Inspecting patients' Experiential Value to build Patients Loyalty in private and public sector hospitals: An Empirical Investigation

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Abstract

Purpose – The purpose of the study was to empirically examine the impacts of mechanic, humanic and functional clues on patient experiential value by mediating the role of patient satisfaction between the relationship of patient experiential value and patient loyalty in the context of private and public sector hospitals of Pakistan.
Design/methodology/approach – By following survey design approach, the data was collected from 550 indoor and outdoor patients of private and public sector hospitals of Pakistan. Hypotheses were tested through structural equation modelling (SEM) using MPlus 7.0.
Findings – Data analysis reveal that functional, humanic and mechanic clues significantly influence patient experiential value. Furthermore, it was found that patient experiential value directly and indirectly effect on patient loyalty through the mediating role of patient satisfaction.
Originality/Value – Quantitative research approach was deployed in the respective study. The functional, humanic and mechanic clues are used to examine the patient experiential value that has not been discussed in the extant literature to study the patient satisfaction, and loyalty with the hospitals.

Keywords: *Humanic clues; functional clues; mechanic clues; patient experience; patient loyalty, patient satisfaction*

1. Introduction

Healthcare quality and standards are essential to humanity's well-being and the economy's long-term viability. It is argued that developed economies are primarily focused on improving their healthcare systems and promoting healthcare tourism as a means of stimulating their economies (Chhabra, Munjal, Mishra, Singh, Das, Kuhar, & Vats, 2021; Osei-Frimpong, McLean, Wilson, & Lemke, 2020; Lee, 2019; Singh & Prasher, 2019). However, it is a challenging task for the countries like Pakistan where the healthcare is not the primary concern of the government policy makers and practitioners. Due to this lack of interest by the government authorities, private sector has aggressively stepped in to this sector (Karamat, *et al.,* 2019; Javed, *et al.,* 2019). Nevertheless, patients' priority is to get healthcare services from the public sector hospitals than private sector hospital because of affordability. However, due to better patients' facilitation services, private hospitals are increasing in Pakistan. Meanwhile, to gain patients' loyalty, private sector hospitals must provide exceptional service (Ozer, Basgoz, & Karahan, 2017). At the same time, it can also be argued that due to less emphasis on patient satisfaction and loyalty; private hospitals can lose business and profits, hence leading them to bankruptcy. Therefore, to achieve competitiveness by both public and private sector hospitals they have to provide outstanding experience to their patients (Ozer, Basgoz & Karahan, 2017) to keep them satisfy and gain their loyalty (Alumran, Almutawa, Alzain, Althumairi & Khalid, 2021).

The most significant facet of well-being is most neglected in Pakistan. Since 1947, no succeeding Pakistani administration (military or civilian) has made public health a priority (Javed & Ilyas, 2018). The federal government allocated Rs. 25.034 billion for the fiscal year 2018–19 under the Public Sector Development Programme (PSDP), which is less than the previous fiscal year and less than the budgets of other developing and developed countries around the globe (The News, 2018). Nevertheless, worldwide, the healthcare is a major concern, particularly for developing countries like Pakistan (Nation, 2018). In terms of overall healthcare system performance, healthcare in Pakistan currently ranks 154th out of 195 countries (Raza, 2021). The quality and accessibility of healthcare in Pakistan is not up to the required standards. For a population with more than 220 million people, there are only 175,000 registered doctors in the country. Pakistan spends 2% of its GDP on healthcare, while World Health Organization (WHO) has been advocating to the Pakistani government to allocate at least 5% of the GDP on healthcare (Raza, 2021). Due to COVID-19, healthcare sector of the country is under immense pressure as around 3% of the healthcare workers are getting infected with the virus. As of October 2021, Pakistan become one of the few countries to provide COVID-19 vaccination to around 50% of the country's population (Tribune, 2021). Around 100 million Pakistani citizens had been provided vaccination against COVID-19 (Tribune, 2021). Pakistan government has introduced government-funded health insurance scheme which is now available across the country (Farmer and Yusufzai, 2021).

In order to improve the healthcare situation in Pakistan the private and public sector has to work together towards the healthcare reforms. As this is one of the ignored areas and still very few research studies are available on healthcare sector measuring patient loyalty and satisfaction from patient experience. Even though much research has been conducted in the medical field, the administrative and managerial aspects of the research have been widely overlooked to assess what experiential value the patient is receiving and how it capitalizes on patient loyalty. Given this limitation, the current study proposes a research model that examines patients' experiential value and loyalty through the lens of humanic, mechanic, and functional cues. Therefore, it was

considered to conduct research study in healthcare sector of Pakistan to seek the insights from the patient's lens. Customer relationship management (CRM) is an organization's primary goal to obtain a long-term competitive edge, yet it seldom produces the outcomes that marketers anticipate (Palmer, 2010). In healthcare, however, the situation is reversed; in this context, it is the patient's experience that drives their loyalty to hospitals (Gentile and Noci, 2007). Furthermore, in the service industry, service quality is a significant factor in ensuring client happiness and a perception of service value (Javed and Ilyas, 2018; Worlu, Kehinde and Borishade, 2016). Any experimental value that is visible in the customer's experience is due to visual, aural, tactile, and sensory cues (Berry, Wall & Carbone, 2006; Monardo, *et al.,* 2021).

The experimental value is determined by visual, auditory, tactile, and other senses (Mahmood *et al.,* 2019). The hospital's infrastructure, facilities, healthcare service delivery technology, standard method of providing service, and outcomes all have an impact on the patient's perception of healthcare service delivery (Chang & Chang, 2012). Every single clue in a hospital, it seems, may send signals to patients. As a result, the set of these cues influences the whole patient healthcare service experience (Berry *et al.,* 2006). In addition to the high-quality of services and goods, value for customers is also about unique and unforgettable service experience, particularly in the healthcare sector domain (Wall, Okumus, Wang & Kwun, 2011). However, it is more relevant to indoor patients, and it has a major role in the long-term competitive benefit of the hospital (Worlu *et al.,* 2016). According to Berry et al. (2016), clues are classified into three categories: humanic clues, mechanic clues, and functional clues. The physical objects (state-of-the-art medical equipment, clean and hygienic appearance of the hospital, thorough sterilization of instruments, and so on) of the service environment (hospital) are related to mechanic clues; technical qualities (reliability and competence of doctors, nurses, and other hospital staff) are related to functional clues; and hospital staff behavior is related to humanic clues. Because healthcare services are intangible, every single touch point is important to patients and their attendants while they're in the healthcare service consumption journey. In hospitals, patients are often exposed to a variety of cues, including the hospital's environment, doctors' ability, and knowledge to consult patients, available physical facilities, surgical equipment, staff appearance, and empathy. Patients and their attendants are more likely to develop positive attitudes toward the hospital brand and demonstrate loyalty as a result of their exposure to these cues (Monardo, *et al.,* 2021).

Experiential value refers to a customer's contribution to a service provider's revenue because of their satisfaction and loyalty, as determined by service excellence, service environment, and cost-benefit analysis. It is, therefore, to maintain and attract patients, the experience must provide the expected value (Maraccini & Slonim, 2020).According to Han and Hyun (2015), attracting new clients is five times more challenging than retaining existing customers. As a result, the customer experience has a substantial impact on the hospital's growth.

Prior studies have usually focused on consumer experiencing value because of humanic, mechanical, and functional indicators in other settings, but they have mostly ignored that how it affects customer loyalty with service providers, particularly in the healthcare sector. Therefore, the current study proposes a comprehensive theoretical model to fill this gap in the literature. Furthermore, the current research study seeks to demonstrate that excellent customer experience execution may provide hospitals with a distinct competitive edge as well as long-term patient

satisfaction and loyalty. As a result, the present study builds a theoretical model to empirically examine the role of mechanical, humanic, and functional clues in determining patient experiential value and, as a result, the loyalty.

2. Literature Review and Research Hypotheses

2.1. *Mechanic Clues and Patient Experiential Value*

Mechanic clues include a physical representation of intangible services derived from tangible items, which include aromas, tastes, textures, sounds, physical appearance, and comfort (Berry *et al.,* 2006). It is the physical representation of the service provider, which the customer perceives as the first impression, and it has a significant impact on the customer's expectation (Worlu *et al.,* 2016; Nurfitriani, Irwandy & Wahyu, 2021). In the hospital setting, the role of humanic clues is of considerable importance. Especially by the healthcare providers, starting from an attendant, compounder, nurse to a doctor, everyone has to play a decisive role in boosting patients' experiential value (Khwaja *et al.,* 2020b). Patients feel considerably well once the response from the hospital management is positive and caring (Nurfitriani, *et al.,* 2021).

According to Berry et al. (2006), when compared to customer anticipation of the service, consumer perception of service quality is a biased evaluation of the experience. According to Sharma and Stafford (2000), the service delivery environment and touch points influence customer belief about the service delivery organization's employees, which is generally associated with more dependable services. Whereas Arasli, Ekiz, and Katircioglu (2008) emphasize that the service environment and infrastructure of the health care facility contribute significantly to patient aspiration. Whereas, Berry *et al.,* (2006) stated that:

> *"The mechanic clues, also known as the service infrastructure, make a significant contribution to the services in which customers directly experience the environment and infrastructure of the facility for an extended period of time, such as airplanes, restaurants, hospitals, clinics, and hotels."*

Haeckel, Carbone, and Berry (2003) also claimed that mechanical clues are obtained from inert things and the environment of the service provider's organizations, which is a tangible demonstration of intangible goods. Buildings, infrastructure design, comfort, equipment, color scheme, aroma, lighting, sounds, and other physical cues, for example, interaction with walk-in customers without using words. Previous research studies revealed that mechanic cues influence consumers' purchasing behavior and loyalty (Foxall & Greenley, 1999; Cronin, 2003; Foxall & Yani – de – Soriano, 2005), causing them to continue or discontinue using services (Hoffman & Turely, 2002). Yuan and Wu (2008) proposed investigating the impact of mechanic clues on patient experiential value. This indicates that mechanic clues may predict experiential value based on the physical elements of hospitals. Therefore, it is hypothesized that:

H1. Mechanic cues have a positive impact on patient experiential values.

2.2. *Functional Clues and Patient Experiential Value*

Barry *et al.,* (2006) stated that:

> *"Functional clues define the technical quality of the organization's service. Functional clues are about the competence and dependability of the service, and anything that is present or absent in the service indicates the technical quality of the service."*

Bashir *et al.,* (2020) emphasize on the need of functional clues in boosting patient experiential value. Service quality is precisely ensured once functional clues are well taken care of. According to Barry et al. (2006), functional clues validate service quality by addressing the reason why the customer visits the service provider's premises. For example, in a hospital, functional clue refers to evidence-based treatment, medical doctor diagnosis procedures, and service effectiveness (Worlu *et al.,* 2016). According to Duggirala et al. (2008), total medical care and experience are the key attributes that explain the customer's perceived service quality. As a result, health care service providers must provide excellent service experiences, and it is critical that they manage and handle functional clues of the actual service brilliantly to meet customer expectations (Berry *et al.,* 2006).

Previous research studies have shown that functional clue is an essential component in the health care sector (Worlu *et al.,* 2016). For example, the installed equipment at the hospital, the functional value of the hospital crew's professionalism, hospital service quality, and the functional value of monetary and non-monetary costs (Ozer *et al.,* 2016). To be more specific, hospital staff professional knowledge, politeness, and respect for patients (Ozer *et al.,* 2016). According to Demirer and Bulbul (2014), these dimensions of functional clues have a significant influence on patient satisfaction, and patient satisfaction is also determined by the patient's experiential value. The presence of these functional cues influences the patients' experiential value. Aside from the experiential value, the social value can be influenced by functional clues that can be investigated in future research. The social value, on the other hand, is concerned with the acceptability of the healthcare facility by the patient's attendants (Teke *et al.,* 2012). It is, therefore, hypothesized that:

H2. Functional cues have a positive impact on patient experiential value.

2.3. Humanic Clues and Patient Experiential Value

Humanic clues and patient experiential value are the most obvious indication of interactive services, particularly in the healthcare sector (Barry *et al.,* 2006). Interactive services foster emotional connectivity, which can increase customers' self-esteem and self-respect, thereby raising their expectations, loyalty, and trust in the service provider (Berry *et al.,* 2006). According to Chow, Lau, Lo, Sha, and Yun (2007), the customer-service provider interaction during the service consumption journey is a strong predictor of service quality and influences the assessment of service quality that customers got. Whereas Keng, Huang, Zheng, and Hsu (2007) stated that, a knowledgeable and efficient service provider creates an impression of outstanding service. It is, therefore, the humanic cues is an important element in customers' evaluations of their service experience (Bartlett & Huerta, 2018). Similarly, service provider staff is the one who greets customers with a cheerful smile, provides genuine counsel, and methodically solves the problem, which is especially important in the health care sector, and is more likely to

influence customer service experience (Bashir *et al.,* 2019). Similarly, human interactions have a significant impact on consumers' subsequent behavior toward service providers, such as perceived value, contentment, switching behavior, complaining behavior, and loyalty (Zeithaml, Berry and Parasuraman, 1996). Baker, Parasuraman, Grewal, and Voss (2002) discovered that service providers with well-dressed, friendly, knowledgeable, technically strong, and helpful personnel improve consumer perceptions of experience, time, effort, and cost. As a result, the crew behavior of the service provider during service delivery processes is a significant factor in determining experiential value (Chua, Jin, Lee, and Goh, 2014). Considering this argument, the relationship between humanic clues and customer experiential value in the health care industry must be empirically evaluated (Worlu *et al.,* 2016). Therefore, it is hypothesized that:

H3. Functional clues positively impact on patient experiential value.

2.4. *Patient Experiential Value & Patient Satisfaction*

The value of healthcare is determined by the health outcome in relation to the patient's out-of-pocket costs (Porter, 2009). The nature of service delivery, for example, must be influenced by the patient's perceptions of value, the health service provider's knowledge, the way health care services are provided to patients, and the patient's vulnerability (Kim, 2018). It may also be influenced by individual perceptions or beliefs during service delivery, (Osei – Frimpong, Wilson, and Owusu-Frimpong, 2015).

Experiential value, according to Mathwick, Malhotra, and Rigdon (2001), is the patient's value perception because of service experience and/or direct or indirect connection with a health care service provider while service consumption. Experiential value is divided into two categories: intrinsic and extrinsic (Wu & Liang, 2009; Keng *et al.,* 2007; Mathwick *et al.,* 2001). The utilitarian service experience, such as functional benefits, economic value for money, time and savings, and convenience, determines extrinsic worth (Overby & Lee, 2006). Whereas intrinsic value is derived from the hedonic service experience, which is more subjective and personal and includes things like spontaneity, escapism, thrill, and intrigue (Babin, Darden and Griffin, 1994).

Since, the current study focuses on the patient's experiential value in the context of healthcare (Zainuddin, Previte and Russell-Bennett, 2011). Previous research looked at the value of experiencing shopping in both online and physical stores (Mathwick *et al.,* 2001). Experiential value is divided into three aspects by Holbrook (1994): active/reactive, extrinsic/intrinsic, and self-orientation/other orientation. The value, on the other hand, remains multifaceted and multidimensional (Chahal & Kumari, 2012). Holbrook (1994) defined experiential value as "interactive relativistic preference experience," implying that what is valuable to the patient (Akaka, Vargo, and Schau, 2015), which influences patient cognition and behavior (Gummerus, 2013). The direct relationship between the service customer and the supplier determines the value of the experience (Wu & Liang, 2009). Similarly, the meeting between a service provider and a customer tends to elicit a strong emotional response, which is triggered by a high-value consuming experience (Wu & Liang, 2009).

The outcome of humanic, mechanical, and functional clues is experiential value, which can influence total patient satisfaction with a hospital or healthcare service provider. The preceding research in the healthcare setting highlights the relevance of patient satisfaction because of patient experiential value, emphasizing the necessity of value in healthcare marketing studies (Zainuddin, Russell-Bennett & Previte, 2013). Patient satisfaction is one of the key constructs used to evaluate the patient experience, according to Wu and Liang (2009). In most healthcare academic research (Dagger *et al.,* 2007), service quality has been employed to quantify patient satisfaction; however, a recent study shed light on the value in determining patient satisfaction (Ranjan & Read, 2014). For example, Ranjan and Read (2014) discovered that patient satisfaction is influenced by experiential value. Despite these efforts, there is currently a scarcity of empirical evidence in healthcare-related research studies to explain the relationship between patient experiential value and patient happiness (Zainuddin *et al.,* 2013). Therefore, it is hypothesized that:

H4. Perceived experiential value has positive impact on patient satisfaction.

2.5.   *Patient Satisfaction and Patient Loyalty*

Customer satisfaction, according to Kotler and Armstrong (2008), has a substantial effect on a customer's future purchasing behavior. Customers who are happy with the service they received share their positive experience with others and intend to make a repeat purchase (Worlu *et al.,* 2016). Dissatisfied customers, on the other hand, are always planning to switch brands and avoid referring the same service to others (Mahmood *et al.,* 2019; Khwaja *et al.,* 2020a; Mahapatra, Kumar & Chauhan, 2010). Customer satisfaction is described by David (2010) as "the reported experience of a total number or total percentage of customers with an organization, a product, or a service exceeding a certain satisfactory goal." According to Rust and Oliver (1994), customer satisfaction is described as a customer's good feelings toward a product or service.

Customer satisfaction (Ibanez, Hartmann, & Calvo, 2006; Auh & Johnson, 2005; Host & Knie – Anderson, 2004; Hellier *et al.,* 2003) is one of the most widely studied independent predictors of customer loyalty. According to Bowen and Chen (2001), even minor changes in customer satisfaction can result in big changes in customer loyalty. Customer loyalty is the most important goal for any business (Anderson, Fornell & Lehman, 1994). Prior research has focused on behavioral and attitudinal factors to explain loyalty (Chahal & Kumari, 2011; Chang, Wang & Yang, 2009). The behavioral approach to loyalty is concerned with the permanence of a customer's purchase, whereas the attitudinal approach is concerned with the psychological side of the customer, such as the customer's thoughts about a product or service (Chang *et al.,* 2009). According to Chahal and Kumari (2011), loyalty is the result of value. Disconfirmation theory was considered by Gounaris, Tzempelikos, and Chatzipanagiotou (2007), who discovered that total loyalty is a function of value and customer satisfaction.

Prior research studies have also shown that service quality, customer experiential value, and customer satisfaction are essential factors in determining consumer loyalty in healthcare, but several scholars have challenged this approach (Cronin, 2003; Salenga & Goodwin, 2005; Smith & Wheeler, 2002). The issue stems from the fact that customer experience was not included in these structures to explain consumer loyalty. According to Smith and Wheeler (2002), we are

living in the age of experience, and it is critical for businesses to provide customers with branded experiences. Customer experience is a relatively young and well recognized construct in customer relationship management research (Worlu *et al.,* 2016).

As previously stated, experiential value has a direct impact on customer satisfaction in various service contexts (Bolton & Drew, 1991; Sirdeshmukh, Singh & Sabol, 2002). Patient experiential value has a substantial association with patient satisfaction in the context of hospitals (Ozer *et al.,* 2016; Worlu *et al.,* 2016; and Osei – Frimpong *et al.,* 2016). Despite these efforts, the mediating function of customer satisfaction in the relationship between consumer experiential value and customer loyalty has yet to be empirically investigated, especially in the healthcare industry. However, in their theory of planned behavior, Ajzen and Fishbein (1980) looked at this relationship. According to the theory of planned behavior Customers' cognitive characteristics influence emotions, and emotions influence behaviors (Khwaja *et al.,* 2020b) As a result, the experiential value as a cognitive construct is influenced by clues (humanic, functional, and mechanic) that reflect a rationale change in the consumer's perspective of cost and benefit, whereas the outcome is customer satisfaction, which is an emotional construct, and the variation in behavioral construct, loyalty, is the result (Lam, Shankar, Erramilli & Murthy, 2004). Despite this argument, no study has been conducted in the context of Pakistan's healthcare system to assess the impact of experiential value derived from humanic, mechanical, and functional clues on patient satisfaction and loyalty. Only Demirer and Bulbul (2014) investigated the link between service quality, patient satisfaction, and repeat purchasing behavior, but experiential value based on customer experience was overlooked when determining customer satisfaction and loyalty. Therefore, it is hypothesized that:

H5. Patient satisfaction has positive influence on patient loyalty.
H6. Patient experiential value has positive influence on patient loyalty.
H7. Patient satisfaction has positive mediating role between patient perceived experiential value and patient loyalty.

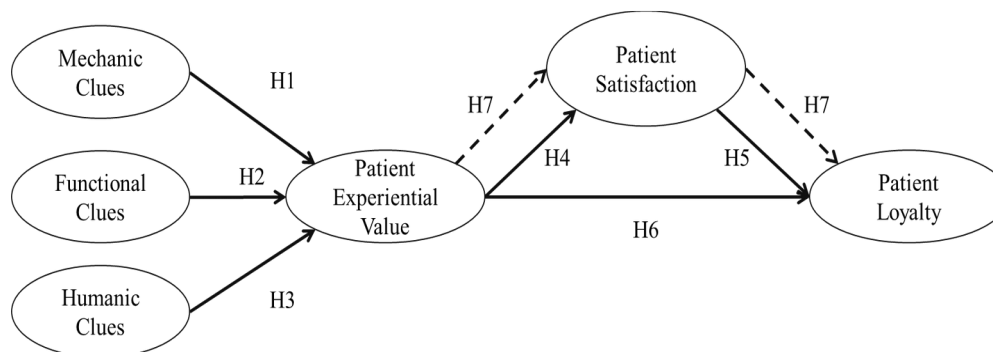As shown in figure 1, a theoretical model is proposed based on the aforementioned discussion.

Figure 1. *Theoretical Model (source: self-developed)*

3. Methodology

3.1. Measures

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A survey method was utilized to reveal the relationship between the constructs, which was adapted from several studies. The survey questionnaire consists of 23 items on a 5-point Likert scale ranging from 1 to 5, with 1 indicating "strongly disagree" and 5 indicating "strongly agree." Three items for each variable were adapted from the studies of Namkung and Jang (2007), Ha and Jang (2010), and Gremler and Gwinner (2000), respectively, to examine functional, mechanical, and humanic cues. Four items were adapted from McDougal and Levesque's (2000) study to assess customer satisfaction, while six items were adapted from Wu and Liang's (2009) study to measure consumer experiential value. Similarly, three items were adapted from Baker and Crompton's (2000) study to measure patient loyalty.

3.2.   Research Procedure and Participants

A total of nine hospitals were chosen as part of the population of Islamabad's capital territory, 4 of which were public and 5 of which were private. The hospitals were chosen based on their reputation and capacity. To achieve effective results, data of similar magnitude was collected from both public and private sector hospitals. Data was obtained from both indoor and outdoor patients of both public and private sector hospitals using a non-probability convenience sampling technique. A total of 650 questionnaires were distributed, out of which 550 were proven to be useful for further study. The overall response rate was 84 percent, which is quite considerable. The discarded responses had missing values and outliers. Thus, as per the scientific conventions, those responses were omitted. The researcher distributed and collected questionnaires among indoor and outdoor patients, but the distribution and collection of questionnaires were depending on the respondents' desire. A specific request was also sent to the medical directors of both public and private sector institutions prior to the distribution of the questionnaire. The names of the hospitals were kept secret as agreed. Similarly, the questionnaire was designed to be bilingual for the respondents' convenience (English and Urdu). The questionnaire was examined by an Urdu language expert, who also conducted the pre-testing. The questionnaire was divided into two sections, the first of which included five-point Likert scale questions and the second of which focused on the demographics of the respondents. Demographic results are reported in table 1 which illustrate that most of the respondents of this study were females (52%), while 48% were male respondents. In terms of age, majority of the respondents were between the age of 18 to 45 years. Similarly, education, occupation, income, locality and hospital visit frequency is provided in detail in table 1.

Table 1: Demographics outcomes

Demographics	Total (n = 550)		Private (n = 283)		Public (n = 267)	
	f	*%*	*F*	*%*	*f*	*%*
Gender						
Female	285	52%	153	54%	132	49%
Male	265	48%	130	46%	135	51%
Age						
Less than 18 years	114	21%	55	19%	59	22%
18 - 25 Years	110	20%	60	21%	50	19%

26 - 35 Years	109	20%	58	20%	51	19%
36 to 45 Years	110	20%	56	20%	54	20%
Above 45 Years	107	19%	54	19%	53	20%
Education						
Illiterate	93	17%	45	16%	48	18%
Middle	106	19%	61	22%	45	17%
Matric	88	16%	45	16%	43	16%
Intermediate	111	20%	51	18%	60	22%
Bachelors	78	14%	39	14%	39	15%
Masters or Above	74	13%	42	15%	32	12%
Occupation						
Public Sector Employees	99	18%	53	19%	46	17%
Private Sector Employees	106	19%	51	18%	55	21%
Student	94	17%	52	18%	42	16%
Self Employed	92	17%	46	16%	46	17%
Retired	77	14%	41	14%	36	13%
Unemployed	82	15%	40	14%	42	16%
Income						
Less than Rs. 25000	116	21%	66	23%	50	19%
Rs. 26,001 - 50,000	113	21%	55	19%	58	22%
Rs. 50,001-100,000	106	19%	57	20%	49	18%
Above Rs. 100,000	112	20%	48	17%	64	24%
N/A	103	19%	57	20%	46	17%
Locality						
Home Town	280	51%	154	54%	126	47%
Out of City	270	49%	129	46%	141	53%
Hospital Visit						
First	141	26%	69	24%	72	27%
Second	132	24%	66	23%	66	25%
Third	147	27%	84	30%	63	24%
More than it	130	24%	64	23%	66	25%

4. Results and Analysis

Covariance-based structural equation modeling (CB-SEM) was used to test the proposed research model, which was then supplemented with MPlus. CB-SEM is considered to be stringent with more predictive power than partial least square structural equation modelling (PLS-SEM). The reason remains that CB-SEM ensures that the data taken for analysis is normal and all the items load on their respective factors (Mahmood *et al.,* 2019). In PLS-SEM, even if the data is not normal, it is considered to be appropriate for further analysis (Bashir *et al.,* 2019; Khwaja *et al.,* 2019). To define and confirm the factors, two processes were implemented. First, in addition to MPlus, confirmatory factor analysis (CFA) was employed to confirm the measurement model's factor structure, as well as its reliability and validity. Second, to determine the path coefficients, the structural model was evaluated using MPlus. Variance inflation factor

(VIF) scores were also computed to evaluate multicollinearity. To reduce the analysis issues, normality, reliability, and homoscedasticity were also evaluated (Kline, 2011). In structural equation modelling, bootstrapping technique is widely used for the determination of cause-and-effect relationship among the constructs. Thus, bootstrap of 2000 samples were taken into consideration as the sample size was 550. Barron & Kenney approach and Sobel test were not taken into account as they are considered to be obsolete approaches of determining causality among the constructs.

4.1. Assessment of Measurement Model

The variables' internal consistency was assessed using composite reliability (CR) and Cronbach's Alpha coefficients. Table 2 shows the retrieved data for factor loadings, CR, and average variance. All Cronbach alphas and composite reliability (CR) values were found to be between 0.70 and 0.90, indicating that all construct items are reliable (Hameed and Khwaja, 2022; Fornell & Larcker, 1981). Similarly, all item loadings, CR, and AVE were tested to determine convergent validity (Bagozzi & Yi, 1988). EFA value (δ) and CFA values (λ) were significant, the CR values are larger than 0.7, and the AVE values are greater than 0.50 (Bashir *et al.,* 2021; Zaman *et al.,* 2022), demonstrating convergent validity. To examine discriminant validity, the square root of each measure's AVE values was determined.

Table 2: Measurement Model Outcomes

Variable	AVE	CR	α	Items	δ	λ
Patient Experiential Value	0.515	0.864	0.862	PEV1	0.729	0.741
				PEV2	0.868	0.786
				PEV3	0.789	0.711
				PEV4	0.745	0.634
				PEV5	0.777	0.727
				PEV6	0.655	0.680
Patient Satisfaction	0.518	0.811	0.809	PS1	0.736	0.742
				PS2	0.852	0.759
				PS3	0.810	0.723
				PS4	0.667	0.651
Patient Loyalty	0.569	0.840	0.836	PL1	0.784	0.736
				PL2	0.842	0.791
				PL3	0.859	0.800
				PL4	0.713	0.683
Mechanic Clues	0.571	0.727	0.725	MC1	0.757	0.617
				MC2	0.848	0.665
				MC3	0.750	0.767
Functional Clues	0.563	0.793	0.789	FC1	0.726	0.790
				FC2	0.856	0.797
				FC3	0.835	0.653
Humanic Clues	0.585	0.808	0.804	HC1	0.859	0.840
				HC2	0.850	0.766

HC3	0.815	0.680

GFI = 0.928, AGFI = 0.908, CFI = 0.939, TLI = 0.930, RMSEA = 0.052.

Note. *AVE = average variance extracted; CR = composite reliability; GFI = Goodness of fit index; AGFI = Adjusted goodness of fit index; CFI = Confirmatory fit index; TLI = Tucker Lewis index; RMSEA = Root mean square error of approximation*

All the items are loaded on their respective factor, as indicated in Table 2 of confirmatory factor analysis, and the measurement model also provides strong fit ($\chi2/df$ = 2.301, GFI = 0.928, AGFI = 0.908, NFI = 0.911, TLI = 0.938, CFI = 0.947, and RMSEA = 0.049, SRMR = 0.043) (Zaman *et al.,* 2021). Similarly, the correlation values in table 3 do not surpass the estimated square root values of AVE, indicating discriminant validity. The convergent and discriminant validity results indicate that there are no validity concerns and the data is suitable for path analysis.

Table 3: Correlation coefficient and squared root of AVE

	1	**2**	**3**	**4**	**5**	**6**
Functional Clues	**0.75**					
Patient Experiential Value	0.63	**0.72**				
Patient Loyalty	0.54	0.61	**0.75**			
Patient Satisfaction	0.36	0.54	0.53	**0.72**		
Humanic Clues	0.44	0.47	0.32	0.30	**0.77**	
Mechanic Clues	0.53	0.52	0.51	0.52	0.23	**0.69**

4.2.   Hypothesis Testing and Structural Model Measurement

MPlus 7.0 was used to estimate the structural model to evaluate the hypotheses. The following fit indices were found that indicates the model is fit to the data: (χ^2 (221) = 545.257, p 0.001, GFI = 0.928, AGFI = 0.908, CFI = 0.939, TLI = 0.930, RMSEA = 0.052, PCLOSE = 0.642). Table 4 lists all the standardized path coefficients along with their t-values.

Table 4
Structural Parameter Estimates (standardized coefficients)

Path	Hypothesized Model		
	B	**t-value**	**R^2**
Mechanic Clues → Patient Experiential Value *(H1)*	0.293**	5.584	0.529
Functional Clues → Patient Experiential Value *(H2)*	0.386**	6.997	
Humanic Clues → Patient Experiential Value *(H3)*	0.242**	5.380	
Indirect Effect			
Patient Experiential Value → Patient Satisfaction *(H4)*	0.559**	14.795	0.313
Patient Satisfaction → Patient Loyalty *(H5)*	0.245**	4.623	
Direct Effect (H7)			
Patient Experiential Value → Patient Loyalty *(H6)*	0.502**	10.383	0.450
Goodness-of-fit statistics	$\chi^2_{(221)}$ = 545.257, p < 0.001 GFI = 0.928 AGFI = 0.908 CFI = 0.939		

TLI = 0.930
RMSEA = 0.052
PCLOSE = 0.642

All the hypotheses in the study model are significant at the 0.05 level. Patient experiential value significantly predicted by mechanic clues (β= 0.293, p 0.05), functional clues (β = 0.386, p 0.05), and humanic clues (β = 0.242, p 0.05). Because of mechanic, functional, and humanic clues, there was a 52.9 percent explained variance in patient experiential value. The effect size of functional clues is larger than the effect size of humanic and functional clues. According to Chua *et al.,* (2014), humanic clues have the greatest impact on experiential value in the context of a full-service restaurant. It shows that functional clues are important in the setting of hospitals, as patients are more aware of the technological reliability and competency of the hospital's service providers. The mechanic and humanic clues, on the other hand, are significant in terms of their effect sizes.

The mediating role of patient satisfaction was investigated using a Bayesian method employing SEM and MPlus (Solimun & Fernandes, 2016; Bashir *et al.,* 2020). According to the Bayesian approach, full mediation will be considered if the direct effect size (α) becomes insignificant due to the intervention of a mediator between the independent and dependent variables, partial mediation will be considered if the direct effect size (α) decreases but remains significant due to the intervention of a mediator between the independent and dependent variables, and full mediation will be considered if the direct effect size (α) decreases but remains significant due to the intervention of a mediator between the independent and dependent variables, and full mediation will be considered (Solimun & Fernandes, 2016).

Patient experiential value (β= 0.559, p<0.05) and patient loyalty (β= 0.245, p 0.05) were also found to be substantially associated with patient satisfaction (= 0.559, p 0.05). Similarly, the direct effect of patient experiential value on patient loyalty (β= 0.502, p<0.05) was shown to be significant. Patient experiential value has a strong direct and indirect effect (through patient satisfaction) on patient loyalty, indicating that patient satisfaction plays a significant partial mediating role in the link between patient experiential value and patient loyalty. Patient satisfaction accounted for 31.3 percent of the variance explained by patient experiential value, whereas patient loyalty accounted for 45 percent of the variance explained by patient satisfaction and patient experiential value.
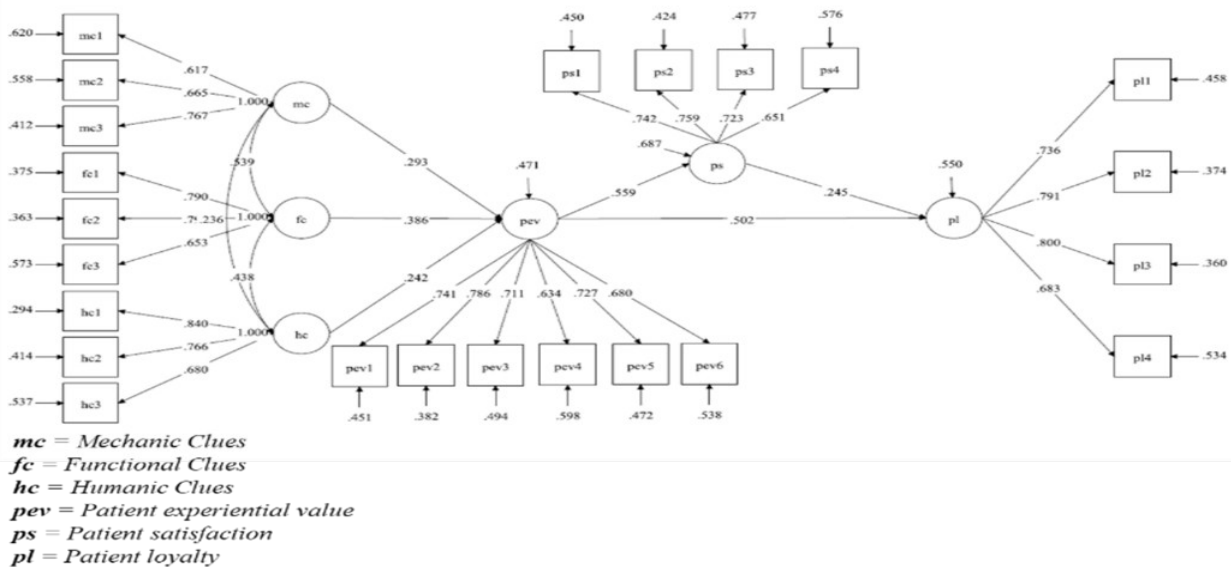
mc = Mechanic Clues
fc = Functional Clues
hc = Humanic Clues
pev = Patient experiential value
ps = Patient satisfaction
pl = Patient loyalty

Figure 2. Results of structural equation model
Note: ***p<0.001; **p<0.05; *p<0.01

From the presented results it was found that:

Hypotheses	Result
H1. Mechanic clues have positive impact on patient experiential values.	Supported
H2. Functional clues have positive impact on patient experiential value.	Supported
H3. Functional clues have positive impact on patient experiential value.	Supported
H4. Perceived experiential value has positive impact on patient satisfaction.	Supported
H5. Patient satisfaction has positive impact on patient loyalty.	Supported
H6. Patient experiential value has positive impact on patient loyalty.	Supported
H7. Patient satisfaction has positive mediating role between patient perceived experiential value and patient loyalty.	Supported

5. Discussion

The goal of this study was to understand more about the role of humanic, mechanical, and functional clues in the formation of patient experiential value, as well as the direct and indirect effects of patient experiential value on patient loyalty (via patient satisfaction) in both private and public hospitals in Pakistan. These clues were taken from the notion of customer experience management, which aims to manage the patient's impression of the service environment as well as their physical, rational, psychological, and emotional interactions with it during their stay in the hospital. Because functional clues are about the service's technical reliability and competency, they have a substantial impact on the patient's experience value (Berry *et al.,* 2006). The right and real availability of the treatment or diagnosis in a hospital context is referred to as functional clues. Its existence or absence could have a big impact on how

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patient experiences are formed. In fact, it is critical for the hospital to execute the functional clue the first time to avoid the switching behavior that is a symptom of service failure (Bashir *et al.,* 2020; Khwaja *et al.,* 2020a). Certainly, to deliver good service to patients, hospitals must effectively manage and handle functional clues to acquire patient satisfaction and loyalty. However, functional clues alone cannot transcend the worth of the patient's experience; the other two clues, mechanic and humanic cues, play an important part in distinguishing one hospital from another in terms of service quality.

The findings show that mechanic signals have a favorable impact on patient experiential value. This large impact demonstrates that any hospital mechanic clue is built on a solid foundation of physical representation that helps patients to value hospital services. It means that mechanic cues create a first impression, which has a significant impact on the patient's expectations of the hospital. According to the findings, if a tangible representation of the hospital environment is appealing to the patient, it will have a favorable impact on the patient's experiential value. After receiving service, the patient will almost certainly be satisfied and will demonstrate his loyalty to the hospital by spreading the word among his family and friends. As a result, mechanic clues play a significant role in shaping patient experiential value in healthcare settings.

Humanic clues refer to the acts and expressions of hospital personnel such as doctors, nurses, and non-clinical personnel. For instance, their choice of words, their excitement for treating patients, their voice tone and body language while interacting with patients, as well as their appropriate wardrobe and neatness. According to the findings of the current study, humanic clues have a favorable and considerable impact on patient experiential value. These findings were found to be relevant to a prior study by Specht, Fichtel, and Meyer (2007), who found that the customer's perception and experience of the service provider's effort had a major impact on customer satisfaction and loyalty. Our findings, on the other hand, in full-service restaurant settings, complement the findings of Borishade *et al.,* (2018) and Chua *et al.,* (2014). As a result, it may be stated that the presence of humanic clues is important in determining patient experiential value, satisfaction, and loyalty.

In summary, research findings show that the existence of functional, humanic, and mechanic clues at the same time is critical for the perception of customer experience, which forms customer experiential value that satisfies patients while also keeping them loyal. For example, when a healthcare provider informs a patient about the non-availability or availability of diagnostics or drugs, both functional and humanic clues are formed. The fact is that the service provider's proper information in response to the patient's enquiry is a functional clue, whereas facial expression, body language, dress, and word choice are humanic cues. However, the service environment has a key role in the occurrence of this interchange between the patient and the service provider. As a result, hospital executives must be dedicated to managing the clues that build patient experiential value, which will undoubtedly lead to patient satisfaction and, ultimately, patient loyalty.

5.1. *Academic and Practical Implications*

The current study will not only add to the literature, but will also benefit Pakistan's healthcare system by assisting healthcare practitioners in comprehending the importance of these clues in forming patient experiential value in satisfying patients and fostering loyalty. It is recommended that hospital executives continue to focus on their patients' requirements, wants, and cultural attitudes in order to build customized healthcare services. There are a total of 17 United Nations sustainable development goals (SDGs) which advocate about sustainability. Good health and wellbeing happen to be one of the core SDG goals and is placed at the third spot. The respective study focuses on the good health and wellbeing of the masses by focusing on how public and private hospitals can improve their operations. Hence, in the long-term, once the implications of this study are understood and considerable initiatives are taken, Pakistan would be able to ensure SDG goals. Hospital administrators must also ensure that the hospital's service atmosphere is always pleasant for patients. For example, the lobby, waiting areas, and wards of a hospital must be well-order and clean. Diagnostic and surgical equipment must be in good working order, and furniture and furnishings must be carefully placed. Such initiatives leave a positive effect on the patients and caregivers. Similarly, hospital executives must engage in staff training of patient service, including how to communicate with patients and how to respond to patients who are in distress. In addition, hospital managers should focus on doctors and nurses communications with patients and caregivers as when patients arrive at the hospital, the first thing they see are the attitudes of hospital staff, doctors, and nurses, not the treatment. In accordance to the aforementioned recommendations, hospitals can gain a long-term competitive advantage and flourish, as well as assist Pakistan's relevant authorities in implementing healthcare reforms.

5.2.   *Limitations and future directions*

The current research study, like many others, has a number of limitations. To begin, this research was conducted just in the private and public hospitals in Islamabad and Rawalpindi, Pakistan. It is suggested that this study be conducted in the setting of other developing nations in order to improve the generalizability of the theoretical model. Second, the current study compared the two sectors and obtained data from patients who had shared experiences in both private and public hospitals. To gain more insights in terms of clues, patient experience, satisfaction, and loyalty, it is also recommended to divide the patients (respondents) into two distinct classes: private and public sector hospitals. Finally, Martin (2017) stated that word of mouth (WOM) is still in its infancy in the healthcare industry, as patient loyalty is based on a positive healthcare experience. As a result, it is suggested to examine the impact of loyalty on WOM. Because WOM has the potential to affect a vast network as a means of disseminating positive or negative information about the institution. As a result, expanding this research could be another intriguing field for future research studies to investigate.

6. Conclusion

Although the current research study's topic is not absolutely new, it does highlight Pakistan's most neglected area. In developed countries, there is considerable importance given to the healthcare industry. As a result, news reports, academic articles, and blogs continue to address the issue of healthcare service quality. However, the current research study has found

how public and private sector hospitals can increase patient loyalty and satisfaction by forming patient experiential value based on humanic, functional, and mechanical clues. Due to pandemic COVID-19, there has been a paradigm shift on uplifting healthcare services on private and public hospitals, but still some substantial measures must be taken.

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