipation or wish of what the service quality should be - known as “customer expectation.” The other is customer’s interpretation of the actual quality of the service performance - known as “customer perception” (Zeithaml *et al.*, 1990; Zeithaml *et al.*, 2013). The gap between these two concepts yields the third concept, “perceived service quality.” It is “perceived” because it is the actual quality as experienced and evaluated by the customers rather than as claimed by the firm (Padma *et al.*, 2009). In a study that examined
brand equity in the healthcare service context, Chahal and Bala (2012, p. 345) conceptualized perceived service quality as “the consumers’ overall perception of the superiority of a particular service in comparison to other available service-products.”

The model has also shown effectiveness in measuring customers’ true perceptions of service quality in different industrial paradigms, including aviation, hotel, restaurant, retail store, banking, insurance, and tourism industries (see Brysland and Curry, 2001; Lam, 2002; Zhou et al, 2002; Tsoukatos and Rand, 2006; Kheng et al, 2010; Zeithaml et al, 2013; Punnakitikashem, 2013; and Szalita, 2015). Even the limited application of the SERVQUAL model in healthcare research has enabled health organizations to improve service quality (Van Der Wal et al, 2002). In two studies that examined the effectiveness of service quality and customer satisfaction, Curry and Sinclair (2002) and Boshoff and Gray (2004) respectively report that the SERVQUAL model was also successful in determining customer loyalty. Comparing service quality perceptions with trust, Iyer and Muncy (2004) also employed the SERVQUAL dimensions to analyze the impact of service quality among hospital patients clustered on the basis of their trust levels.

Siddiqui and Sharma (2010) and Bala et al (2011) studied service quality in the life insurance context using SERVQUAL, and their results showed that improving the SERVQUAL dimensions had a significant impact on overall service quality perception. In addition, Lee et al (2000) employed the SERVQUAL model to prove that perceived service quality was a necessary antecedent of satisfaction. However, the SERVQUAL model has also faced steep criticisms, mainly for its doubtfulness in the use of gap scores, the measurement of expectations, the predictive power of the instrument, and its reliability as a whole (Tsoukatos et al, 2004). Nevertheless, several service quality researchers have successfully employed the SERVQUAL to investigate service quality in several contexts (Zeithaml et al, 2013). Some have also employed the e-SERVQUAL model to measure service quality in the
online platform (see Carlson and O'Cass, 2010; Gounaris et al, 2010; and Rahman et al, 2014).

**Perceived service cost**

*Value perception* sets the price-ceiling, while *cost* sets the price-floor for what a company can charge for its goods or services (Kotler and Armstrong, 2014, p. 295). In setting prices, the primary objective of most companies is to recover *input-costs* and then make a profit. As a result, customers have to pay the *set-price* in recompense for the *total benefits* they receive from the goods or services bought, which also allows the seller to recover *input-costs* and make a profit (Kramer, 2011). For services, customers must experience good *quality* in the service received in order to perceive it as *good value for money*. The *value* so perceived has been conceptualized as the difference between *total benefits* and *total costs* of service (Kotler et al, 2012). *Total benefit* has also been defined by Lee and Cunningham (2001) to include *economic benefit* (the lower-price paid compared to alternatives); *functional benefit* (the good service performance that satisfies the desired need); and *psychological benefit* (the good feeling of satisfaction after service experience).

Drawing from Bolton and Drew, 1991; Liljander and Strandvik, 1992; Berry et al, 2002; McGuire et al, 2010; and Sarkar et al, 2011, we have isolated four dimensions of *total cost* to including: *economic or monetary cost* (the price paid for acquiring, using, maintaining, and disposing of goods or services); *time cost* (the minutes, hours, days, or months it took to search, evaluate, and acquire it); *human energy cost* (the human effort involved in acquiring and using it); and *psychological cost* (the customer’s feeling of risk or uncertainty due to the probability that the service outcome may be less than expected, and may lead to dissatisfaction). Other scholars have further expanded *economic cost* to include the cost of searching and evaluating alternatives before purchase decision (Kotler et al, 2012; Akin and Platt, 2013). The higher the perceived *total benefits* are over the perceived *total
costs, the higher the customers’ perception of value will be for the goods or services used. As a result, it is necessary to understand the importance of cost perception and customers’ responsiveness to service cost as “relevant factors affecting their reactions” to service usage (Dominique-Ferreira et al, 2016, p. 328).

Majority of the existing studies in this area have tended to ignore the impact of perceived service cost on consumers’ service-value perception and, consequently, on their satisfaction and usage-continuance behavior (Tam, 2004). The studies by Hasin et al (2001), Spathis et al (2004), and Dimitriadis (2011) happen to be the only three studies that have investigated service cost as a main factor directly impacting customers’ service-quality perception. However, all the three studies seem to have conceived cost merely as the monetary price paid by customers for the services received. In this study, we have conceptualized perceived service cost not just as monetary service fees, but as the total cost of acquiring, using, and maintaining an insurance policy, including financial, time, human-energy and emotional costs, in line with Hasin et al (2001), Spathis et al (2004), and Kotler and Armstrong (2014).

Based on the foregoing, it is our strong view that, in order to stimulate service adoption and usage continuance, service firms need to ensure that the total costs of their offerings are clearly perceivable not only as reasonable and affordable prices, but also as time costs, human energy costs, and psychological costs; which must also be devoid of any hidden dimensions that might crop up later. Consumers hate to be trapped in purchase situations where hidden or supplementary costs crop up later after they have committed to a financial contract (Fox, 2011). We therefore agree with Doherty et al (2004) that finding themselves in such a situation will automatically reduce customers’ perceived value of the service, and may decrease their satisfaction or even lead to dissatisfaction and service-switching.
Customer satisfaction

*Customer satisfaction* has been conceptualized in the literature as the result of a comparison between what the customers expect and what they actually get from goods and services used (Oliver *et al.*, 1997; Zeithaml *et al.*, 2013; Koenig-Lewis and Palmer, 2014). It is "the extent of discrepancy between customers' expectations or desire and their perceptions" of the actual quality of the service received (Zeithaml *et al.*, 1990, p. 18). If the service performance outcome matches the customer’s expectation, the customer will be satisfied. If the outcome is higher than expected, the customer will be delighted. A satisfied or delighted customer is most likely to repurchase the goods or service, and to become a loyal customer (Seiders *et al.*, 2005). However, if the outcome is lower than expected, the customer will be dissatisfied (Zeithaml *et al.*, 2013; Kotler and Armstrong, 2014). Consequently, it is this disparity between customers’ *service quality perception* and their *prior expectations* that determines their level of *satisfaction* or *dissatisfaction*, which in turn determines *customer loyalty* (Rust and Oliver, 2000; Chéron and Nornart, 2010). Notwithstanding, Kheng *et al.* (2010) are of the opinion that *customer satisfaction* only plays the role of a mediator in the effect that *service quality* has on *consumer loyalty*.

Just as *customer satisfaction* and delight can lead to customer repurchase, retention, and loyalty; *customer dissatisfaction* can also lead to customer complaints, service discontinuance, service-switch, and higher customer-loss rates (Rust and Oliver, 2000; Zeelenberg and Pieters, 2004; Ueltschy *et al.*, 2007). *Customer satisfaction* is therefore a key factor in the formation of customer’s *expectations* for future purchases (Mittal and Kamakura, 2001). In the words of Chadha and Kapoor (2009, p. 25), “satisfaction heightens customer loyalty.” Satisfied consumers may not only continue to use the services they are satisfied with, but may also extend good word-of-mouth to others about their good experiences (Mosahab *et al.*, 2010), which will in turn lead to more purchases by other
consumers. Contrarily, dissatisfied consumers may not only discontinue using the service, but may also spread bad word-of-mouth to others about their bad experiences, thereby precipitating loss of potential customers for the service provider (Bougie et al., 2003). Satisfaction is therefore a psychological state that ensues when the emotion surrounding prior expectations of service quality is contrasted with the consumer’s evaluative post-consumption experience with the service (Santos and Boote, 2003; Martin et al., 2008).

**Service-usage continuance intention**

Customer retention is one of the greatest challenges facing service firms today (Ahmad et al., 2010). A customer’s behavioral intention toward retaining a service becomes manifest only after the customer has perceived the quality of the service over a period of time (Rahman et al., 2014). Purchase intention has been conceptualized as the probability that a consumer plans, or will plan, to buy a particular merchandise or service in the future (Schiffman and Kanuk, 2004; Chiu et al., 2014; Rahman et al., 2014). Similarly, repurchase or continuance intention is the probability that a customer who has bought and used an item or service plans to continue buying and using it. Service continuance intention is a vital behavioral construct often examined by service researchers (see Zeithaml et al., 1996; Soderlund and Ohman, 2003; and Zhang et al., 2011). It demonstrates a strong evidence of customers being influenced by their service-quality perception (Zeithaml et al., 1996; Cronin et al., 2000; Martin et al., 2008).

Research seems to suggest that customers’ service-usage continuance intentions are associated with a service provider’s ability to attain and retain customer loyal by ensuring customer satisfaction. Meeting the customers’ expectations and satisfying their needs is therefore the central strategy in the firm’s efforts to retain its customers, earn their loyalty, and gain competitive advantage (Cronin and Taylor, 1992; Parasuraman et al., 1988; Udo et
al, 2010; Hafeez and Muhammad, 2012). In their study that analysed the relationships between service quality, consumer satisfaction, and purchase intention, Cronin and Taylor (1992) found that satisfaction is a significant influencer of customer repurchase intentions, and that it actually has a stronger and more direct impact on repurchase intention than service quality does. Generally, intention is subsequent to attitude and a meaningful predictor of an actual behavior (Ajzen, 2005, p. 117). Based on this assertion, existing literature seems to suggest that service-quality perception is studied as an attitude. It is therefore our position that since attitude is not known to be an end in itself but an antecedent to behavioral intention (Davis, 1989; Ajzen, 2005; Ajzen and Fishbein, 2005), the final motive for studying consumers’ service-quality perception should be to determine how their post-consumptive attitudes influence their service continuance intention.

RESEARCH DESIGN

Conceptual model development

Consequent upon our forgoing review, and in line with Udo et al (2010), we propose that if health insurance customers are significantly satisfied with their insurance providers’ service quality, they will most likely continue using the providers’ services. Contrarily, if they are significantly dissatisfied, they will most likely discontinue the relationship and switch to other insurance firms. We conceptualize this post-satisfaction behavioral intention as service-usage continuance intention, which may be positive (service renewal) or negative (service switch). However, we also argue that customer satisfaction is not based only on the insurance companies’ service performance, but also on the interplays between the customers’ prior expectations, service-cost perceptions, and service-quality perceptions. As a result, we have developed our research model and synthesized our hypotheses on the basis of our conjectures concerning the relationships between the five constructs (see Figure 1).
Hypotheses development

Effects of expectations on service-quality perception:

As has been suggested in the literature, service customers’ prior expectations of service quality must be measured and directly compared with their service-quality perceptions in order to determine their satisfaction level (Cronin and Taylor, 1992; Ueltschy et al, 2007;
Martin et al, 2008). This then presupposes that the items in the scales that measure service-quality expectations and perceptions must be similar for a meaningful comparison. Zeithaml et al (2013) recommend that the best way to ensure equitable measurement is to use the same items in the extended SERVQUAL model (Parasuraman et al, 1991b) for obtaining responses on both customers’ expectations and service-quality perceptions. As a result, we have adapted the five SERVQUAL variables to reflect insurance customers’ expectations and perceptions, including:

1) **Tangibility** - the appearance and performance of the firm’s physical and virtual facilities, tools, equipment, personnel, and communication materials relevant to its service delivery process.

2) **Reliability** - the firm’s ability to serve appropriately and accurately; its dependability in creating trust and believability; and its employees’ credibility in delivering consistent services.

3) **Responsiveness** - the ability and willingness of the firm’s employees to respond promptly in taking orders, delivering services, and attending to customers’ needs and complaints in a timely manners.

4) **Assurance** - the credible disposition of the firm’s employees in maintaining customers’ privacy and security of information as they communicate and deliver consistent services.

5) **Empathy** - the competence of the firm’s employees in paying attention and showing understanding, compassion, courtesy, politeness, and genuine interest in attending to customers’ needs and complaints, and satisfying them.

All these variables reflect customers’ overall expectation that their health insurance providers would maintain good quality in each area. Based on the above understanding, we hypothesized that:

**H1:** A customer's expectation of service quality has a significant effect on the customer’s perception of the actual service quality.
Effects of perceived service costs on service-quality perception:

Given that our total-cost concept comprises four dimensions, including economic or monetary cost, time-cost, human-energy cost, and psychological cost (Berry et al., 2002; McGuire et al., 2010; Sarkar et al., 2011); and given that insurance services research has shown that increases in relative premiums (service costs) impact the policy holders’ decisions to switch insurance coverage firms (Christiansen et al., 2016, p. 270); it is therefore pertinent that perceived service cost would play a considerable role in determining and influencing a customer’s service-value perception. We thus argue that, if the performance outcome of a service exceeds a customer’s expectation, the customer’s service-quality perception will be high only if the perceived total cost of that service does not exceed its perceived total benefits. In other words, the higher the perceived total benefits are over the perceived total cost, the higher the service-quality perception will be, and vice-versa. As a result, we hypothesized that:

H2: Perceived total cost of service has a significant direct effect on customers’ perception of service quality.

Effects of perceived service quality on customer satisfaction:

Employing the same five SERVQUAL dimensions to measure both service-quality expectations and perceptions, it is possible to compare customers’ post-consumptive evaluations with their prior expectations. Health insurance customers’ service-quality perceptions would therefore reflect their experiential evaluations of the processes and resources with which their insurance providers aim to satisfy them in line with those five dimensions.

In addition, given that extant literature has confirmed that the gap between service-quality expectation and perception is what determines customer satisfaction (Cronin and Taylor, 1992; Zeithaml et al., 2013; Koenig-Lewis and Palmer, 2014), we posited that
customer satisfaction would be determined by the insurance firms’ service quality as perceived by their customers. We therefore specified our third hypothesis thus:

**H3: Perceived service quality has a significant effect on customer satisfaction.**

**Effects of service expectations and perceived cost on customer satisfaction:**
Having also established from the literature that both customer expectations and perceived service cost contribute to customers’ evaluation of the service quality received (Hasin et al., 2001; Spathis et al., 2004), and that the perceived service quality also determines customer satisfaction (Rust and Oliver, 2000; Chéron and Nornart, 2010), we also proffered the following two hypotheses to respectively explain the fourth and fifth relationships in our research model:

**H4: Customers’ expectations of service quality have a significant effect on customer satisfaction.**

**H5: Perceived total service cost has a significant effect on customer satisfaction.**

**Effects of customer satisfaction on service-usage continuance intention:**
As already established in the previous sections, there is ample evidence in the literature that customer satisfaction leads to service repurchase or continuance intention (Cronin and Taylor, 1992; Udo et al., 2010; Zhang et al., 2011; Mohamed and Azizan, 2015). With our last hypothesis below, we aimed to re-examine this relationship in the health insurance service paradigm. Having hypothesized that customer expectation, service-cost perception, and service-quality perception would determine customer satisfaction (H3, H4, and H5), we also wanted to test whether or not satisfied health insurance customers would indicate a behavioral intention to retain their service providers, and whether or not dissatisfied customers would report an intention to switch to other providers. Hence, we hypothesized that:
H6: Customer satisfaction (as determined by customer expectation, service-cost perception, and service-quality perception) has a significant effect on customers’ service-usage continuance intention.

Methodology and data collection
To examine our six hypotheses, we designed a research instrument based on the SERVQUAL model (Parasuraman et al., 1991b, p. 342), but modified it to suit the health insurance context and also to examine respondents’ total service-cost perception and how it influenced both their service-quality perception and service-continuance intention. The first part of our questionnaire contained 5 demographic-profile questions that sought to identify only the respondent’s age-range, gender, area of residence, nationality, and health insurance provider. Being anonymous, the questionnaire did not require their personal identification.

Twenty (20) questionnaire-items were used to measure service-quality expectation and service-quality perception respectively. The items measured each of the five (5) SERVQUAL dimensions on a 7-point Likert-style scale ranging from ‘strongly disagree’ (1) to ‘strongly agree’ (7) for each of the two constructs, in line with Brysland and Curry (2001). We measured service-cost perception with four (4) questions covering the four dimensions of total cost adapted from Lee and Cunningham (2001), Berry et al. (2002), Bielen and Demoulin (2007), McGuire et al. (2010), Sarkar et al. (2011), and Chiu et al. (2014) as earlier explained. The four dimensions were also measured on the same 7-point scale indicated above.

Furthermore, three (3) scale-items were adapted into an abbreviated version of Fitzsimons’ (2000) satisfaction scale on the same 7 points to measure the respondents’ satisfaction with their insurance firms, including their satisfaction with the general service, the claiming experience, and the hospital request approvals by the firms. Lastly, our
questionnaire also included one (1) categorical-variable question adapted from Cronin et al (2000) that required our respondents to answer “yes or no” to having a *behavioral intention* toward continuing or discontinuing with their current health insurance providers. We piloted the 48-item questionnaire on 35 adults who maintain health insurance policies in Dubai. Our analysis confirmed the efficacy of the instrument, and we only made minor semantic changes pertinent to the research location.

The main data collection was from customers of 14 major health insurance companies across the UAE. Due to time and cost constraints, the *convenient intercept* (White and Nteli, 2004; Onyia and Tagg, 2011) and the *snowball* (Cueller et al, 2005) sampling methods were applied in recruiting the respondents. Twenty five (25) postgraduate students of the Australian University of Wollongong in Dubai were recruited and trained to administer the paper-based questionnaires in the 7 regions of the UAE, in line with Pikkarainen et al (2004) and Waite and Harrison (2004). A total of 820 questionnaires were successfully administered between September and December 2015. Participation in the study was purely voluntary and anonymous. A total of 640 completed questionnaires were received (78% initial response rate). However, after eliminating grossly incomplete responses with no demographic profiles at all, a total of 624 usable questionnaires (76% effective response rate) were analysed for this report.

**DATA ANALYSIS AND DISCUSSION**

**Sample profile and model reliability tests**

The respondents’ profile comprised slightly more men (51%) than women (49%). Majority of participants (68%) fell within 20 to 40 years age-range, which is representative of majority of the active work force in the country. Expectedly, 80% of the respondents reside in the top two cosmopolitan metropolises of Abu Dhabi and Dubai. Expatriates resident in the UAE
comprised 60% of the respondents, while UAE citizens made up the other 40%. This is in line with the fact that foreign nationals make up majority (88%) of the UAE population (CIA World Factbook, 2017).

Prior to data analysis, we tested the *composite reliability* of our model to ensure the internal consistency (inter-item reliabilities) and convergent validity of its latent constructs relative to our dataset. Using Factor Analysis and Cronbach’s Alpha (α) tests in SPSS 23 Standard Multiple Regression, we examined the capability of the indicator-variables within each latent construct to reliably explain the construct, as well as its internal consistency. In line with Hair et al (2006), the decision-rule for a good scale-item’s contribution toward explaining a construct is that its factor-loading score must be greater than 0.3. In addition, Onyia (2009, p. 262) suggests that a standardized Cronbach’s alpha estimate (α) of 0.7 or above, together with a *total variance explained* (TVE) percentage above 50% (>0.5) indicates a good *convergent validity*. As shown in Table 1, the composite reliability tests for our analytical model indicated very good item reliability and internal consistency. This also means that strong *convergent validity* was equally achieved by all five constructs in the model.

**(INSERT Table 1 HERE)**

**Analyses results and discussion**

Having confirmed our model’s goodness of fit, we computed One-Way ANOVA (Table 2) and Standard Multiple Regression (tables 3 and 4) to ascertain the relationships among our independent predictor-constructs (CESQ, PSC, and PSQ) as well as their effects on *customer satisfaction* (CuSAT). In addition, we employed Logistic Regression (Table 5) to analyse the
predictive ability of CuSAT to determine the respondents’ *service-usage continuance intention* (SuCI). The results in Table 2 show that the three predictor-constructs (CESQ, PSC, and PSQ) were significantly associated with each other and with our initial dependent variable (*customer satisfaction*), especially as none of the indicator-variables showed any negative association. Moreover, the overall predictive effects (F-value) of the three constructs on *customer satisfaction* were also significant (Sig. = 0.000). The results in the lower section of Table 2 also indicate that *customer satisfaction* was significantly associated with *service-usage continuance intention*.

**(INSERT Table 2 HERE)**

**Hypotheses test results and discussion**

In tables 3 and 4, we present the results of our Standard Multiple Regression tests, used in verifying hypotheses H1 and H2, concerning the abilities of *customer service-quality expectation* (CESQ) and *service-cost perception* (PSC) to respectively influence *service-quality perception* (PSQ). The regression results also indicated the abilities of these three constructs to predict *customer satisfaction* (CuSAT), being H3, H4, and H5 respectively. This method of hypothesis testing has been applied in line with Meuter *et al* (2005), Pallant (2007), and Harrison *et al* (2014) because our predictor-variables (CESQ, PSC, and PSQ) and initial dependent variable (CuSAT) were all continuous variables.

Table 5 shows the results of our *Logistic Regression* that tested our sixth hypothesis (H6) - the ability of *customer satisfaction* (CuSAT) to predict our respondents’ *service-usage continuance intention* (SuCI), which is the final categorical dependent variable in the model. Pallant (2007, p. 169) is of the opinion that “*Logistic Regression* allows you to assess how
well your set of predictor-variables predicts or explains your categorical dependent variable.”

We applied logistic regression estimates for H6 validation since our SuCI construct is a categorical variable.

(INSERT Table 3 HERE)

As shown in tables 3 and 4, the standardized Pearson Correlation Coefficients ($\beta$) in our SMR tests were all above 0.3 but not more than 0.7, which, according to Pallant (2007), indicates a strong relationship between the independent variables, without multicollinearity. Interpreting the results in Table 3 in relation to our first hypothesis (H1), it was clear that the five CESQ indicator-variables performed well with $\beta = 0.5 - 0.7$; SS ratio to $DF = 5.4$, and sig. = 0.000. Consequently, our first hypothesis was aptly supported by the results, which confirms that customers’ service-quality expectation has a significant effect on their actual service-quality perception. For our second hypothesis (H2), the PSC regression results ($\beta = 0.3 - 0.5$, SS ratio to $DF = 4.6$, and sig. = 0.000) also showed a strong and significant influence of the respondents’ perception of total service cost on their service-quality perception, and therefore upheld our second hypothesis.

(INSERT Table 4 HERE)

In Table 4, our third hypothesis (H3) was equally well supported by the regression results for PSQ, in which $\beta = 0.5 - 0.6$, SS ratio to $DF = 4.7$, and sig. = 0.000. This strongly validated our third hypothesis that perceived service quality has a significant effect on customer
Likewise, with $\beta = 0.5 - 0.7$, SS ratio to df = 4.6, and sig. = 0.000, our standardized regression estimates for CESQ also supported our fourth hypothesis (H4) that customers’ service-quality expectations have a significant impact on their satisfaction or dissatisfaction with the service. A strong validation was therefore achieved for our fifth hypothesis given that the PSC regression result produced $\beta = 0.4 - 0.5$, SS ratio to $DF = 3.0$, and sig. = 0.000, and thus confirmed our H5 that perceived service cost has a significant effect on customer satisfaction in the health insurance paradigm.

**Table 5**

The logistic regression test results (Table 5) provided an additional goodness-of-fit affirmation for our study model given that the $X^2$ significance level in the Hosmer and Lemeshow (H-L) result was greater than 0.05. The H-L test, accredited as “the most reliable test of model fit in SPSS,” and the Wald test, which estimates “the power of continuous independent variables to predict a categorical dependent variable,” were both applied in testing our H6, in line with Pallant (2007, p. 174) and Harrison *et al* (2014, p. 673). The $R^2$ score indicated that customer satisfaction was responsible for approximately 50% variability in our respondents’ Service-usage Continuance Intention. In addition, all the $\beta$ values of the 17 indicator-variables were equal to (or greater than) the required minimum of 0.3 when approximated to one decimal. In the Wald test result, all the variables were also significant (less than 0.05). This indicated that all the 17 variables made significant contributions to the ability of the model to predict service-usage continuance intention. All of this meant that our H6 was fully supported, thereby affirming our last hypothesis that customer satisfaction (as

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defined by customer expectation, service-cost perception, and service-quality perception) does significantly affect service-usage continuance intention.

**CONCLUSIONS**

Based on our overall results, we can conclude that our study model performed well in explaining the hypothesized causal relationships among all the independent and dependent variables - including the ability of customer expectation, service-cost perception, and Service-quality perception to determine customer satisfaction; and also the ability of customer satisfaction to predict service-usage continuance intention.

**Theoretical and managerial implications**

We propose that perceived service-cost, as validated in our study, should be taken more seriously by service marketers as one of the vital determinants of customers’ perception of service quality, and therefore a very important predictor of customer satisfaction. We also hope that our findings will motivate subsequent research toward a greater understanding of the importance and effects of perceived total-cost in service-quality investigations. In summary, the services marketing implications of the constructs validated in this study are that:

1) Customers’ expectations of service quality and, especially, their perception of the total cost associated with the service will significantly determine how they perceive the quality of that service.

2) Customers’ service-quality perception (as determined by their service expectations and total-cost perceptions) will substantially determine their level of satisfaction with the service.

3) Customers’ satisfaction (as defined by their expectations, total-cost perception, and service-quality perception) will in turn influence their behavioral intention toward continuing or discontinuing with their current service providers.
Recommendations

Based on the above inferences from our findings, we conclude this study by recommending that health insurance and healthcare service marketers could:

1) Determine how satisfied their customers or patients are by proactively studying and keeping track of their expectations, cost perceptions, and service quality perceptions.

2) Determine the true quality of their services by proactively studying their customers’ service expectations and cost perceptions, and contrasting them with the customers’ satisfaction ratings.

3) Predict the potential intentions of their customers to retain their services by continually monitoring, tracking, and documenting their customers’ expectations, cost sensitivity, service-quality perceptions, and satisfaction levels; and then comparing the values with those of their competitors. This will enable them to predict whether a few or many of their customers might switch or remain with them; and also to make relevant changes toward increasing customer retention.
REFERENCES


27(2): 249-266.


Effects of Perceived Cost, Service Quality, and Customer Satisfaction on Health Insurance Service Continuance

**Figure 1**: Conceptual model of the research
Effects of Perceived Cost, Service Quality, and Customer Satisfaction on Health Insurance Service Continuance

Table 1: Results of composite reliability (convergent validity and internal consistency) tests

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item*</th>
<th>Composite Reliability</th>
<th></th>
<th>Total Variance Explained (TVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended value</td>
<td>Variable</td>
<td>Item Reliability</td>
<td></td>
<td>Convergent Validity (Cronbach’s Alpha - α)</td>
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<tr>
<td>Customer Expectation of Service Quality (CESQ)</td>
<td>CESQ 1</td>
<td>0.72</td>
<td>≥ 0.70</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>CESQ 2</td>
<td>0.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CESQ 3</td>
<td>0.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CESQ 4</td>
<td>0.76</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>CESQ 5</td>
<td>0.78</td>
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<td></td>
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<tr>
<td>Perceived Service Cost (PSC)</td>
<td>PSC 1</td>
<td>0.43</td>
<td>0.70</td>
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<tr>
<td></td>
<td>PSC 2</td>
<td>0.78</td>
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<td></td>
<td>PSC 3</td>
<td>0.83</td>
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<td>PSC 4</td>
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<td></td>
<td></td>
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<tr>
<td>Perceived Service Quality (PSQ)</td>
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<td>0.94</td>
<td>0.68</td>
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<tr>
<td></td>
<td>PSQ 2</td>
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</tr>
<tr>
<td></td>
<td>PSQ 3</td>
<td>0.64</td>
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</tr>
<tr>
<td></td>
<td>PSQ 4</td>
<td>0.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSQ 5</td>
<td>0.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Satisfaction (CuSAT)</td>
<td>CuSAT 1</td>
<td>0.88</td>
<td>0.73</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>CuSAT 2</td>
<td>0.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CuSAT 3</td>
<td>0.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service-usage Continuance Intention (SuCI)</td>
<td>SuCI</td>
<td>0.87</td>
<td>0.74</td>
<td>0.79</td>
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</table>

*Notes: (1) CESQ1 = Expectation of Tangibility; CESQ2 = Expectation of Reliability; CESQ3 = Expectation of Responsiveness; CESQ4 = Expectation of Assurance; and CESQ5 = Expectation of Empathy. (2) PSC1 = Perceived Cost - Price; PSC2 = Perceived Cost – Feeling of Risk; PSC3 = Perceived Cost – Waiting Time; and PSC4 = Perceived Cost – Human Effort. (3) PSQ1 = Perceived Tangibility; PSQ2 = Perceived Reliability; PSQ3 = Perceived Responsiveness; PSQ4 = Perceived Assurance; and PSQ5 = Perceived Empathy. (4) CuSAT1 = Satisfaction with Provider’s Health Insurance Services in General; CuSAT2 = Satisfaction with Claims Processing; CuSAT3 = Satisfaction with Hospital Requests Approval by Insurance Service Provider. (5) SuCI = Intention to Continue Using Service Provider (Yes or No).
Table 2: Results of one-way ANOVA analyses of the inter-construct causal relationships

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
<th>Mean</th>
<th>F-Value</th>
<th>Sig.</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer Expectation of Service Quality (CESQ)</strong></td>
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<td>8.40</td>
<td>0.000</td>
<td>0.06</td>
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<td></td>
<td>CESQ 2</td>
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<td>0.05</td>
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<tr>
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<td>CESQ 3</td>
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<td>-</td>
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<tr>
<td></td>
<td>CESQ 4</td>
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<td>0.05</td>
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<td>CESQ 5</td>
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<td>-</td>
<td>-</td>
<td>0.05</td>
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<td><strong>Perceived Service Cost (PSC)</strong></td>
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<td>4.89</td>
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<td>0.06</td>
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<td><strong>Perceived Service Quality (PSQ)</strong></td>
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<td>PSQ 3</td>
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</tr>
<tr>
<td></td>
<td>PSQ 4</td>
<td>4.53</td>
<td>-</td>
<td>-</td>
<td>0.06</td>
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<td></td>
<td>PSQ 5</td>
<td>4.53</td>
<td>-</td>
<td>-</td>
<td>0.06</td>
</tr>
</tbody>
</table>

The effect of Customer Satisfaction on Service-usage Continuance Intention (CuSAT)

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
<th>Mean</th>
<th>F-Value</th>
<th>Sig.</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer Satisfaction (CuSAT)</strong></td>
<td>CuSAT 1</td>
<td>4.79</td>
<td>39.85</td>
<td>0.000</td>
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<tr>
<td></td>
<td>CuSAT 2</td>
<td>4.62</td>
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<td>-</td>
<td>0.06</td>
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<td></td>
<td>CuSAT 3</td>
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Table 3: Results of H1 & H2 tests from standard multiple regression

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
<th>Standardized Correlation Coefficient ($\beta$)</th>
<th>Sum of squares</th>
<th>$df$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H1: Customer Expectation of Service Quality (CESQ)</strong></td>
<td>CESQ 1</td>
<td>0.525</td>
<td>27.064</td>
<td>5</td>
<td>0.000</td>
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<tr>
<td></td>
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<td>CESQ 3</td>
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<tr>
<td></td>
<td>CESQ 4</td>
<td>0.661</td>
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<tr>
<td></td>
<td>CESQ 5</td>
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<td>-</td>
<td>-</td>
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<tr>
<td><strong>H2: Perceived Service Cost (PSC)</strong></td>
<td>PSC 1</td>
<td>0.352</td>
<td>18.325</td>
<td>4</td>
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<td>PSC 2</td>
<td>0.327</td>
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Table 4: Results of H3, H4, & H5 tests from standard multiple regression

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
<th>Standardized Correlation Coefficient ($\beta$)</th>
<th>Sum of Squares (SS)</th>
<th>$df$</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td><strong>H3: Perceived Service Quality (PSQ)</strong></td>
<td>PSQ 1</td>
<td>0.491</td>
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<tr>
<td></td>
<td>PSQ 2</td>
<td>0.543</td>
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<tr>
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<td>PSQ 4</td>
<td>0.601</td>
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<td>PSQ 5</td>
<td>0.575</td>
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<td>-</td>
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<tr>
<td><strong>H4: Customer Expectation of Service Quality (CESQ)</strong></td>
<td>CESQ 1</td>
<td>0.543</td>
<td>18.482</td>
<td>4</td>
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</tr>
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<td>-</td>
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<tr>
<td></td>
<td>CESQ 3</td>
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<td>CESQ 5</td>
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<td>-</td>
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<tr>
<td><strong>H5: Perceived Service Cost (PSC)</strong></td>
<td>PSC 1</td>
<td>0.396</td>
<td>14.883</td>
<td>5</td>
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<td>PSC 4</td>
<td>0.531</td>
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</table>
### Table 5: Result of H6 test from logistic regression (including all the causal paths in the model)

Tests of the ability of all the predictor-variables in the adjusted model (the broken-arrow paths) to collectively predict Service-usage Continuance Intention (SuCI)

<table>
<thead>
<tr>
<th>Predictor-variables in the model</th>
<th>β Value (H6)</th>
<th>S.E.</th>
<th>Wald Test</th>
<th>R²</th>
<th>Hosmer-Lemeshow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Value</td>
<td>df</td>
<td>Sig.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PSQ1</td>
<td>0.298</td>
<td>0.127</td>
<td>3.515</td>
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</tr>
<tr>
<td>PSQ2</td>
<td>0.316</td>
<td>0.082</td>
<td>6.556</td>
<td>1</td>
<td>0.005</td>
</tr>
<tr>
<td>PSQ3</td>
<td>0.296</td>
<td>0.155</td>
<td>3.261</td>
<td>1</td>
<td>0.014</td>
</tr>
<tr>
<td>PSQ4</td>
<td>0.303</td>
<td>0.096</td>
<td>6.193</td>
<td>1</td>
<td>0.009</td>
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<tr>
<td>PSQ5</td>
<td>0.331</td>
<td>0.059</td>
<td>9.016</td>
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<td>0.001</td>
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<td>0.013</td>
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<tr>
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<td>PSC4</td>
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