

Service Encounter Quality and Patients' Loyalty: The Moderated Mediation Role of Gender Difference and Patient Satisfaction

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ABSTRACT

Will a smiling worker make a distinction in a service conveyance, and do men and ladies assess emotional signals differently in a practical service experience setting? The literature suggests a supportive emotional presentation of consumer reactions to service experiences, but the effect on these evaluations of sexual orientation (gender) remains hazy. The main aim of this analysis was to evaluate the interceding effect of customer satisfaction on the relationship between quality of service experience and patient experience loyalty, as well as the directing role of sexual orientation (gender) in driving such impact. The study was anchored on the service encounter needs theory with literature from preceding studies used to develop a conceptual model and hypotheses which were tested using statistical techniques. The study employed a path-modelling analysis approach with a cross-sectional research design. Sampling was done via census sampling technique and a sample of (562) hospital out-patients from four leading private hospitals in Ghana drawn and used in the study. The results showed that the influence of service encounter quality on patient loyalty was partially mediated by patient satisfaction ($\beta = 0.116$; t -value = 1.956; $p = 0.051$) and that there was a direct relationship between service encounter quality and customer satisfaction ($\beta = 0.825$; t -value = 20.092; $p = 0.000$) moderated by the gender of the patients ($\beta = 0.300$; t -value = 4.954; $p = 0.000$). Patients expect that a service is performed right without errors the very first time its encountered, therefore, the hospital management must ensure their staff are competent and that other facilities that enhance patients experience during its service delivery do meet the patient's expectations. It's recommended that policy makers and management of private hospitals in Ghana should improve on service encounter quality and actively pay attention to patients' expectations especially with their gender as a factor. Future research can moreover be coordinated at the consideration of other varied components; age, education, salary, conjugal status, occupation etc. in one integrated study in an attempt to offer additional enlightenment and explanations in regards to the quality of service encounters, patients' expectations, perceptions and satisfaction in the hospital sub-sector.

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KEYWORDS: Service Encounter Quality (SEQ), Gender, Patient Satisfaction, Patient Loyalty, Healthcare Delivery

INTRODUCTION

Service encounters are how a client has a real interaction with a service supplier. It's a "moment of truth" where customers judge the quality of a service during a social interaction based on their assessment and individual experiences at the point of encounter, and this provides an opportunity for a service provider to create satisfaction and command loyalty (Voorhees et al., 2017) This seeks to enable service providers emphasize the value of its services and to sell the benefits of a long-term relationship with its clients while to the customer it's a moment of interlocking

behaviours, composed of quality service evaluations towards satisfaction (Li, Canziani, & Barbieri, 2018). A service encounter per literature, will directly affect the levels of a customer's satisfaction and indirectly drive factors such as customer loyalty, repurchase intents and positive word-of-mouth (Hsu & health, 2018). Service encounters are in principle a role routine that involve customers' interaction with the likes of employees, automated systems (machines) and physical facilities in a service setting. The quality of the interaction at the service encounter is significant as it's

during this point that customers judge the quality of the services provided them (Collier, Barnes, Abney, & Pelletier, 2018).

In a typical health care service delivery encounter: one in a developing nation like Ghana, the known service encounters; remote encounters which normally occur without any direct human interaction, such as: booking an appointment with the physician over the Internet and phone encounters which occur over the telephone; giving the customer the chance to assess the service as a vital measure in judging the quality of the service interaction with the tone of the care representative, employees' knowledge, and proficiency in handling customer matters (Anabila, 2019), are mostly reserved for the few affluent in society, with the face to face encounters; which have a coordinate interaction between the service supplier and a patient been preferred and widely practiced. Here, both verbal and nonverbal indications are visible elements of the service quality with tangible prompts including staff attire, equipment and physical set up all in close observation (Agyapong, Afi, & Kwateng, 2018). Service meetings in these cases are often concerned with the outcome of service and service delivery; where the outcome of service is what the patient will receive during the encounter whilst the service delivery is the manner in which the outcome is delivered to the patient, and these two essentials are likely to affect the levels of the patients satisfaction (Osei-Frimpong, Wilson, Lemke, & Change, 2018). (Dagger, Sweeney, & Johnson, 2007), posit that, a patient will have encounters with different sections of a service firm such as front office personnel, waiting area, pharmacy, the billing department etc., however, their evaluation at each point of contact with these different departments is likely to create a general patient perception of satisfaction with the service firm and hence loyalty creation.

Studies in literature have linked the connection amid quality of service encounters by service providers and clientele loyalty as a critical objective in service delivery because of its critical role in creating and keeping up their long-term competitive edge (Amin & Zahora Nasharuddin, 2013; Wijaya & Hafizurrachman, 2019), the practicality of service quality encounters in literature has long been associated with customers' satisfaction in reaction to desire and anticipation of the service and is an affirmation that corresponds with improvement and current patterns within the healthcare delivery field (Aliman & Mohamad, 2016). One of the principal goals of a hospital in building patient loyalty; is foremost understanding the link between specific dimensions of quality healthcare service encounters, patient satisfaction, and hence patient loyalty. Connecting the conceptual and empirical measurement of the relationship between these dimensions to the hospital, is key to turning concepts into a core marketing instrument (Farooq et al., 2018; Fatima, Malik, & Shabbir, 2018).

The hospital industry in Ghana is an important sector and has over the years been recorded to have a positive correlation to performance and service encounter satisfaction especially in private healthcare delivery due little to no competition in most of the public hospitals, however, the clientele satisfaction still remains continuously a key figure in measuring success (Pizam, Shapoval, & Ellis, 2016) as good client service is required in hospitals to

enable wellbeing workers to satisfy their patients. With the increased bargaining power of patients, hospitals are appreciating the fact that the key to their triumph will be to develop relationship building marketing efforts mostly through the use of loyalty measures (Afthanorhan, Awang, Salleh, Ghazali, & Rashid, 2018; Asnawi, Awang, Afthanorhan, Mohamad, & Karim, 2019). Patients are the only assets that a hospital can have because, once they are satisfied, they are more likely to revisit and recommend their services (Agyapong et al., 2018). Although literature on the measurement of service encounter quality has gotten a lot of attention as having a direct linkage to satisfaction and loyalty creation among patients especially in private healthcare delivery, yet it impacts in developing nations like Ghana still remains one with an exhaustive examination required (Boadi, Wenxin, Bentum-Micah, & Jerry, 2019; Tenkorang, 2016). Much focus has been placed on the contribution of hospitals; especially in the private sector to the quality of service encounters and to economic growth based on revenue and performance disregarding the roles of demographic variables as education, gender, income or even perceptions and expectations of hospital guests in the service conveyance interactions.

For this crevice, this study sought to examine the role of patient's sexual orientation (gender) as a moderating figure within the process of service experience interactions on the patient's satisfaction in the private healthcare sector and how it may drive loyalty. Evidence in literature shows that there is no well-designed study examining the exact effect of a patient's gender as a moderating variable on the relationship between service encounter quality and patient's satisfaction and hence loyalty creation in a developing country like Ghana. Essentially, the use of variance based structural modelling (PLS- PM), has not been tested in this setting yet. based on literature; we seek to answer the questions does the gender of the patient play any role amid the connection between service encounter quality and patient satisfaction if any? And what is the role of patient satisfaction in bringing about customer loyalty in such case?

Per empirical findings in literature, it would be reasonable to hypothesize the positive effects of gender difference on the patients' satisfaction via enhancing the quality of service encounters during service delivery, implying a moderating relationship. Thus, this study aimed at examining a hypothesized moderated mediation model in which the impact of service encounter quality on patients' loyalty is mediated through patients' satisfaction, whilst that of service encounter and satisfactions is moderated by the patient's gender in the private healthcare delivery sector in Ghana. The study findings sought to inform health care system-level changes for enhancing the patient's perceptions about service encounter quality and patient loyalty.

We speculate the following premise:

Hypothesis 1: The quality of service experiences encompasses a noteworthy impact on the patient's satisfaction.

Hypothesis 2: Encounters of quality of service have a direct effect on customer satisfaction.

Hypothesis 3: Patient satisfaction plays a mediating role in growing patient engagement through the experiences with the quality of service.

Hypothesis 4: Gender difference has a significant moderating effect on the relationship between the service

encounter quality and patient satisfaction

Figure 1

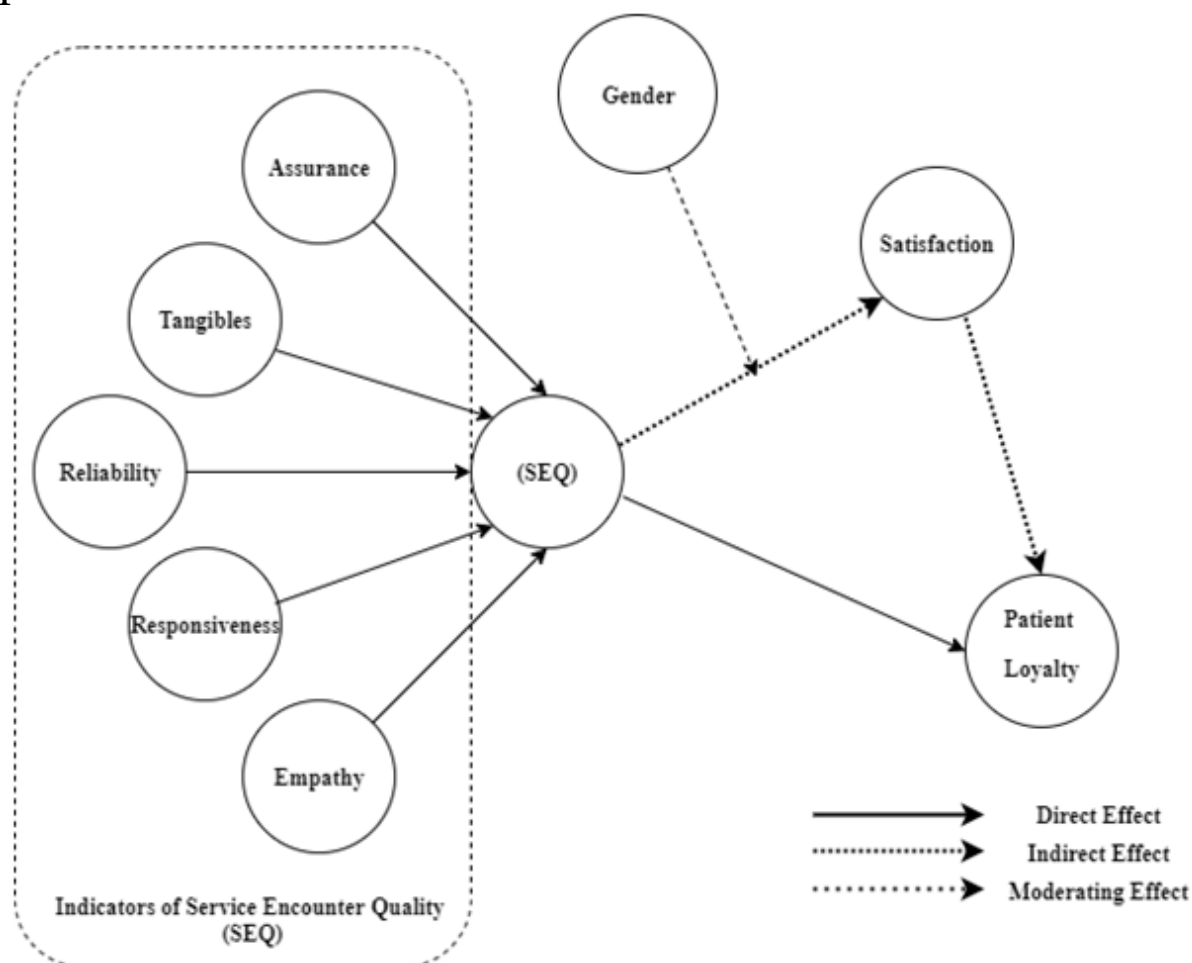


Figure 1: Conceptual Framework of The Study

Literature Review

Theoretical Perspective

Service Encounter Needs Theory (SENT)

Per the assertions of (Bradley, McColl-Kennedy, Sparks, Jimmieson, & Zapf, 2010), the service encounter needs theory (SENT) proposes that the impact of service experience on a person is judged and grounded on their psychological and social needs. Significant to the success of service encounters are a blend of octonary psychosocial needs; cognition needs, competency, control needs, need for justice, power, trust, respect, and pleasant relations with others. According to (Homburg, Stock, & Marketing, 2005; Kenesei & Stier, 2017), these service encounters are social in nature that require dialogue and mutual influence among interacting parties and these kinds of needs are common among customers and employees. This requires the service provider having info and knowledge that will enable them to explain previous events, recognize ongoing activities, foresee future events, and develop strategies to respond accordingly, while working with the customer towards minimizing doubt in service delivery at the service point (Van Vugt, 2009).

Gender difference and Service Encounter Quality

Literature on gender biases in services encounters and delivery indicates that women are attributed as whole-hearted and emotionally expressive, whereas men are generally seen as technically capable and helpful (Deaux, 1984; Devi Juwaheer, 2011). In a typical service encounter,

women are more likely to be frontline service providers who assist the customer, whether the role be as a nurse, call center service representative, or even a clerk at a firm (Hochschild Arlie, 1983; Snipes, Thomson, & Oswald, 2006). This is because Women often fill the character as the emotive provider and regulator, both at work at home and even in their daily lives (A. S. Wharton & Erickson, 1995; A. S. J. W. Wharton & occupations, 1993). In this vain, when service encounter is based upon human interactions at both ends, driven by different mannerism, what happens if the gender of the customer is different. Does the gender gap have any major effect on the way interactions take place at service encounters? As more and more professions are becoming gender dominant and, in some cases, due to cultural impacts, some genders are likely considered to be more suitable for specific roles. It then can be perceived that gender could be an important factor in investigating different correlations among different concepts. Gender roles can lead to different customer service outcomes at service encounters. As male-to - male interactions and male-to - female interactions vary, and in a given particular situation people behave differently when they interact with the same gender and the opposite gender.

Service Encounter Quality and Satisfaction

According to (Hoffman & Bateson, 2010), when service encounters occur often and in close successions there is the likelihood of an emergent relationship amid the service

providers and customers. Now, if the customer continues to experience quality interactions with a given service provider, a long-term relationship may develop, forming the very basis for creating quality service encounters; one, which is key in prioritizing the service firms' services during service delivery (AL-Mhasnah, Salleh, Afthanorhan, & Ghazali, 2018; Al-Neyadi, Abdallah, & Malik, 2018). The quality of service offered a customer and the levels of their satisfaction are significant factors for success of any business. Delivering quality service necessitates ensuring that there is consistency in the service offered on the regular (Anabila, 2019). To (AL-Mhasnah et al., 2018; Kotler, 2007) the delivery of quality service is very essential in attracting and retaining customers. This can be since client's frame discernments of service quality built on the level of satisfaction, they encounter with a particular trade service. A patient visiting a hospital will be involved in numerous service encounters be it at the service reception, service registration, seeing the physician, pharmacy staff and even during check out from admission (Asnawi et al., 2019). And it is during these encounters that customers be patients create a clear picture of the service providers service quality goals with each encounter adding to the entire satisfaction and readiness to do business with the service supplier in the future. This then creates an avenue prompting management to consider each service encounter as a chance to offer quality services to their patrons (Chang, Chen, & Lan, 2013).

Service Encounter Quality, Gender difference and Customer Satisfaction

Business marketers have historically used a number of demographic variables for business segmentation encounters as a feasible marketing strategy for achieving greater market penetration, and for most literature, gender differences has been recognized as one of a small number of such variables that meets the basic requirements for successful implementation of such strategies (Rahmani & Kordrostami, 2017; Rialti, Zollo, Pellegrini, & Ciappei, 2017). Studies investigating quality of service encounters in marketing literature have given little thought to finding gender gaps in quality of service encounter assessments, as past research on sexual orientation impacts on client satisfaction of service experience quality has produced to some degree conflicting results. The developing realization of the significance of gender differences in service experiences stems not as it were from its role as a persuasive variable, but it also influences clients satisfaction, intention to suggest, and return behavior at the post-purchase stage of a service experience (Murat Yildirim, 2020; Reghunathan & Joseph, 2017). The relationship between gender difference and customer satisfaction has shown that levels of satisfaction may result from a customer's gender. As gender differences is viewed as a variable that identifies any discrepancies between benefits and sacrifices in the same way that disconfirmation deals with variations in expectations and perceived performance (Kassim, Igau, Harun, Tahajuddin, & Studies, 2014). Several studies have recognized customer's gender difference as having a strong and significant effect on satisfaction. The relationship between customer's gender difference and satisfaction is eminent when comes to how a customer perceives the benefits of a purchase made in relation to its cost (Kitapci, Akdogan, & Dortyol, 2014; Lee, 2017). Satisfaction can therefore be expressed as an end product of a customer's gender, in the same vain a customer's satisfaction; post-

purchase tendencies will likely be dependent on their gender driven biasness (Agyapong et al., 2018; Boadi et al., 2019).

Methodology

Data Source and Collection

The data was collected from a cross-sectional survey conducted with outpatients from four major private hospitals in Ghana, adopted from Parasuraman et al., (1985) servqual scale. The target populace included all outpatients who had utilized services of the chosen hospitals between March and June of 2019. The study utilized census sampling procedure because it was purposive to the study. Within waiting rooms and with informed consent obtained from all individual participants of the clinic's, outpatients were recruited. Trained interviewers were present at the information collection points and gave help as needed. Normal time to complete the survey ranged between 15 to 30 minutes as the case may be. Patients were included in the studies in the event that they were proficient in English, and were physically and reasonably able to complete the survey at the time of data collection with identifiable personal information not recorded to maintain confidentiality. From the selected hospitals, (562) outpatients completed the survey anonymously out of the 700 questionnaires distributed to outpatients who had used the hospitals' services, the 562 (80%) valid returned questionnaires were then used for the analysis.

Study Variables

Patient's demographic information was collected regarding the patient's gender, birth year, education (i.e., senior high school/technical secondary school, tertiary, postgraduate or other forms of formal or technical education) and employment type (i.e., student, self-employed, wage employed or unemployed).

Patient loyalty to the hospital as a measure of patients' interpersonal conviction in the clinic's services and reflects three overlapping concepts: repurchase, recommendation and positive word-of-mouth was used as the dependent variable, and measured through two items with 5 Likert-type response categories: strongly agree, agree, neutral, disagree, and strongly disagree, with higher scores indicating greater loyalty to the hospital. The constructs validity and reliability (measured using the composite reliability (CR) as proposed as more appropriate as it considers the indicators' differential weights, whilst the Cronbach's alpha weights the indicators equally) of the patients' loyalty amongst the study population was **0.868**.

Patients' service encounter quality was examined using a previously tested perceived service quality index; SERVQUAL. (Parasuraman, Zeithaml, & Berry, 1988) SERVQUAL is composed of 22 items with 5 Likert-type response categories: strongly agree, agree, neutral, disagree, and strongly disagree, used as a reflective post-usage measure of a product or service. However, this study's final questionnaire included a total of 17 items of the 5 quality service dimensions modified for this study, out of which three items belonged to each of the dimensions. Higher scores showed better service quality encounter of the dimensions. The constructs internal validity and reliability (measured using the composite reliability (CR) as proposed as more appropriate as it considers the indicators' differential weights, whilst the Cronbach's alpha weights the

indicators equally) of the service encounter quality items amongst the study population was Reliability: **0.908**, Assurance: **0.896**, Tangibility: **0.854**, Empathy: **0.883**, Responsiveness: **0.894**.

Patients' satisfaction of the service as a interceding variable, which is a degree of the distinction in desires and perceptions of the service received based on the service encounter quality, was measured employing a two-item measure with 5 Likert-type reaction categories: (exceptionally satisfied, satisfied, neutral, unsatisfied, or exceptionally unsatisfied). Patients were inquired about their satisfaction with the service: (exceptionally satisfied, satisfied, neutral, unsatisfied, or exceptionally unsatisfied). The constructs validity and reliability (measured using the composite reliability (CR) as proposed as more appropriate as it considers the indicators' differential weights, whilst the Cronbach's alpha weights the indicators equally) of the patients' satisfaction amongst the study population was **0.831**.

Further, and based on the hypothesis and literature reviewed, Gender difference; as a dummy variable was used

as the moderating factor to test the strength of the relationship between the service experience quality and the patient's satisfaction with the service rendered them. This was measured with a two-item dummy variable; with the respondent either choosing been Female or Male.

Study findings

Descriptive analysis

Out of a total of (562) respondents, 295 (52.5%) were females, while 267 (47.5%) were male. 204 (36.3%) of the respondents were between the ages 18 and 29 years, as 243 (43.2%) accounted for respondents between the ages 30 and 44 years. In count, 88 (15.2%) of the respondents were between 45 and 59 years whilst 27 (4.8%) were 60 years and above. Only, 25 (4.4%) had a master's degree or above, with the remaining respondents of 537 (95.6%) cut across a bachelor degree or equivalent, high school certificate and below secondary education. The self and wage employed accounted for high respondents in the employment category 429 (76.4%), with students and the unemployed following in, at that respective order 133 (23.7%).

Table 1: Demographic Characteristics

Items	Characteristics	Frequency (N=562)	Valid Percentage (%)
Gender	Male	267	47.5
	Female	295	52.5
Age	18-29	204	36.3
	30-44	243	43.2
	45-59	88	15.2
	60 above	27	4.8
Education	Secondary	238	42.3
	Tertiary	99	17.6
	Postgraduate	25	4.4
	Others	200	32.6
Employment	Student	82	14.6
	Self employed	187	33.3
	Wage employed	242	43.1
	Unemployed	51	9.1

Source: Fieldwork, 2019 (N) = Population Size

Measurement Analysis of the Model Adopted

Establishing discriminant validity means that each construct captures a unique phenomenon not embodied by any other construct in the model (Hair, Hollingsworth, Randolph, & Chong, 2017), and so for the measure of discriminant validity, we adopted the Fornell-Larcker Criterion (FLC) given in Table 2 as proposed by (Jörg Henseler, 2018; J. J. I. M. Henseler, 2016). Also, to establish the internal consistency reliability as well as the convergent validity of the variables as recommended by (Jörg Henseler, Ringle, & Sarstedt, 2015; J. J. I. M. Henseler, 2016), the composite reliability (CR) is proposed as more appropriate, as it considers the indicators' differential weights, whilst the Cronbach's alpha weights the indicators equally. The measurement model findings suggest compliance with the requirements for convergent and discriminant validities (Hair et al., 2017).

Table 2: Validity and Reliability of constructs

Latent Variables	Loadings	Composite Reliability	Average Variance Extracted (AVE)	Discriminant Validity
Assurance	>0.70	0.60~0.90 0.896	>0.50 0.742	Yes
Ass1	0.837			
Ass2	0.904			
Ass3	0.841			
Empathy		0.883	0.716	Yes
Emp1	0.842			
Emp2	0.847			
Emp3	0.849			
Reliability		0.907	0.766	Yes
Rel1	0.885			
Rel2	0.875			
Rel3	0.866			

Responsiveness Res1 Res2 Res3	0.839 0.899 0.838	0.894	0.739	Yes
Tangibles Tan1 Tan2 Tan3	0.838 0.761 0.837	0.854	0.661	Yes
Satisfaction Sat1 Sat2	0.820 0.868	0.831	0.712	Yes
Loyalty Loy1 Loy2	0.876 0.875	0.868	0.767	Yes

Source: Authors contribution; Discriminant Validity (Fornell-Larcker Criterion (FLC)), Note: Yes (square root of AVE is greater than the correlation of the construct).

Assessment of the Structural Model

Table 3: Path coefficients of the structural model; direct and total effects of constructs

Effects	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Assurance -> (SEQ)	0.202	0.203	0.011	18.430	0.000
Empathy -> (SEQ)	0.320	0.320	0.009	34.095	0.000
Reliability -> (SEQ)	0.201	0.201	0.010	19.957	0.000
Responsiveness -> (SEQ)	0.206	0.206	0.012	16.945	0.000
(SEQ) -> Loyalty	0.651	0.648	0.063	10.329	0.000
(SEQ) -> Satisfaction	0.827	0.826	0.041	20.092	0.000
Moderator (Gender) -> Satisfaction	0.301	0.300	0.061	4.954	0.000
Satisfaction -> Loyalty	0.137	0.141	0.070	1.966	0.049
Tangibles -> (SEQ)	0.210	0.211	0.014	15.354	0.000

Source: Authors contribution; Regression weights: (ungrouped), * $p < 0.05$; ** $p < 0.001$

Table 3 shows the path coefficients of the direct effects of the service encounter quality (SEQ) indicators; Tangibility, Empathy, Assurance, Responsiveness, and Reliability on Patient satisfaction and Patient loyalty, as well as the indirect and total effects of gender difference as a moderating variable on the relationship amongst the patient's satisfaction and their service encounter quality of the hospital service. All the indicator variables amongst the constructs proved to be significant with direct effects on the satisfaction and loyalty of the patients; Assurance ($\beta = 0.203$; t -value = 18.430; $p = 0.000$), Reliability ($\beta = 0.201$; t -value = 19.957; $p = 0.000$), Tangibility ($\beta = 0.211$; t -value = 15.354; $p = 0.000$), Responsiveness ($\beta = 0.206$; t -value = 16.945; $p = 0.000$) and Empathy ($\beta = 0.320$; t -value = 34.095; $p = 0.000$) as well as service encounter quality also having a direct effect on the patient's satisfaction and loyalty to the hospital per this study and its findings. Patient's satisfaction ($\beta = 0.141$; t -value = 1.966; $p = 0.049$) of course did suggest to have a direct effect on Patients' Loyalty to the Hospitals in this study and interestingly, affirming the insight that if the main goal of a research of such kind is to identify the factors that highlight patient satisfaction, and patient loyalty, then service encounter modelled through quality of service still proves relevant in this study setting and context. Gender differentiation ($\beta = 0.300$; t -value = 4.954; $p = 0.000$) as a moderating variable between the relationship amidst service encounter quality (SEQ) and satisfaction of the patient was statistically significant suggesting that; gender of the service recipient has the propensity to change the strength or even direction of relationship of the constructs under observation as this study and setting.

Table 4: Specific Indirect effects of constructs

Effects of The Constructs	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Assurance -> SEQ -> Loyalty	0.132	0.131	0.014	9.101	0.000
Empathy -> SEQ -> Loyalty	0.208	0.207	0.019	10.679	0.000
Reliability -> SEQ -> Loyalty	0.131	0.130	0.014	9.431	0.000
Responsiveness -> SEQ -> Loyalty	0.134	0.133	0.015	9.066	0.000
Tangibles -> SEQ -> Loyalty	0.137	0.136	0.017	8.284	0.000
Moderator (Gender) -> Satisfaction -> Loyalty	0.079	0.078	0.026	2.974	0.003
Assurance -> SEQ -> Satisfaction -> Loyalty	0.023	0.023	0.012	1.961	0.050
Empathy -> SEQ -> Satisfaction -> Loyalty	0.036	0.037	0.019	1.921	0.055
Reliability -> SEQ -> Satisfaction -> Loyalty	0.023	0.023	0.012	1.943	0.052

Responsiveness -> SEQ -> Satisfaction -> Loyalty	0.023	0.024	0.012	1.931	0.054
SEQ -> Satisfaction -> Loyalty	0.113	0.116	0.058	1.956	0.051
Tangibles -> SEQ -> Satisfaction -> Loyalty	0.024	0.024	0.012	1.971	0.049
Assurance -> SEQ -> Satisfaction	0.167	0.167	0.012	14.430	0.000
Empathy -> SEQ -> Satisfaction	0.264	0.264	0.016	16.928	0.000
Reliability -> SEQ -> Satisfaction	0.166	0.166	0.011	14.687	0.000
Responsiveness -> SEQ -> Satisfaction	0.171	0.170	0.013	12.922	0.000
Tangibles -> SEQ -> Satisfaction	0.174	0.174	0.013	13.014	0.000

Source: Authors contribution using Smart-PLS 3.3.2, * $p < 0.05$; ** $p < 0.001$

Table 4 on the path coefficient analysis shows the indirect effects of all the (SEQ) indicators; Tangibility, Empathy, Assurance, Responsiveness, and Reliability on the Patient's satisfaction and hence Loyalty to the Hospital which were all statistically significant. Per the hypotheses and research objective, the results of the indirect effects from Table 4 further posits that the partial mediating role of Patient satisfaction ($\beta = 0.116$; $t\text{-value} = 1.956$; $p = 0.051$) is statistically significant and crucial, as it carries the positive indirect effects of the service encounter through it perceived quality to influence and drive patient loyalty. Gender differentiation in this effect, also proved very statistically significant at ($\beta = 0.079$; $t\text{-value} = 2.974$; $p = 0.003$) suggesting that, the positive and direct relationship between (SEQ) -> Satisfaction ($\beta = 0.827$; $t\text{-value} = 20.092$; $p = 0.000$) had Gender playing an in role in the direction and strength of the relationship. It specifically indicates that, Gender moderates the relationship amid (SEQ) -> Satisfaction ($\beta = 0.827$; $t\text{-value} = 20.092$; $p = 0.000$) such that at lower service quality encounters at the hospitals, this study found the females patrons much more dissatisfied as compared to their Male counterparts and the same is true when the service encounter quality is high. This then speaks to the assertions that women are, overall, more expressive and receptive to emotional communication in their personal (Sprecher & Sedikides, 1993) lives, and often than not fill the role as the emotional providers and regulators, both at work, at home and during social interactions (A. S. Wharton & Erickson, 1995; A. S. J. W. Wharton & occupations, 1993).

Figure 2

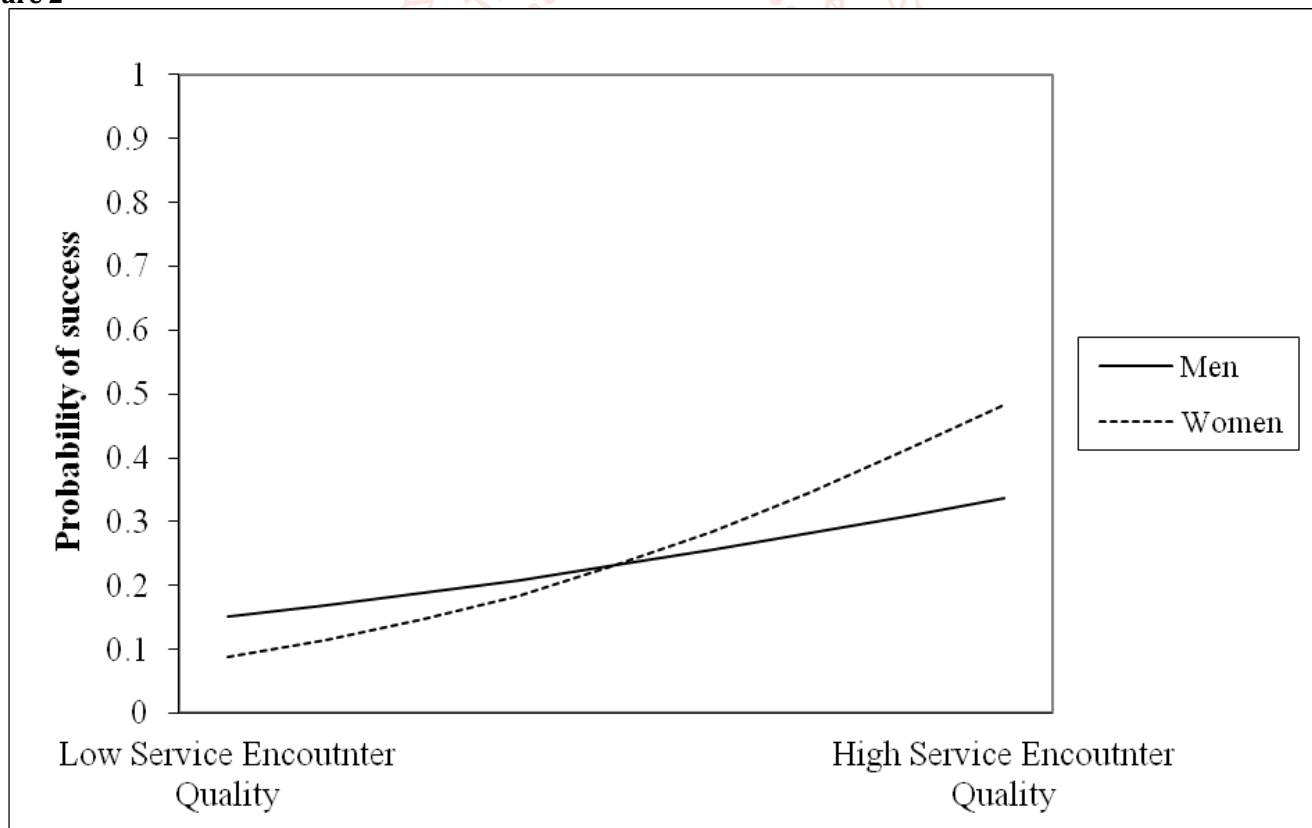


Figure 2: Gender differentiation as a moderating variable on the relationship between (SEQ) and the Patients Satisfaction

Per the study findings, all the constructs to this study had a role to play in driving patient satisfaction and loyalty in the expression of quality service encounters. However, Gender as a variable has proven to play an important role in the relationship in driving satisfaction when it comes to such service encounters; with the most critical factors to consider to drive these effects when the patients feel satisfied in the light of (1): Timely delivery of services, (2): Caring employees, (3): The hospital's staff give patients personal attention. (4): The hospital has patients' best interests at heart, (5): Convenient consultation hours (6): The hospital has up to date equipment, (7): Hospital's physical facilities are visually appealing and (8): Hospital's staff been well appareled. Essentially, these are areas in private hospital service encounters the hospitals can't afford to fail; as they drive higher and critical hospital success.

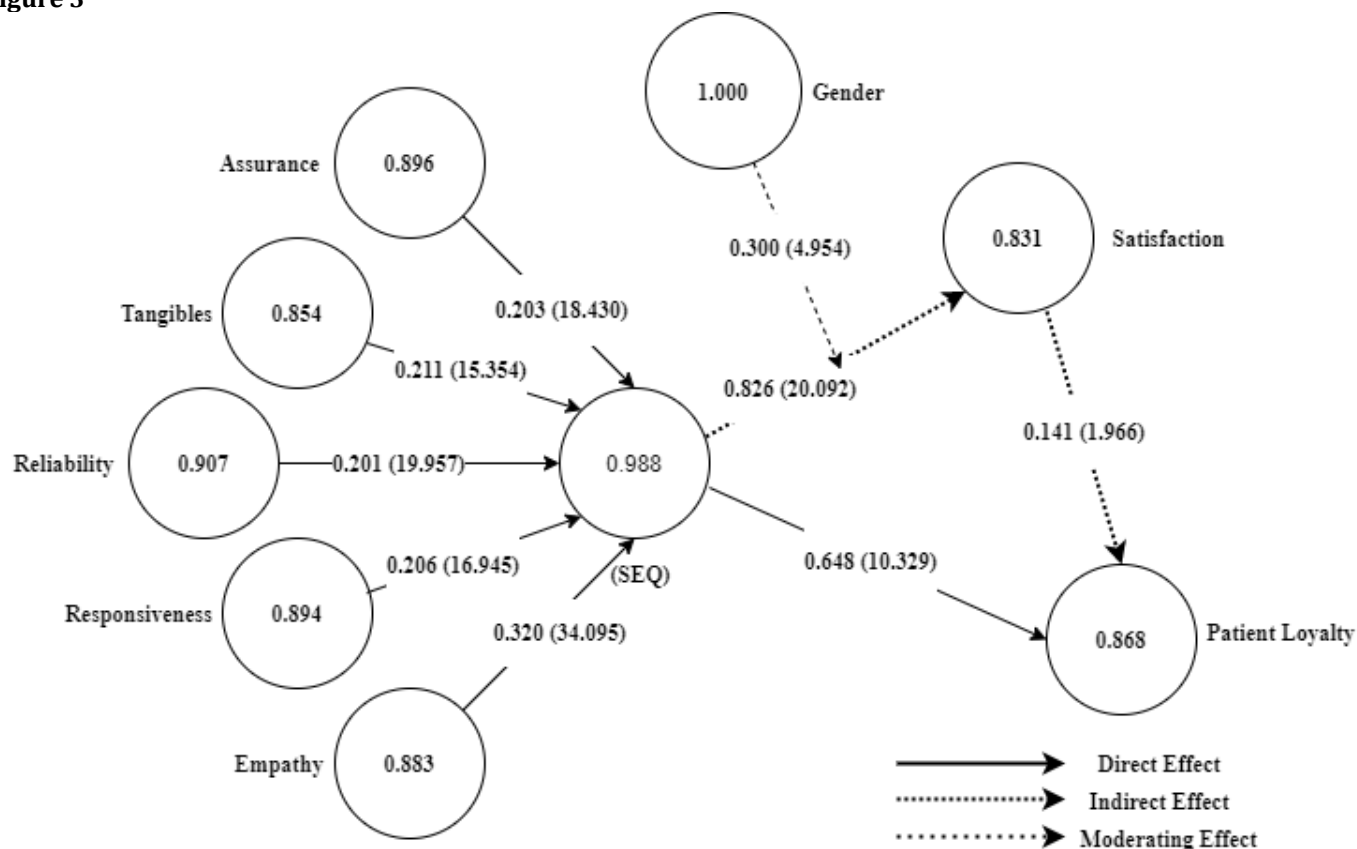
Figure 3

Figure 3: Tested moderated mediation model depicting patient satisfaction as a mediator of the association between patients' service encounter quality (SEQ) and patients' loyalty to the hospitals as well as the moderated role of gender differentiation amid service encounter quality (SEQ) and patients' satisfaction.

Hypothesis Testing

Based on the results of the study, we consider the status of hypotheses as follows:

Hypothesis 1: Is accepted as the quality of service encounters has a significant influence on the patient's satisfaction.

Hypothesis 2: The quality of service experiences is acknowledged and has a significant impact on the patient's loyalty.

Hypothesis 3: Is completely embraced, as there is evidence that patient satisfaction plays a mediating function in increasing patient loyalty through service quality encounters.

Hypothesis 4: This is also accepted as gender difference was found to be a significant moderating variable on the relationship between the service encounter quality and patient satisfaction, in this study.

For ease of visual checking, the hypotheses and their status after research are set out in the Table 5 below:

Table 5: Statuses of Hypothesis based on the findings of the study

Hypothesis Number	Hypothesis	Status After Research
Hypothesis 1	The quality of service encounters has a significant influence on the patient's satisfaction.	Significant and Accepted
Hypothesis 2	The quality of service encounters has a significant influence on the patient's loyalty.	Significant and Accepted
Hypothesis 3	Patient satisfaction plays a mediating role in increasing patient loyalty via the effects of the quality of service encounters.	Significant and Accepted
Hypothesis 4	Gender difference has a significant moderating effect on the relationship between the service encounter quality and patient satisfaction	Significant and Accepted

Source: Authors contribution using SmartPLS-SEM.

Discussion

The study findings established that service encounter quality has a direct and statistically significant influence on the satisfaction and loyalty of the patients of the hospitals. It goes to say that at higher perceived quality of service encounters, there's the likely resultant in an increase in the levels of satisfaction and hence loyalty creation amongst the patients and this is supportive of the works of (Aduo-Adjei, 2015; Ahmed, Tarique, & Arif, 2017; Ahrholdt, Gudergan, & Ringle, 2017). Additionally, the level of the patient's satisfaction had a significant partial mediating influence on the relationship between (SEQ) and the loyalty of the patients towards the services of the hospital. This posits that, the higher the patient feels their expectations in contrast to their perceptions of a service has been met, it supports the relationship between the service encounter quality and hence loyalty creation of the patient (Al-Neyadi et al., 2018). Again, in this analysis, gender differentiation's in service encounters showed a significant variable in strengthening the relationship between the quality of service and the customer satisfaction levels. However, the females during the service encounters proved more receptive and sensitive to the services rendered them than that of their male counterparts an analogy that has been widely supported by literature (Sprecher & Sedikides, 1993). The research hypotheses were all supported, indicating that service encounter quality and satisfaction have a significant influence on the patient's loyalty as per the linear relationships with the levels of the patients satisfaction playing a mediating role driven by the moderating effects of the gender differentiations of the patrons of the service during it encounter.

The results gotten from the tests of the study hypotheses concluded that the impact of (SEQ) on the patient's loyalty was direct and partially mediated through the patient's satisfaction as the levels of the patient's satisfaction were also moderated through their gender differentiations via quality of service encounters (SEQ). The two major hypotheses tested for in this study; the moderating role of sexual orientation and the mediating impacts of satisfaction did have impacts as positive and measurably noteworthy factors in this study. As asserted within the prior lines, the foremost vital aspects to center on, as per this research, are (1): Timely conveyance of services, (2): Caring workers, (3): The hospital's staff give patients personal attention. (4): The hospital has patients' best interests at heart, (5): Convenient consultation hours (6): The hospital has up to date equipment, (7): Hospital's physical facilities are visually appealing and (8): Hospital's staff been well dressed as all these comes about as indicators of a quality service encounter. This indicates that any improvements on the (SEQ) construct on the basis of core service, price, people, process, physical evidence, promotions and place have direct but varying impacts on the patient's satisfaction and hence loyalty creation all made possible through the moderating mediation of gender and satisfaction levels of patients.

Conclusion

This study contributes to better hospital management, as identifying which evaluation criteria used by the patients is more strongly correlated with overall satisfaction and hence loyalty creation. Also, hospital management with an understanding of patients' expectations and perceptions of hospital performance, can as a key factor enhance the service

encounter quality process, by way of attempts to use modern facilities and technologies to design ideal processes that can enhance the patients' experiences. The hospitals can also select, educate, train and motivate the right and qualified employees in order to give the best services to it patients. Consciously creating a management process and monitoring it with the intention of satisfying the patients could also create value for the hospital in attracting loyalty of its patrons. This study makes a significant input in the understanding of the effect of service encounter quality on hospital satisfaction and hence loyalty via the role of gender difference. While this study provides a favorable evidence for the positive role patient's satisfaction and gender differences plays in moderating and mediating loyalty creation amongst patients in private healthcare delivery through the evidence of service encounter quality, this study is however limited by its cross-sectional study design, that is, the patients' behaviour after any social interaction or encounter is influenced by many more factors other than those discussed in this study. Taking into account other diverse factors and demographic variables such as age, employment, income, marital status, occupation etc. in one integrated study may offer additional enlightenment and explanations in regards to the quality of service encounters, patients' expectations, perceptions and hospital subsector satisfaction as in the case of this study and setting; Ghana.

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Ethics Statement

The authors affirm that this work is unique and has not been distributed somewhere else, nor is it as of now under consideration for publication elsewhere. All authors participated and contributed to the enhancement of this paper. All methods performed in this study were in agreement with the moral guidelines of the morals committee of the School of Management in Jiangsu University and with the (1964) Helsinki affirmation and its afterward revisions or comparable moral benchmarks.

Conflicts of Interest

The authors assert that they have no contending clashes of interests.

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