
The Influence of Ducoffe's Advertising Value Model on Health Care Service Quality Perception

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ABSTRACT: *Hospital management works to enhance customer satisfaction by emphasising the level and quality of service provided to patients. This study looks into the effect of marketing methods on the quality of service provided in the healthcare industry. The application of the Ducoffe Advertising Model to evaluate hospital service quality expectations is intended to analyse advertising perception components that lead to satisfaction in three dimensions. A quantitative research technique was used to collect customer data. Advertising influences the perception of the service provided, and service quality influences satisfaction and reputation since poor service providers typically result in negative word of mouth and negative publicity about the hospital. The health sector must increase the value of its advertising by understanding the advertising aspects that have the most significant influence on consumers' perceptions. Theoretical and practical implications were discussed.*

KEYWORDS: advertising, Ducoffe model, health care industry, hospitals, service quality.

INTRODUCTION

Recently, healthcare providers increasingly rely on marketing techniques to gain new patients, mainly through advertising. The hospital sector is rapidly increasing, and the most important criteria are service quality and client happiness. Quality in healthcare involves consistently delivering patient services according to expected standards. Delivering quality service is one of the significant challenges the hospital managers will face in the following years, as it is essential for success in the emerging, keenly competitive global healthcare markets.

The Health sector organisations cannot thrive unless they are oriented toward their consumers to fulfil their demands and expectations by improving the hospital's image. Today's healthcare sectors are concerned that the marketed services meet expectations, as this is the basis for recurring business (Anwar and Abdullah, 2021). The healthcare sector has been very significant for individuals since the rise of the covid-19 pandemic; hospitals are seen as important sources of safety and stability for the country. Hospitals are essential to the patient journey since they provide one of the most fundamental necessities for visitors: treatment, housing and care (Prabhu et al., 2020).

This study examines the three fundamental elements of the value advertising model: entertainment, credibility and informativeness. Those roles have been discussed extensively in advertising literature (Hertzendorf, 1993, Nelson, 1974, Yassin, 2021). Advertisements contain information on service attributes and prices that match potential patients' needs and service prices (Nelson, 1974). Advertising also reduces search costs that might deter a consumer from learning of a service's existence, price, and quality. In addition, advertising alters consumers' tastes and creates spurious service differentiation and brand loyalty (Bagwell, 2007). This research contributes to this body of knowledge by demonstrating how hospitals' advertising perception affects the quality perception of the service provided and its effect on the hospital's patients' level of satisfaction. In order to provide a practical guide for the service providers that should compete on quality to increase patients and revenue.

LITERATURE REVIEW

Quality Management in the Health Care Industry

ISO defines quality management as "all activities of the overall management function that determine the quality policy, objectives, and responsibilities and implement them within the quality system through means such as quality planning, quality control, quality assurance, and quality improvement" (International Standard, Quality Management and Quality Assurance-Vocabulary, 1994). Early attempts to define quality in the service business relied heavily on intangible aspects such as inseparability, heterogeneity, and perishability, which are significant predictors of service quality as perceived by the end consumer. The quality of the service is decided by the outcome, how it is given within the service process and its overall influence on consumer views. According to Goetsch and Davis (1997), quality comprises all business areas. It is an emotional experience for consumers who want to be satisfied with their purchased services and get the best price possible.

Quality service allows businesses to monitor service from the standpoint of their customers and is a method that focuses on outcomes. It addresses service characteristics that are important to end-users, and service providers who have tangible results to show consumers, guarantees customers the high quality of service they can receive; and provides staff with a methodology to demonstrate commitment to quality service (Reyad, 2005). The quality management procedures of the healthcare sector have mainly followed the pattern established by the manufacturing industry. These practices seek to manage and assure the quality of essential tangibles such as food, drink, accommodation, and physical amenities. However, the customer views the tangible product as relatively undifferentiated in the healthcare business. As a result, intangible qualities such as service delivery and quality are the only ways to differentiate the service offering from competitors in the market. Understanding what consumers anticipate in terms of quality is crucial for survival.

Quality of Service Measurements

There has been a significant advancement in the literature regarding how service quality perceptions should be measured (Babakus and Boller, 1992; Brown et al., 1993; Parasuraman et al., 1994). Researchers have often utilised one of two conceptualisations. The first is the "Nordic" viewpoint (Grönroos, 1984), which defines global service quality as functional and technical. The second viewpoint, known as the "American" (Parasuraman et al., 1988),

employs terminology that characterises service features such as reliability, responsiveness, empathy, assurances, and tangibles in-service measuring. Parasuraman et al., 1991 also developed and refined the SERVQUAL technique and claimed that only the consumer could judge the quality of services. They expanded on the notion of high-quality service, defined as meeting or exceeding customers' expectations.

According to Parasuraman et al. (1991), Reliability is the ability of the health care provider to perform the service dependably, delivering the outcome promised. Empathy is the caring, individualised attention service provided for each patient. Patients want healthcare providers who care about them as individuals. Responsiveness is the willingness of the health care provider to help patients and provide them with prompt service. Tangible cues include the physical facility, equipment, and appearance of personnel. Because evaluating health services is so complex, patients will often use tangible cues to assist them in this evaluation. Assurance reflects the knowledge and courtesy of the employees, staff, and healthcare professionals and their ability to inspire trust and confidence in the staff.

The SERVQUAL model may assess consumers' views of the quality of service delivered across a wide range of service categories and industries. The perception gap is the difference between the consumer's internal perception and expectation of the services (Zeithmal et al., 1990). This implies that quality is determined by comparing perceived to expected performance, as shown in Grönroos' (1982, 1984) pioneering conceptualisation of service quality, which "pits the perceived service against the intended service" (Grönroos 1984, p. 37, emphasis in original). According to Kenneth (1995), by incorporating elements that convey the five SERVQUAL determinants of assurance, Reliability, empathy, responsiveness, and tangibles into their advertising, healthcare providers can increase the level of perceived quality, thereby reducing the perceived risk.

The Ducoffe Advertising Model

Ducoffe (1995) defined advertising value as consumers' perceptions of the value of advertising based on the uses and gratifications theory (Blumler and Katz, 1974), which proposes that consumers choose media that best satisfy their cognitive and affective needs in terms of personal needs and gratification-seeking motives. The most commonly used theory to clarify consumer perceptions and attitudes toward advertising is Ducoffe's (1995, 1996) advertising value model (Murillo et al., 2016). It is based on three antecedents of advertising value: informativeness, entertainment and credibility added to the model (Dao et al., 2014). The concept introduced by Ducoffe (1996) will be used to identify the effects of the three antecedents of the advertising value model on quality expectations.

Advertising informativeness is described as advertising's capacity to inform customers about service information (Ducoffe, 1996), allowing them to make superficial judgments about the "best value" service (Rotzoll et al., 1990). As a result, customers examine hospital adverts on purpose since it provides an excellent source of exchanging information, showing personal contacts, and more service information (Muntinga et al., 2011). Several studies have found that informativeness has a significant influence on consumer's perceived value of services advertising; the more information the advertisement provides to consumers about the services provided, the greater the effect received (Dao et al., 2014; Saxena and Khanna, 2013; Zeng et al., 2009). Thus, the following hypothesis is proposed:

H1. Informativeness positively influences consumers' perceptions of the quality of service in the healthcare industry.

H1.a. Informativeness positively influences consumers' perceptions of service reliability in the healthcare industry.

H1.b. Informativeness positively influences consumers' perceptions of service responsiveness in the healthcare industry.

H1.c. Informativeness positively influences consumers' perceptions of service empathy in the healthcare industry.

H1.d. Informativeness positively influences consumers' perceptions of the assurance of service in the healthcare industry.

H1.e. Informativeness positively influences consumers' perceptions of the tangibles of service in the healthcare industry.

According to Zhou and Bao (2002), advertising entertainment is the pleasure and delight obtained from the commercial. Advertising pleasure and satisfaction may readily meet consumers' hedonic demands (Edwards et al., 2002). Moreover, multiple studies have found a positive association between perceived entertainment and the perceived value of advertising (Dao et al., 2014; Saxena and Khanna, 2013). In this context, entertainment advertising in hospital services can influence customers' perceptions of their results when dealing with the service provider. As a result, advertisers work hard to offer engaging advertising to increase their message's impact (Hoffman and Novak, 2012). Thus, the following hypothesis is proposed:

H2. Entertainment positively influences consumers' perceptions of the quality of service provided in the healthcare industry.

H2.a. entertainment positively influences consumers' perceptions of the reliability of service provided in the healthcare industry.

H2.b Entertainment positively influences consumers' perceptions of responsiveness to services provided in the healthcare industry.

H2.c Entertainment positively influences consumers' perceptions of empathy for the service provided in the healthcare industry.

H2.d Entertainment positively influences consumers' perceptions of the assurance of service provided in the healthcare industry.

H2.e Entertainment positively influences consumers' perceptions of the tangibles of service provided in the healthcare industry.

Advertising credibility relates to the believability and honesty of an advertisement's content and customer expectations about its fairness (Logan et al., 2012; MacKenzie and Lutz, 1989). In the context of services advertising, the content of an advertisement is deemed reputable and trustworthy when comments from social connections are displayed about the ad (Chu and Kim,

2011; Okazaki, 2004). Customers increasingly see advertising as a legitimate source of product information (Mangold and Faulds, 2009). Previous research has found that advertising credibility favours advertising value (Liu et al., 2012) and that well-service advertising credibility leads to positive service provider perceptions. Thus, the following hypothesis is proposed:

H3. Advertising credibility positively influences consumers' perceptions of the quality of service provided in the healthcare industry.

H3.a Advertising credibility positively influences consumers' perceptions of the reliability of service provided in the healthcare industry.

H3.b Advertising credibility positively influences consumers' perceptions of responsiveness of service provided in the healthcare industry.

H3.c Advertising credibility positively influences consumers' perceptions of empathy for service provided in the healthcare industry.

H3.d Advertising credibility positively influences consumers' perceptions of the assurance of service provided in the healthcare industry.

H3.e Advertising credibility positively influences consumers' perceptions of the tangibles of service provided in the healthcare industry.

Customer Satisfaction

Increasing customer satisfaction via increasing customer value is a significant issue for any company (Lonial and Zaim, 2000). Customer value refers to a consumer's perception of the features they want in a product or service. As a result, hospital clients desire quality service, and their satisfaction is the sense of the value received after consuming services. According to Yadav and Dabhade (2013), Parasuraman (1988) defines service quality as the degree and direction of satisfaction; thus, excellent customer value results in customer pleasure (Lonial and Zaim, 2000). Customer satisfaction can give a company a competitive advantage through recurring purchases, higher prices, loyalty, and word-of-mouth referrals (Seth, 1991). As a result, hospitals must increasingly prioritise boosting patient satisfaction through high-quality service. According to Yadav and Dabhade (2013), service quality is the degree and direction of a gap between the consumer's perceptions and expectations or the extent to which a service meets or surpasses the customer's expectations. As a result, the following hypothesis was proposed.

H4. Hospital Service Quality positively affects the customer satisfaction

H4.a Hospital service reliability affects the customer satisfaction

H4.b Hospital service responsiveness affects the customer satisfaction

H4.c Hospital service empathy affects the customer satisfaction

H4.d Hospital service assurance affects the customer satisfaction

H4.e Hospital service tangible affects the customer satisfaction

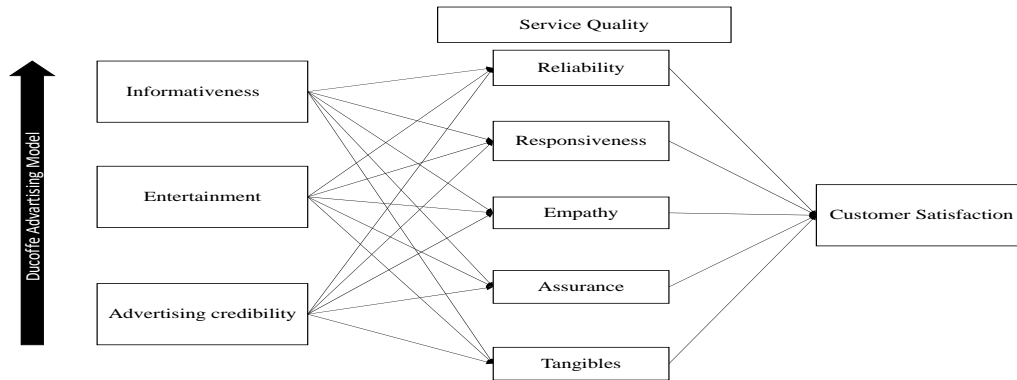
The Research Model

Figure 1 The Research Model

RESEARCH METHODOLOGY

The research used a qualitative study, a questionnaire was used to collect the data, and a structural equation model was used to test the proposed model of the study.

Measurement Scales

The SERVQUAL instrument was used to assess the quality of consumer service received. The Ducoffe model instrument was used for assessing consumer perceptions of advertising. Therefore, the "gap" between consumers' expectations and perceptions of the quality received from advertising can be measured. Respondents are asked to rate their agreement or disagreement with the statements on a five-point Likert scale. Consumers' satisfaction is based on the service they receive, while their expectations are based on the perception received from the ads. These statements represent the determinants or dimensions of service quality. The five critical dimensions identified by Berry and Parasuraman (1991) are the following: (1) Overall reliability - the ability to provide the given service consistently and accurately. (2) Tangibles - the physical appearance of facilities, equipment, personnel, and communication materials. (3) Responsiveness - the readiness to assist others. Consumers and to provide prompt service. (4) Assurance – employees' knowledge, courtesy, and ability to convey trust and confidence. (5) Empathy – providing caring, individualised attention to consumers. One of the SERVQUAL instrument's aims is to determine the level of service quality based on the five major dimensions and to identify gaps in service and to what extent this could indicate a discrepancy in perception about what causes potential gaps (Zeithmal et al., 1990).

Table 1: Measurement Scales

Construct	Variables	Authors
Reliability	1-The hospital staff can provide service as promised. 2-The hospital staff are dependable in handling customers' service problems. 3-The hospital keeps customers informed of the performance of its services.	Gardi et al. (2021) Parasuraman et al. (1988) Anwar (2016)
Responsiveness	1-Staff at the hospital are ready to respond to customers' requests. 2-Staff at the hospital are always willing to help customers.	Gardi et al. 2021
Empathy	1-The hospital gives its customers individualised attention. 2-Staff of the hospital understands the specific needs of their customers. 3-Staff of the hospital has the customers' best interests at heart.	Gardi et al. 2021
Assurance	1-Staff at the hospital is consistently courteous and friendly with customers. 2-The hospital provides a safe environment to stay in. 3-Staff of the hospital knows to answer customers' requests	Gardi et al. 2021
Tangible	1-The hospital has modern-looking equipment. 2-The hospital provides clean and comfortable rooms. 3-The hospital has many facilities. 4-The hospital has adequate fire safety facilities and instructions.	Gardi et al. 2021
Informativeness	1- Hospital Advertising supplies relevant information on the hospital service. 2-Hospital Advertising provides timely information on health care services. 3-Hospital Advertising tells me about health care services when I need the information.	Cheng <i>et al.</i> (2009)
Entertainment	1-Hospital Advertising is entertaining 2-Hospital Advertising is enjoyable 3-Hospital Advertising is pleasing	Dao <i>et al.</i> (2014) Ducoffe's (1995)
Credibility	1-Hospital Advertising is credible 2-Hospital Advertising is trustworthy 3-Hospital Advertising is believable	Dao <i>et al.</i> (2014) From MacKenzie and Lutz (1989)
Customer Satisfaction	1-Overall, I am satisfied with my service provider. 2-The services rendered by my service provider are close to what I expected. 3-As a result, I am loyal to my service provider and consider it my first healthcare choice. 4-I will recommend this hospital to my friends	Gardi et al. 2021

Sample and Profile of Respondents

The focus of this study was on private hospitals because they account for the majority of advertising in the healthcare industry in Egypt, and they use advertising regularly to market their services. Hence the survey was distributed among patients who received any kind of treatment or service from two private hospitals in Cairo and Giza. The consumers were asked

before leaving the hospital if they could help us for academic purposes to enhance the quality of service provided in relation to their perception of the hospital ads.

Hence, a convenience sample was used. The demographic profile of the respondents is shown in Table 2. According to the distribution of respondents, 55% were females, and 45% were males. According to age, 15% were between 20 and 29, 40% were between 30 and 39, 25% were between 40 and 49, and 20% were above 50. The justification for the age range below was relying on the ability and time of consumers to fulfil the questionnaire, as seen patients above 49 were showing resistance to answering the survey. At the Educational level, 90% of respondents had at least received a university degree. Moreover, 50% were already employed.

Table 2: Descriptive statistics for Demographic variables

Variable		N	Percentage
Gender	Female	165	55%
	Male	135	45%
Age	20-29	75	15%
	30-39	120	40%
	40-49	45	25%
	50-59	30	10%
	60-69	15	5%
	70 and more	15	5%
Education Level	High School	30	10%
	University Degree	180	60%
	Postgraduate studies	90	30%
Employment Status	Student	30	10%
	Employee	150	50%
	Manager	60	20%
	Business Owner	15	5%
	Retired	12	4%
	Housewife	30	10%
	Not-working	3	1%
Total		150	100%

RESEARCH RESULTS

Reliability and Validity Analysis of Variables

Confirmatory Factorial Analysis (CFA) was conducted to confirm which items fit what constructs and test the construct validity of variables. Table three presents the construct validity results. The AVE for all items is above the recommended value of 0.50 (Fornell and Larcker, 1981), implying excellent convergent validity. Because the AVE of each construct is greater than the squared correlations with other constructs, discriminant validity was achieved (Yassin, 2021).

Measurement Model

Table 3 displays the results of the structural model. In general, the model fits the data well, with acceptable absolute, incremental, and parsimonious indices.

Table 3: Measurement of the total construct

Question items	Construct	Factor Loading	CR(t)	Probability	SMCC
Reliability_1	← Reliability	.972	N/A	N/A	.696
Reliability_2	← Reliability	.963	9.650	***	.691
Reliability_3	← Reliability	.855	9.796	***	.594
Measures: RMSEA: .000; Chisq/df: .973; NFI: 0.951; TLI: 0.988; CFI: 0.992; AVE: 0.697; CR: 0.653					
Responsiveness_1	← Responsiveness	.766	9.887	***	.715
Responsiveness_2	← Responsiveness	.709	9.374	***	.791
Measures: RMSEA: .000; Chisq/df: .992; NFI: 0.925; TLI: 0.916; CFI: 0.995; AVE: 0.547; CR: 0.683					
Empathy_1	← Empathy	.881	8.881	N/A	.577
Empathy_2	← Empathy	.842	9.263	***	.584
Empathy_3	← Empathy	.893	9.515	***	.591
Measures: RMSEA: .000; Chisq/df: .941; NFI: 0.897; TLI: 0.901; CFI: 0.884; AVE: 0.563; CR: 0.542					
Assurance_1	← Assurance	.896	9.211		.597
Assurance_2	← Assurance	.891	9.264	***	.679
Assurance_3	← Assurance	.885	8.839	***	.683
Measures: RMSEA: .000; Chisq/df: .960; NFI: .973; TLI: .988; CFI: .943; AVE: 0.612; CR: 0.618					
Tangible_1	← Tangible	.940	8.933	N/A	.699
Tangible_2	← Tangible	.804	9.826	***	.632
Tangible_3	← Tangible	.889	8.923	***	.648
Tangible_4	← Tangible	.981	8.741	***	.697
Measures: RMSEA: .000; Chisq/df: .992; NFI: .930; TLI: .921; CFI: .949; AVE: 0.611; CR: 0.683					
Informativeness_1	← Informativeness	.607	7.820	N/A	.582
Informativeness_2	← Informativeness	.698	7.903	***	.608
Informativeness_3	← Informativeness	.662	7.959	***	.547
Measures: RMSEA: .000; Chisq/df: .963; NFI: .983; TLI: .925; CFI: .984; AVE: 0.563; CR: 0.682					
Entertainment_1	← Entertainment	.798	8.539	N/A	.692
Entertainment_2	← Entertainment	.762	8.946	***	.627
Entertainment_3	← Entertainment	.786	8.990	***	.618
Measures: RMSEA: .000; Chisq/df: .949; NFI: .936; TLI: .924; CFI: .992; AVE: 0.559; CR: 0.593					
Credibility_1	← Credibility	.662	7.533	N/A	.834
Credibility_2	← Credibility	.610	8.970	***	.825

Credibility_3	← Credibility	.692	7.939	***	.881
Measures: RMSEA: .000; Chisq/df: .992; NFI: .993; TLI: .989; CFI: .982; AVE: 0.679; CR: 0.675					
Customerst_1	← Customer Satisfaction	.726	8.593	N/A	.712
Customerst_2	← Customer Satisfaction	.802	8.469	***	.680
Customerst_3	← Customer Satisfaction	.699	7.964	***	.691
Customerst_4	← Customer Satisfaction	.724	7.959	***	.728
Measures: RMSEA: .000; Chisq/df: .983; NFI: .981; TLI: .972; CFI: .982; AVE: 0.590; CR: 0.618					
Whole Model Measures: RMSEA: .075; Chisq/df: 1.298; NFI: .960; TLI: .984; CFI: .986; AVE>0.5 CR: >1.97					

Hypotheses Test

Based on Table 4 indicators, all hypotheses were confirmed to be statistically significant except for H2. Entertainment positively influences consumers' perceptions of the quality of service provided in the healthcare industry. This hypothesis was not statistically significant.

Table 4. Hypotheses Relationship

Construct	Construct	Estimate	S. E	CR	Probability
Informativeness	Service Quality	.188	.093	1.631	***
Entertainment	Service Quality	.123	.086	1.545	.285
Credibility	Service Quality	.146	.065	1.381	***
Service Quality	Satisfaction	.162	.073	1.353	***

FINDINGS AND DISCUSSIONS

The study discovered disparities between customers' expectations of the services provided and the quality received. According to the findings, advertising credibility and informativeness influence the perception of the service supplied, and service quality influences hospital reputation because poor service provider usually leads to unfavourable dialogues and negative publicity about the hospital. Healthcare providers who offer high-quality care will also be perceived as less risky (Kenneth, 1995).

Knowing what customers expect is a critical step in providing quality service at any level of an organisation. It must be recognised that consumer needs, and thus expectations, can vary greatly. Any discrepancies between consumer expectations and the organisation's perception of consumer quality expectations are critical for identifying and determining service quality. We need to implement strategies to meet and exceed customer satisfaction by offering the quality perceived by customers. Providers can enhance effectiveness by understanding patients' purchase process in selecting healthcare providers. Healthcare providers can increase perceived quality by incorporating elements that convey assurance, reliability, empathy, responsiveness,

and tangibles into their advertising. Advertising appears to be an essential component of the dynamic evolution of hospital marketing.

Healthcare ads must contain one or more of these embedded cues in the form of headlines, copy, or captions to be effective. Pictures and drawings also can be used. To prevent clutter and confusion, an ad should focus on only one or two cues; more can be used by cycling several ads. Service firms work in a dynamic and ever-changing environment. As a result, forward-thinking hospital executives have prioritised service quality. Understanding how consumers perceive the quality of the service offering, including the service component, and how these perceptions impact the consumer's ultimate purchase choice is crucial. The business should be able to evaluate whether or not there is a gap between the consumers' and managers' conceptions of consumer expectations after knowing the customers' perceptions of quality through advertising. This would assist the manager in developing proper management quality procedures, thus enhancing customer satisfaction. The desire for survival and profitability in an increasingly competitive economy are the key motivators for offering better quality services. This entails providing, measuring, and managing service quality. This research explored consumers' views of service quality advertising and its influence on a particular hospital's reputation. To improve the quality of care, the health system needs to be effective, efficient, accessible, and patient-centred (World Health Organization, 2006).

Regular and systematic analysis of evaluation results can lead to a variety of benefits, like measuring the degree of matching of customers' needs and expectations and comparing the results with perceived quality; acting as a foundation for the strategic process, identifying improvement activities; and controlling competitiveness in quality with the help of benchmarking (Soteriadis, 2006).

CONCLUSIONS

According to Kotler et al. (1996), a service hospital's primary method to differentiate itself is by continuously providing more excellent quality than its competitors; providing more spectacular service results in more expense. However, expenditures typically pay off because higher customer satisfaction leads to higher client retention and sales. Future research should measure the effect of other marketing tools on the expected service quality.

This study's conceptual framework only applies to private hospitals. This model may be empirically evaluated and tested for public hospitals. The appendix instrument can assess perceived service quality, patient satisfaction with treatment delivery, and behavioural intention.

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