

Service Quality and Customers' Patronage Decision of Healthcare Insurance Products: In- Depth Interview Approach

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Abstract

The purpose of this qualitative research is to explore the role of service quality on customers' patronage decision of Malaysian health insurance products. Through a critical review of the literature about service quality and customers' patronage intention this research proposed a relationship of service quality, customer's satisfaction, perceived value and corporate image on customer's patronage intention. This research applied qualitative approach (in-depth interview) from 20 participants. This research is also the starting point for better understanding, in a dynamic way to discover the role of service quality on customers' patronage decision of Malaysian healthcare insurance products. The outcome of this study allows researchers and policy makers to specify the antecedents of the service quality, customer satisfaction, perceived value and corporate image towards the clients' patronage purpose in health insurance products in Malaysia, which has not previously explored yet.

Keywords: Service Quality, Patronage Intention, Corporate Image, Perceived Value

JEL CODES: M00; M1; M3

INTRODUCTION

With the increasing expenses of medical treatments and the urgency to protect the pursuit of one's family wellbeing, the need for insurance coverage is becoming necessary for secure life. Up to date, Malaysian government encourages citizens to having insurance coverage that protect them from health related risks. Because of that, health insurance industry must provide competitive products to maximize the firms' market share as well as bringing down the cost of getting and holding back customers (Lotayif, 2004; Roberts, 2005). Therefore,

service providers need to deliver the best service that meets the customers' expectation (Ahmad & Sungip, 2008). The objective of this study is to evaluate the perceived service quality towards the customers' patronage decision of Malaysian healthcare insurance products through a qualitative methodology. In addition, this research is going to investigate the antecedent expected by the customers and their service quality perceived while they have or intend to have healthcare insurance policy. This exploratory research will allow researchers, companies and policy makers to identify customers' expectations and their perceived value that may influence their patronage decisions in considering healthcare insurance products in Malaysia.

STUDY BACKGROUND

Within service marketing literature, the term service quality has experienced a great attention by many scholars and practitioners (Davidson, 2003; Loizides, 2005; Petridou, Spathis, Glaveli, & Liassides, 2007). So far, International Consumer Movement is an organized social movement attempt to sustain customer protection through defending for the consumers' rights, particularly when these rights are violated by the activities of firms that provide products or services to the clients'. Thus, it is identify eight primary rights for the consumers. These are for instance: (1) right to satisfy; (2) right to get information and knowledge; (3) right to select providers among available options; (4) right to obtain primary goods and services; (5) right to be reach voice; (6) right to compensate; (7) right to education; and (8) right to have a safe and clean environment (Gonzalez, 2009).

As Malaysian government puts huge concentration on the healthcare sector to lessen the imbalance in healthcare utilization, the challenges in quality of healthcare service providers are even more (Ministry of Health Malaysia, MOH Strategic Plan, 2013). According to Bank Negara Malaysia (BNM, 2012) the existence studies are required on healthcare insurance products to present evidence of clear view about customers' patronage behaviour and their perceived service quality. So, it is not a surprise as the customer's patronage intention one of the important issues for this type of businesses (Fornell, 1992). Untill now the research efforts under the scope of healthcare insurance patronage decisions are limited. As a result, a wide gap of unexplored area will exist which lead to scarce understanding on the service quality, customer satisfaction and customers' patronage decision on health insurance products in Malaysia. As a whole, a significant outcome from this exploratory research will assist the industry regulators as well as the policy makers to understand the overview of the customer's patronage decision on healthcare insurance products in developing effective marketing strategies. These reasons motivate the team of this research to do further examination of service quality and customers' patronage decision of Malaysian Healthcare Insurance Products. Many researchers suggested in-depth interview approach to be used because it is consistent with procedures proposed for marketing theory development (Deshpande, 1983; Peter & Olson, 1983; Zaltman, Lemasters, & Heffring, 1982).

The respondents were selected from different universities in Malaysia, who has healthcare insurance policy. Twenty respondents were interviewed and were asked questions about a broad range of service quality and their patronage behaviour towards the healthcare insurance products.

To assess the perceived service quality and customers patronage intention following questions were asked: see **Appendix 1**

1. As a customer of health care insurance, Could you please explain the healthcare insurance services that you recently obtained?

2. As a customer of health care insurance, what do you think be the key attributes of service quality, corporate image?
3. As a customer of healthcare insurance, could you please describe key attributes of satisfaction? Could you give me an example? Is perceived value matter for you? Could you clarify with an example?
4. As a customer of health care insurance, do you think any discrepancies exist between the perceptions of consumers towards the service providers and perception of marketers towards the customers? Can you elaborate on that idea?
5. As a customer of health care insurance, can you explain if the corporate image if it has an effect on your patronage decision?
6. As a customer of health care insurance, what is the role of perceived value represented by religion in your patronage decision (purchase intention)? Is the religion playing as a mediating or moderating (modification the relationship between the services obtained and your patronage decision) role in your patronage decision? Could you please explain more?

LITERATURE REVIEW:

SERVICE QUALITY

Service quality has been widely discussed since its inception in term of getting positive results; due to its important role of firm's performance (Al-Enezi, 2002; Al-Naser, 2012; Bell, Auh & Smalley, 2005; Bitner, Brown & Meuter, 2000; Chaston, 2000; Guo, Duff, & Hair, 2008; Jabnoun & Al-Tamimi, 2003; Parasuraman, Zeithaml, & Berry, 1985; Parnell & Menefee, 2007; Petridou et al., 2007; Al-beshtawi, Al-Tarawneh & Abu-Laimon, 2013; Wang, Lo, & Hui, 2003; Yu, Hong, Gu, & Wang, 2008; Zhen & Nakata, 2007). Offering superior level of service quality will surely enhance the firm's image and acquiring new customers (Elmayar, 2011; Julian & Ramaseshan, 1994; Siddiqi, 2011; Spathis, Petridou, & Glaveli, 2004). Johnston (1987) defines service quality in the phrase "customer satisfaction," that is the grade of correspondent between customer's expectation and perceptions of service. Further, the service attributes of perceived service quality relate to customer satisfaction (Cronin & Taylor, 1992; Fornell, Johnson, Anderson, Cha & Bryant, 1996; Parasuraman & Berry, 1991). Customer satisfaction or dissatisfaction leads to gain information and from experience with the service, which impact the perceived quality of the service (Anderson, Fornell & Lehmann, 1994).

According to Zeithaml (1988) perceived quality is defined as: "Consumers' appraisal of a product's overall excellence or superiority" (P. 474). Previous researchers agreed that perceived service quality can be recognised as matching the customer service actual performance perceptions with the service performance expectations (Gronroos, 2006). To measure service quality, researchers have developed various instruments that relied on their classification of the quality. It is worthwhile to say that researchers are continuing to use SERVQUAL tool that developed by Parasuraman and Zeithaml in 1985 to measure the service quality; because SERVQUAL is considered as a reliable tool to measure service quality (Lewis & Mitchell, 1990). However, SERVQUAL tool has been commonly cited as one of the core consideration in measuring and assessing the service quality by many researchers (Akbaba, 2006; Bala, Sandhu, & Nagpal, 2011; Ladhari, 2009; Ramseook-munhurrin, Lukea-bhiwajee, & Naidoo, 2010). Moreover, researchers stated that the SERVQUAL instrument relies on five primary dimensions (Cavana, Corbett, & Lo, 2007; Cronin & Taylor, 1992) for instance:

- 1- Tangibility (appearance of physical facilities, equipment, employees, and written materials).
- 2- Reliability (ability to health care insurance companies to do the promised service dependably and accurately. Once something is promised, then it should do and provision of services at the time promised).
- 3- Responsiveness (willingness of health care insurance personnel to help customers and provide on-time service).
- 4- Assurance (the knowledge and courtesy of health care insurance employees and their ability to inspire trust and confidence).
- 5- Empathy (caring, individualized attention to its clients i.e. understanding specific needs, and personal attention).

There has been evidence regarding perceived service quality, customer satisfaction as well as customer patronage intention that has identified as key antecedents in service industries (Lewis & Mitchell, 1990). Further, Oliver (1980) suggests that a customer satisfaction to patronage intentions be a “gathering” of customer satisfaction that is a task of cognitive assessment of expectations earlier to consumption and real experience.

PERCEIVED VALUE

The conceptualization of customer value was built up by (Zeithaml, 1988, p. 14) “The consumer’s overall assessment of the effectiveness of the product based on perceptions of what is received and what is given.” This definition has turned out to be the most ordinary definition of customer value in the marketing literature (Patterson & Spreng, 1997). The rising interest in customer value was triggered source of competitive advantage (Slater & Narver, 2000), customer satisfaction (Gill, Byslma & Ouschan, 2007; Tam, 2004), repurchase intentions, customer commitment and relationship commitment (Wang, Lo, Chi, & Yang, 2004) and long-term organisational profitability (Slater & Narver, 2000; Woodruff & Gardial, 1996). Perceived value has drawn in many researchers after considering service quality, customer satisfaction and client commitment. All the same perceived value has gained great attention as execution techniques (Vantrappen, 1992). Sweeney and Soutar (2001); Pérez, Abad, Carrillo and Fernández (2007) consider perceived the value as a collection of functional, social and emotional roles. Besides that, perceived value varies linking on sorts of products or services, and personal characteristics of consumers (Lee, Yoon, & Lee, 2007). So, the moderating influence perceives values on the relationship between service quality and customer satisfaction could influence the customer patronage decision. As stated earlier, many researchers have been studying service quality associated with customer satisfaction in life-insurance sector; however, the moderating role of perceived values between the relationships has not yet empirically tested in healthcare insurance sector.

CUSTOMER SATISFACTION

Customer satisfaction in the healthcare insurance industry is much less studied topic if compared to other services such as business, education and tourism, despite the size and volume of business of this particular industry (Hellier, Geursen, Carr, & Rickard, 2003). The convincing reason for this matter is that the intangible and complex service feature provided has made the business quite difficult to understand (Gera, 2011; Hellier et al., 2003). It has been discussed that the complaint ratio is considered as an indicator of an insurer’s

performance and a good measure of customer satisfaction and service quality (Chiu, Hsu, Lai & Chang, 2012; Hellier et al., 2003; Kumar, 2010). Customer satisfaction, in the context, can be specified as a discernment of a gratifying level of fulfilment experienced of healthcare insurance. Also, the feeling of fulfilment is measured by the customer's assessment of his / her patronage decision, more clearly, the customer can make a decision based on sound or defective and whether he / she is glad to have the decision to purchase (Gera, 2011). Apart from that, customer satisfaction is a comparison between what the customer expects and what they get from the service providers (Zeithaml, Bitner & Gremler, 2006). In this respect, it is significant to note that satisfaction is an active process which requires continuous development and improvement (Fournier & Mick, 1999). Ruyter and Bloemer (1999) explained that the satisfaction is perceived to be a post consumption evaluation or a pleasurable level of consumption-related fulfilment. Vansteenwegen (2008) reported that the service quality and customer satisfaction are the essential indicators of the repurchase process. Nevertheless, customer satisfactions obviously ensure the persistence of the firm's business progress (Ahmad & Sungip, 2008; Kotler, 2000).

CORPORATE IMAGE

Customer support and good image formation can give firms a guarantee of continuity among another rivalry (Gronroos, 2006). Based on the nature of the satisfaction experience (Bolton, Ruth & Drew, 1991; Dagger, Sweeney & Johnson, 2007; Fornell, 1992; Kazoleas, Kim, & Moffitt, 2001) claim that the corporate image is a function of the cumulative effect of customer satisfaction or dissatisfaction. There have been other findings to suggest that satisfaction increase the opportunities to support customer patronage intentions (LaBarbera & Mazursky, 1983). Many researchers clarify the result that customer's do and assess or evaluate such product or service performance, may be exceed or below their level of expectation, this solution will lead to neither satisfaction nor dissatisfaction (Oliver, 1997; Ross-Wooldridge, Brown, & Minsky, 2004; Wells, Prensky, 1996). There is evidence that "image" is significantly related to perceptions of quality. Whereas, the image, will precede customer evaluations as these evaluations are components of the image (Mazursky & Jacoby, 1986; Wei, 2002).

CUSTOMER PATRONAGE DECISION

A direct positive relationship between customer satisfaction and their repurchase intention is held up through service research (Ahmad et al., 2010; Bolton & Lemon, 1999; Patterson & Spreng, 1997; Selnes, 1998). While customer repurchase intention is the chief component, it is just one of the many variables that can affect by customer satisfaction (Mittal & Lassar, 1998; Sharma & Patterson, 2000). Henkel, Houchaime, Locatelli, Singh and Zeithaml (2006) proposed that satisfied customers in the service industry have a high future repurchase intentions. Fishbein and Ajzen (1975) agreed that the consumers' purchase intention is an essential index to predict consumer behaviour as a subjective attachment to the product. Purchase intention can be translated as the probability that the consumers will plan or be willing to buy a particular merchandise or service in the future. (Dodds, William & Kent, 1991; Schiffman & Kanuk, 2004). Consumers' purchase intention also serves as a mediator between their attitude towards a special product and their real purchase behaviour (Fishbein & Ajzen, 1975). Measurement scales to measure purchase intentions are; possible to buy, intended to buy and consider buying. Engel, Blackwell & Miniard (1995) expanded that purchase intention into unplanned buying, partially planned buying, and fully planned buying. As the firms make

every effort to retain a superior service to reach customer satisfaction by working them to repurchase (Kandampully, 1998; Zeithaml, Valarie & Mary Bitner, 1996). In fact, several subjects reported that the service quality can consider as an earlier request to the customer satisfaction (Ruyter & Josee, 1999; Szymanski & Henard, 2001). Additionally, Caruana (2002) assured that the atonement has a mediating role play in the relationship between customer satisfaction and customer repurchase intention.

METHODOLOGY

In this study, researchers are willing to determine the underlying constructs and sub-constructs of clients' patronage intention of healthcare insurance products under the perspective of service quality by conducting in-depth interview approach as a methodology of this research. Researchers like (Aaker, Kumar, Day, & Leone, 2009; Blumberg, Cooper, Schindler & Bell, 2011; Malhotra, 2007; Saunders, Thornhill, & Lewis, 2009) proposed that the qualitative research methods can be applied through either depth interview or observations to acquire further information on the research scope. Both, Kvale (1996); and Malhotra (2007) confirmed that the qualitative research is an exploratory nature based conducting interviews on small samples. Hence, the current study employed in depth interview in order to explore the service quality dimension that affects the customers' patronage decision of the health care insurance products in Malaysia.

Kvale (1996); Denzin and Lincoln (2002); and Patton (2002) suggested that the in-depth interviews may allow the researchers to explore and find further justification about the answers declared by the members. However, the interview provides the advantages of flexibility for the research team to explore for explanation from the respondent's point of view and the opportunity for interviewees to share their experiences with free feelings, thoughts and attitudes (Marshall & Rossman, 1999). As has been noted in previous studies, semi-structured in-depth interviews have proven as very successful notes in developing a rich examination of a variety of client's experiences (Fisk, & John, 2007; Price, Arnould, & Tierney, 1995; Keaveney, 1995).

The interviews were directed by an interview guide as illustrated in Appendix 1. Consequentially, the interview began with an introductory note and followed by asking about some demographic characteristics of the interviewee. During the in depth interview session, each participant got about (40 min) to be interviewed, an interview guide was prepared for investigating the service quality and customer patronage decision on the healthcare insurance product. The English language was used as the key languages in the interview stream because all the members were selected from different higher learning institutions in Malaysia. According to Richards (2005) to ensure comfortable and casual atmosphere, the interview location was chosen based on the interviewee's suggestion. After gaining approval from participants, the interviews were recorded through digital recorder for the purpose of transcription. Taking notes during the interview as appropriate and following the interview is also followed. The data obtained from the participants was coded and analyzed analysed with supporting documents obtained through various study stages.

SAMPLING METHOD FOR IN-DEPTH INTERVIEWS

In this research for conducting in-depth interviews, judgmental approach was applied. The subject were chosen based on having valid healthcare insurance policy and recent experience of dealing with healthcare insurance products as well as covering a broad range of demographic criteria. In addition, Kvale (1996) recommend in choosing at least ten to fifteen

subjects. Morton-Williams (1985) suggest that to choose twenty to forty in- depth interviews. Therefore, this study followed Morton-Williams, (1985) idea thus; twenty (20) members selected from different educational institutions in Malaysia. Respondents varied in their age (all above 18), races (Malay, Chinese, and Indian), religion (Islam, Buddhism, Christianity and Hinduism), occupation (lecturer, staff management and student) and their education experience (undergraduate, graduates, Masters and a Ph.D. degree). The variability in demographics ensured varied opinions and responses from individuals to come up with an overall conclusion in regards of health insurance patronage behaviour. The reasons behind collecting data from private and public universities was due to the diversity of people features where they are working or studying at the university as well as ability to speak English and to have experience and familiar of the importance of conducting researches. Graduate research assistants were recruited by the researchers to facilitate in-depth interviews. The choice of respondents was on purpose to cover an extensive variety of respondents by the gaining from their experience while they are dealing with the health insurance products in Malaysia.

FINDINGS AND DISCUSSION

The study covered 20 customers of health care insurance product in Malaysia as shown in table (1& 2). Among the interviewed respondents, 65% were regular clients of the same health insurance provider and 35% were shifted to another provider. Out of 20 respondents 55% had been acquired to the health insurance policy for one to five years and 30% less than one year while 15% had been using the healthcare insurance product for five years or more. The majority of respondents are Muslims 60%. 20% Buddhism, 15%, were Christian and the rest of 5% Hinduism.

The gender of the customer distribution shows that 70% were males, and 30% were females. The age distribution of the customers shows that the highest number (40%) was from the 26-35 age group, 35% from 18-25 age group, and 15% from 36-45 age group, 5% were from 46-55 group, and the remaining 5% were 55 or above. The average age of the customers was 30 which mean that a significant proportion of the customers are still young. The overall result from an in-depth interview revealed that the service requirement varies among age groups.

Given the qualitative nature of the study most of the information gathered was not amenable to statistical analysis. The findings are, therefore, qualitative and descriptive in nature. Thus, majority of the respondents of health care policy holders agreed that healthcare insurance products are very useful for their life and accessing these services in Malaysia are very easy. This was because policyholders are not required to pay for services at the point of consumption. Respondent stated that:

- ***As a the health insurance considered as a kind of protection, when we are sick, at once; we are not following the whole procedure rather be able to go to the hospital with good confidence. With the healthcare insurance coverage, we are currently feeling secure.***
- ***I have just to go for any clinic that put my health insurance company logo stickers and get all my treatment included by the medication that the doctors described for me without paying any things***

On the other hand, insured customers were not satisfied with high premium payment for enrolment, the obstacle in processing of the insurance Identification cards following registration, and the annually renewal of the health insurance cards. Additionally the

perceived benefit package of the healthcare insurance products and the special nature of the insurance agents were other issues the clients' were not pleased with. The insurance agents were made unrealistic promises and also causing delays in the processing of the insurance policy.

- ***It was the first and last time I have seen the agent of my healthcare insurance; she was starting to give me promises make me think that my life would be so easy if I bought a policy for me and my family, but after I use my healthcare policy I was shocked because my policy not covered certain things. I think the only important matter for the agent is to get his/ her commission and after that he has nothing to do. Rather than the premiums that I have paid I think it does not match with the service that I have received.***

The respondents' view that the premium paid is high and thus a barrier for them to take a decision to buy health care insurance policy from different service providers this was matched with Zeithaml (1988); and (Martín-Consuegra, Molina, & Esteban, 2007) study that the services price play an important role in customer buying decision:

- ***Most of us are worked in different types of jobs, with our incomes being low compared with high expense for daily life. It is extremely hard of reaching a high amount of money to buy a good insurance scheme from a reputed company.***

The interruption in obtaining the health insurance policy and high annually renewal premium sometimes does not motivate the interviewees to renew their policy again under their current business.

- ***I have complained of the delays and the annually renewal of my insurance that is a bad thing. This does not encourage me to renew my policy, and I plan to move to another company.***

Most of the respondent are assured that there is an a direct effect between their patronage decision and the corporate image this result was mentioned in (Andreassen & Lindestad, 1998; Wei, 2002) were the researchers assured that the corporate image affect customer decision to buy

- ***Before I have joined to my current healthcare insurance company I have asked my friend, relative, and I am looking by myself into the internet for the status of a particular business for sure I will bay money to protect I and my family as well it is important for me the business status level compared with other business.***

In fact, the largest segment of the Malaysian population is Muslim Most of the interviewees were Muslim, and they are concern about their daily life activity to be at the same line with sharee'ah and Islam. So, all their decision is related to do so. This was found in (Chau, 2012; Elmayar, 2011) study which shows that the religious believes could affect customers buying decision especially in financial services.

- ***For sure, as I am Muslim I am concerns to know if the company will deal with me based on sharee'ah. Manners and ethics of Islam confirm the worthiness and validity of the communication between parties, and apparently we should support Islamic business on account of it will come with fruitful results to our entire society.***

- ***Even I am not Muslim but I prefer to attend business that they are following Islamic role. I have experience this from my last loan was Islamic loan under Islam role there is a kind of trust and credibility in their transaction.***

Other opinion was

- ***I do not care if the company dealing with me as sharee'ah or not at all, I am just caring about the quality of the service that I have already obtained.***
- ***Actually, I have no matters if the company apply Islamic role or not all my concern is toward if the policy clear enough or not***

Most of the respondents assured that the most important factor that affects their patronage decision is the degree of their satisfaction towards the service quality obtained this are consistent with the work of Parker and Mathews (2001) who reported that renewal intention concentrates on the level of satisfaction, emotion, fulfilment and state.

- ***Well, if my expectation matches with the understanding of the service quality that I have already obtained then I will be satisfied, and my patronage decision will be supported otherwise I will not intend to buy or even renew my health care policy.***

Lee et al. (2007; and Siddiqi (2011) assured that the customer satisfaction could be changed over time as client's use an adapted standard to serve as a reference point for subsequent evaluations of experiences. Also, this was assured by Ahmad et, al. (2010) that the service quality affect the customer patronage through the customer satisfaction relationship. The selected respondents obviously assured that customer satisfaction depended on the quality of performance of service providers, policy coverage. Also, the premium of the policy and reputation of the insurance company have an effect on the customer patronage intention. A number of guidelines may offer by both Shemwell, Cronin, and Bullard (1994); Taylor and Baker (1994) that the customer satisfaction considered as important construct as the service quality provided to affect the relationships between this study constructs. The selected customers in this research were clearly distinguished between customer satisfaction and service quality. In addition, the clients comprehend that high quality of service provided will lead extremely to satisfy a status. One of the respondents expressed his experience of the service delivery provided by his company, such a customer can promptly evaluate the companies.

His company provided high levels of quality service to customers, but most customer has never experienced high quality of service delivery due to lack of personal communication with officers of the business. He commented that most customers perceived quality service delivery only when experiencing the claims process. Therefore, only customers who experienced the claim process might be in a position to experience the highest levels of quality service that his company offers. The majority of the interviewees assured that their service providers' did not have any instrument as a measurement tool to evaluate their current quality of service delivery. However, three of them affirmed that their service provider receives a measurement procedure. For instance, one company implemented a "customer survey" as a measurement tool to evaluate all aspects related to business performance and quality of service delivery and two other companies used survey as instruments to investigate the level of customer satisfaction. In addition, complaints were

seen as an indirect indicator of service quality of the rest of the respondents' providers (Deshpande, 1983; Kumar, 2010; Qudah et al., 2013).

CONCLUSION AND IMPLICATION:

The study embarks to examine the Service Quality and Customers' Patronage Decision of Malaysian Healthcare Insurance Products. In Malaysia, healthcare insurance industry booming the Malaysian market. This sector already started to contribute in the economic growth. Besides the rise of income growth, the expenditure of the customers in this sector significantly increases. At the moment, healthcare insurance products are not just a cost sharing, but it is insuring the life security. Along with this increasing significance, the topics of service quality and customer patronage decision have also become necessary for further investigation. The result of the research indicated that, when selecting a particular healthcare insurance policy, customers' gave importance to the service provider's performance; reputation and awareness. Customers' also concerned about perceived value that has an effect on the patronage decision. Thus, this paper as well exposes that affiliation with health insurance service providers sometimes influences by his/her religion which also affect their satisfaction. The findings of this paper also shows the customers' patronage decision could be affected by the service quality variables under various dimensions (reliability, tangibility, assurance, empathy and responsiveness); perceived value (religion); and corporate image (reputation of the healthcare insurance company). Roughly, 40% of the customers belong to the age group of 26-35, who are more eager to continuous and looking for new healthcare products. Customers also believed that providing the right information by the service providers can enhance the reliability. Therefore, the healthcare insurance providers should improve their communication process by sharing medical service information and personal care towards their respective clients. Service provider's knowledge level and advertisement must be improved to match the customer's expectation level.

LIMITATION RECOMMENDATION

This research interviewed 20 Malaysian's customers of healthcare insurance, which may limit the generalization of the results. Hence the interpretation of the results should be made with attention. Current study might open up the path for further research in this field of interest. Future studies can look on other variables that may affect the customer patronage decision through empirical measurement. Therefore, there is a demand for additional research to spread over more variables that bear upon the patronage decision of the Malaysian customer from different angles by including all the service providers related with this industry. Further research should also be carried out to be empirically tested for more validity and confidentiality of the outcome of this research

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Table 1: Study Codes

	Code
MALE	M
FEMALE	F
Private	PR
Public	PU
MALAY	MA
CHINESE	CH
INDIA	IN
LECTURER	LE
STAFF MANAGEMENT	SM
STUDENT	ST
ISLAM	I
CHRISTIAN	CHR

Table 2 Participants in the Study

No	University	Role	Gender	Race	Age	Religion	Policy holder (years)	Switching
1	PU	LE	M	MA	18-25	Muslim	>1	NO
2	PU	SM	M	MA	18-25	Muslim	>1	NO
3	PU	SM	M	MA	18-25	Muslim	>1	NO
4	PU	SM	M	MA	46-55	Muslim	<5	YES
5	PU	SM	M	MA	<55	Muslim	<5	YES
6	PU	SM	M	MA	36-45	Muslim	1--5	YES
7	PU	ST	M	MA	36-45	Muslim	1--5	YES
8	PU	ST	M	IN	26-35	Muslim	1--5	YES
9	PR	LE	M	CH	26-35	Buddhism	1--5	YES

10	PR	LE	M	CH	26-35	Buddhism	1--5	YES
11	PR	ST	M	CH	26-35	Christian	1--5	YES
12	PR	SM	M	IN	26-35	Christian	1--5	YES
13	PR	ST	M	CH	26-35	Christian	1--5	YES
14	PR	ST	M	IN	26-35	Muslim	>1	NO
15	PR	LE	FE	CH	26-35	Muslim	>1	YES
16	PR	LE	FE	CH	18-25	Buddhism	>1	NO
17	PU	ST	FE	MA	18-25	Muslim	1--5	YES
18	PU	SM	FE	MA	36-45	Muslim	<5	YES
19	PR	SM	FE	IN	18-25	Hinduism	1--5	NO
20	PR	ST	FE	CH	18-25	Buddhism	1--5	NO