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INFLUENCE OF SERVICE QUALITY ON CUSTOMER SATISFACTION ACROSS DIFFERENT DEMOGRAPHIC VARIABLES WITHIN KUWAIT MEDICAL RETAIL BUSINESS

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BY

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ABSTRACT

In the current business environment, high-grade service delivery is the key to success for any business operating in the industry of service. The objectives of current research are to identify the influence of different dimensions of services quality [TAN, RES, REL, ASSUR, and EMP] on the satisfaction of the customers and to evaluate the impact of quality of service on satisfaction of customer through diverse demographic variables within the retail medical business of Kuwait and finally. A sample was chosen using the formula, n= [{p (1-p) z2} / E2]. Data were studied using the statistical software SPSS 21 software. The results of ANOVA test show that ASSUR, REL, EMP, CS and RES has values as (F (2,294) = .177, p = .838), (F (2,294) = .421, p = .657), (F (2,294) = .126, p = .882), (F (2,294) = .262, p = .770). and (F (2,294) = .750, p = .473) respectively and indicates that there is no significant difference exists among different age groups towards the SQ factors and CS. The results of t-test for ASSUR, REL, EMP, CS and RES are t (295) =-1.686, p>0.05, t (295) =-1.609, p>0.05, t (295) =-1.003, p>0.05, t (295) =-1.502, p>0.05 and t (295) =-1.530, p>0.05 respectively and shows that there's no significant difference in the perception of males and females toward dimensions of SQ in Kuwait Medical Retail Business. The results also show that there is no significant difference exists among different income groups towards the SQ factors and CS. The results also reveal that there is a highly significant relationship between the dimensions of SQ and CS within the retail medical business of Kuwait. The value of beta coefficients for REL is .105 (p<.05), EMP .636 (p<.05) and RES .055 (p<.05). The orders of importance of the variables are EMP, ASSUR, REL, and RES in the Kuwait medical retail business. The cluster analysis shows that the perception of respondents under different clusters towards different SQ factors is not the same. Consequently, the results of this research can be helpful to executives in business organizations regarding how to handle the customers in order to retain the organization's major objective of maximization of the profit and minimization of the cost. It provides outcomes that could be helpful to managers in organizations for planning strategically based on the demographics of the customers in Kuwait medical retail business.

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LIST OF ABBREVIATIONS

P&G	Procter and Gamble
CS	Customer Satisfaction
SQ	Service Quality
OS	Organization Standards
TQM	Total Quality Management
SAM	Satisfaction Attitude Management
NPS	Net Promoter Score
DV	Dependent Variable
IV	Independent Variable
TAN	Tangibility
REL	Reliability
RES	Responsiveness
ASSUR	Assurance
EMP	Empathy
KMO	Kaiser-Meyer- Olkin
PCA	Principal Component Analysis
SD	Standard Deviation
SEM	Structural Equation Modelling
SBS	Swiss Business School
SE	Standard Error
SPSS	Statistical Package for the Social Sciences
KMRB	Kuwait Medical Retail Business
RSQS	Retail SQ Scale
HSD	Honest Significant Difference
NCDs	Noncommunicable Diseases
M.R	Multiple Regression

CHAPTER ONE: INTRODUCTION

1.1 Background

In the current business environment, high-grade service delivery is the key to success for any business operating in the industry of services. Hussain, Al Nasser, and Hussain, (2015) states that the competition has become tough in the present time due to which it has become highly essential for the business to monitor and improve the SQ for developing business volume and competence. In both service and manufacturing industries, the improvement of quality is the principal factor that impacts the purchase intention of consumers as well as their satisfaction significantly (Gera, Mittal, Batra & Prasad, 2017). Several researchers who conducted their research studies in the past agree that the element of quality is important for any business success (Hapsari, Clemes & Dean, 2017).

There are many businesses today that focus on the issues and concerns of SQ for increasing the customer's satisfaction above the rest. According to Kaura, Durga Prasad, and Sharma, (2015) the industry of healthcare in developing countries such as China, India and many others has recorded a high growth rate in recent years which indicated that a high demand exists in the industry of healthcare services among both local and foreign patients, in spite of the constraints like shortage of highly qualified doctors and inadequate amount of hospital beds. However, Paul, Mittal, and Srivastav, (2016) stated that throughout several years, the growth could be sustained that lie ahead. Delivering high-quality services and building patients loyalty is regarded to be the most significant anchor. It is essential for businesses operating in the retail medical market to recognize the SQ specific dimensions that support significantly in the direction of the patients' satisfaction. Oh, and Kim, (2017) stated that the index of satisfaction of the customer is the score that is incorporated for measuring the satisfaction level of customers against any product or service offered by a business.

Customers are the most valuable part of the business since they purchase and consume the products along with services that are used to be provided by the business in addition to their satisfaction level and loyalty that determine the business success. For developing an effective, long-lasting business model, it is essential for businesses to determine the indexes through which maintaining the customer level of satisfaction level. As per the research study lead by Yadav, Rai, and Srivastava, (2016) it has been declared that the field of home medical equipment is essential for enhancing the lifestyle and health of people towards a productive community.

In recent times, there have been countless issues related to health across the world due to emerging and evolving changes in diets of individuals due to which they face serious consequences regarding their health and well-being (Nadiri, & Hussain, 2016). In order to accommodate these issues, the medical retail business provides access to individuals and patients with different variety of products and services for fulfilling the emerging requirements of customers (Meesala, & Paul, 2018). The key purpose for which the retail medical business operates is the transformation and improvement of an individual's life by assisting them with the services of healthcare that are reliable as well as advanced and can cure illness, restore health and ease the pain. The following research study adopted the most influential philosophy in the domain of satisfaction of customers that is the Festinger's theory of dissonance, which was introduced in the year 1957 and later on, provided the foundation for another theory entitled the theory of assimilation.

The theory of assimilation-contrast refers that the satisfaction level of the rational customer is determined by the magnitude of the difference in all the dissimilarities between the expected quality of service and the actual quality of service (Qin &Prybutok, 2009).

According to the research study conducted by (Gao, 2017), it has been stated that it's become imperative for businesses to align the service with the standards of the organization and to deliver the services to a level that is communicated to the customers.

While companies have to emphasize on the aspect of service to gratify customers, they must also lead to maintaining the standard of service for internal assessment as well. If a business is unable to deliver a service according to a level that is expected, it leads to define that there must be certain inefficiencies in the business and that they have to be worked upon for getting better results (Aryee et al., 2016). In this regard, SQ is judged as a set of several factors that can be allied with influencing the quality of the service, i.e., language, gestures, proxemics, clothes, environment, and a few others. The way customers perceive the SQ may be different from what the businesses may believe it has rendered. Similarly, it also becomes critical to understand what the worth and standard related to service is being delivered to the customers.

A research study conducted by Jhandir, (2012) supports the viewpoint of the categorization regarding the SQ variables using empirical proof. The researcher painted further on the fact that CS's concept has attraction essentially to the rational customer in a broader sense, whereas the concept of the SQ mainly focuses on providing service to the customers.

Similarly, it has been stated by Akbar, and Parvez, (2009) that rational customer searches for products and services of high quality to maximize their level of satisfaction. These consumers assess how much value a brand offer to them and want their concerns as well as complaints to get noted and suitable actions to be taken by the management of the business. Brands that value their customers enjoy a high rate of CS rather than brands that focus on profitability more than the needs of the customer. Many across the globe, companies which classified as multinational, including Unilever and P&G have shifted their attention from profits to the CS and experienced that the profits increase automatically when the customers get satisfied with the brand.

According to Abdullah, Naser, and Fayez, (2017) the industry of medical retail business has turned quite competitive over the course of years, therefore the businesses operating the in the sector of medical retail are interested in identifying the elements which are most critical for the achievement of business in the long run. Moreover, the businesses

also want to develop a sustainable position in the industry in order to outperform the competition by providing quality services to their customers. Hence, it has become essential for businesses to identify the key strategic factors in order to prioritize the quality management areas as well as their astute determination (Aldaihani & Ali, 2018). The excitement and euphoria regarding the industry of medical retail are worth examining from the viewpoint of satisfaction of customers also the worth of service. Mainly, after the competitive space within the industry of medical retail becomes crowded, and as the rules become tougher, then quality becomes a key matter for the long-run success and sustainability of the business.

The widely accepted magnitudes of SQ including ASSUR, RES, REL, EMP, and TAN can be studied for the purpose of understanding the influence of quality of service on the CS within the Kuwait context, where subsidies are provided by the government on the costs of healthcare (Bezerra & Gomes, 2015). The over-reliance of patients, as well as customers on physicians with respect to their vital choices, may influence the significance of the dimensions of quality within Kuwait. The existing literature does not address the effect of quality of service on the satisfaction of customers within the medical retail industry of Kuwait. Consequently, the subsequent research study goals are to study the phenomenon within the Kuwait geographical location, along with the perspective of customers who reside in Kuwait.

1.2 Objective of the Research

This research designed with a key purpose in testing the level of satisfaction of Kuwait medical retail business's customers, and also testing the factors influencing the SQ among different demographic parameters. Dzenopoljac, Alasadi and Bontis, (2018) states that the primary aim of any firm operating in the business market is to increase the profitability of business and to extend its customer base for which the businesses make generous efforts to augment the scale of satisfaction of customer by offering wide variety of products and also by refining the quality of their services in a most sufficient manner.

Furthermore, Paris, Marochi, and Rubin, (2017) state the image of a firm in the business market is largely represented by the quality of service that it offers to its patrons since the concept of quality of service is linked with potentials along with perceptions. The opinions of clients regarding the quality of services are shaped by the comparison between their desired expectations with their actual experience gained commencing the use of product or service. When the expectations of customers exceed their desired expectations, then the product of service is considered as acceptable or good, while if it is unable to meet the expectations of customers, then the product or service is considered as incomplete or imperfect.

Given below are the research objectives designed based on the main intention of the research study:

1. To understand the part played by SQ in the satisfaction of the customer in Kuwait Medical retail business.
2. To identify different dimensions of SQ that influence the satisfaction of clients within the medical retail business of Kuwait.
3. To recognize the influence of quality of service on the satisfaction of customer through diverse demographic variables within the medical retail business of Kuwait.
4. To provide recommendations regarding the improvement of services in the medical retail business to satisfy more customers

1.3 Research Questions

Given below are the research questions that were designed for research study in order to address the purpose of research:

1. What are the magnitudes of quality of Service, which have a noteworthy positive correlation with the satisfaction of the customer in Kuwait medical retail business?
2. What are the demographic factors of customer prompting satisfaction of the customer in the Kuwait medical retail business?
3. How dissimilar are intensities of satisfaction as associated with demographic factors customers in Kuwait medical retail business?
4. How does the influence of SQ dimensions influence on the satisfaction of customers vary across diverse demographic variables of customer groups in Kuwait medical retail business?

1.4 Research Methodology

The nature of the following research study was based on the variables that were chosen for the determination of implementing the research. Through the broad review of literature, it has noticed that many researchers who conducted their research studies former used a quantitative approach to report the variables of the study, which are SQ and CS. However, there were insufficient exploration studies that adopted the approach of the qualitative method though the variable of SQ differs greatly.

Therefore, the following research study was based on a quantitative nature in which the data was collected in numeric form, and several statistical tests were applied for the main aim of extracting the relevant outcomes of the investigation. Moreover, the research study aimed to analyze the satisfaction level of customers with respect to demographics for which the data related to respondent's demography was collected in a numeric form that cannot be measured through a qualitative technique. One of the key reasons among many is that in a qualitative nature of study, the responses of participants are subjective in nature due to which it becomes difficult to arrive at a specific conclusion.

For the following research study, the researcher adopted the positivism philosophy in the main of assessing the effect of quality of service on the satisfaction of customers across different demographic variables within the Kuwait medical retail business. With respect to research design, a quantitative research design was implemented in order to study the phenomenon at hand. Primary data was collected since the researcher aimed to address the problem through information for which new data specific for the study were chosen from respondents. Lastly, the information was evaluated by the scientific tool of SPSS 21 through which different test was applied.

While, in a quantitative nature of study, the responses of participants are collected through a survey questionnaire through which the outcomes are easily obtained, and the researcher can easily conclude the underlying phenomenon. Hence, the quantitative method of the research is based on a provable method of assessment in addition to logical reasoning. Furthermore, the dimensions of the SERVQUAL model are easily determined through a quantitative approach, which is measured by developed items. With regard to this research nature where the effect of quality of service was studied on the satisfaction of customers across different demographic variables within Kuwait medical retail business, the primary method of data collection has been assumed.

Though, for the aim of understanding the theoretical underpinnings of the study, secondary data has also been considered and composed of journals that were peered reviewed articles and others. With respect to the significance of the primary method of collection of data, the information on the influence of quality of service on the satisfaction of customers across different demographic variables has been collected by approaching the respondents directly. On the other hand, secondary sources allowed the researcher to provide justification of the findings and to analyze how the research has filled the gap in the study. It has helped the researcher to generalize the findings and reach to plausible conclusion more efficiently.

1.5 Limitations of Study

One of the key confines of this research was the limitation of time and capital required for executing the research. Moreover, the research design was limited to quantitative, research approach was limited to deductive as well as the data collection method were also limited was limited to the primary data collection.

1.6 Significance of Research

A research study conducted by Krishnamurthy et al., (2010) revealed that the satisfaction of customers is the main factor through which the performance of the services or products is driven that exceeds the expectation of customers. Satisfaction is a state of post-purchase in the minds of consumers that reflects how much a manufactured article or service is disliked or liked by customers after having an experience with it.

Businesses that are driven by markets divert their focus on CS. Similarly, Grigoroudis and Siskos, (2010) defined the market-driven business as companies that are committed to providing high-quality merchandise and services that are competitive enough to satisfy the necessities and wants of clientele belonging to a particular market segment. Businesses are tending to analyze their capabilities in providing services or products that can satisfy the demands of the market. These businesses consider their customers as the judges who can determine the satisfaction level of product and service along with its performance (Hill & Brierley, 2017).

Myriad research studies have been conducted earlier regarding the SQ, also the CS, which signifies the importance of both factors to gain customer trust. The subsequent research study is targeting to study the SQ and CS within the context of the medical retail industry in addition to in the context of Kuwait. Hence, the research study results will advantage countless entities such as the individuals, the academic institutions, the companies as well as the government in which they will deeply understand the importance

of SQ for satisfying their customers. Moreover, the businesses will gain insights regarding the behavior of customers towards a product or a service, specifically within the medical retail industry of Kuwait. likewise, the government will be benefited in enhancing medical retail SQ at the national level by rules and regulations revising in order to provide more advantages to local citizens and residents.

1.7 Structure of the Study

The following research study consists of six chapters, including the chapter of introduction, data analysis, methodology, and literature review, conclusion, and recommendations.

The first chapter introduces the study problem, study objectives, and other significant aspects that are necessary for the execution of research. This chapter includes the overall research significance and recipients of the research and the main research question that this research is intended to answer. A brief summary of the research methodology adopted in this research has also been encompassed in this section.

The second chapter discusses the variables of study in detail and also presents the theoretical followed by the conceptual framework. It consists of an inclusive literature review, which focuses on different studies conducted previously in the research area. The literature is founded on the overall aim and purposes of the investigation and also provided the conceptual framework as per the hypothesis of the research.

The third chapter introduces the methods that were embraced by the investigator for gathering and examining the data that was collected for the research study. This chapter also covers the research design adopted for the research as well as a description of the pilot study that was conducted by the researcher. The section also covers the statistical discussion where data analysis and hypothesis testing has been added by the researcher.

Lastly, it covered the overall ethical considerations that have been adopted for conducting this research.

The fourth chapter contains the results that were generated through the application of different statistical tests. This section includes the examination of the outcomes and the discussion of the objectives where the discussion is undertaken with regard to how the results of the study have helped in achieving research objectives. It has, too, included the general justification result of the research from the studies conducted previously.

The fifth chapter is the case study. This includes the analysis and discussion of discoveries with regard to the case study, which in this investigation is Kuwait medical retail. The findings have been discussed with reference to the case study and further analyzed by the help of previously conducted studies.

The sixth chapter concludes the research outcomes, conclusions, and presents the recommendations. This chapter also includes the overall inference of the research representing and briefing the main findings of the investigation as well. The chapter also provides the implications for future research as well as recommendations for medical retail business of Kuwait.

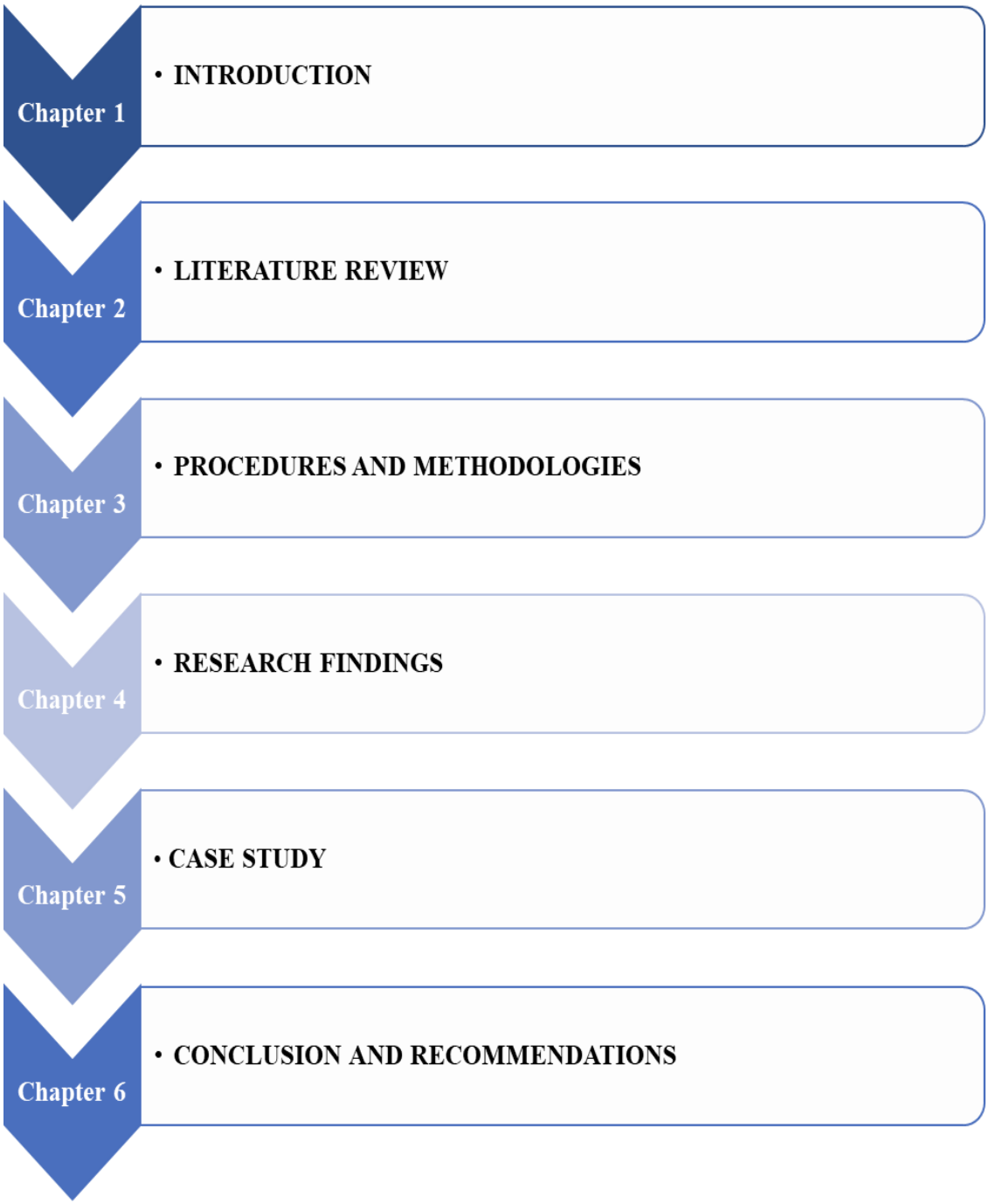

Figure 1 Structure diagram of the study

Source: Author

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In order to conduct this research study, a rigorous review of the research literature in the very same domain is pertinent. one of the most significant thoughts which been discussed in the research literature in relation to the field of retail medical business like that of CS; Naik, Gantasala, and Prabhakar, (2010) argue that CS is an idea that is the key towards understanding the SQ factors that are instrumental towards the overall shaping of the retail medical business.

The retail medical business is distinguished by specific SQ factors which have a direct impact on the level of CS. Therefore, the construct of satisfaction of the customer is crucial to the overall comprehension of the success of the retail medical business.

The literature of the research in the area of expertise details the notion of CS and its relationship with the SQ factors in the industry and consequently, this particular chapter explores the different ideas that have been discussed in the research literature relating to the area of satisfaction of the customer and factors of SQ (Negi, 2009).

Since it is desired that relationship and link between the CS construct and the SQ factors are measured, it becomes only naturally pertinent that the questionnaire developed for any study in this domain, such as this particular study, focuses on incorporating questions on the very same nature of the developed hypotheses. For this reason, the questionnaire developed for this specific research study is guided by the contemporary research literature and the works of many different notable researchers and authors who have been highlighted prominently in this chapter.

2.2 Role of Corporate Culture Standard and Quality of Service

Corporate culture can be regarded as one of the utmost essential aspects for firms, and this leads to affect a number of other fields in an organization. It could be understood as the behaviors and beliefs that determine how the employees of an organization interact with the management and external stakeholders. The culture of a firm further leads to define what values and norms are being held in an organization and what approach it has towards carrying out its business operations. The owners of a company are always involved in developing the most effective culture in which they may be able to develop a working environment that not only supports the business functions but ensures that not sort of barriers arises in the operations of the firm (Dempsey, 2015). Communication in this plays an imperative role as leading to establish effective communication may allow the organization to develop a good culture, which does not have conflicts and misunderstandings in the process. Several approaches to organizational culture have been developed by an individual, but it could all be brought down to be a system comprising various elements such as regulations, standards, rules, communication, behavior, and a few more (Carlos et al., 2014).

With all such elements and aspects, one of the other critical aspects of the corporate culture could be regarded as SQ. It could be considered as the component in the structure of the culture, which reflects the values present in the organization along with defining the parameters of behavior. This aspect could also be regarded as one of the most important ones to the organization as it may lead to having an impact on the overall image of the company. Customers these days have become highly sensitive to what is being provided to them by a company and what other better options they have to choose from (Babnik et al., 2014). Also, through maintaining the SQ, an organization may lead to retaining its existing customers along with attracting the ones that are new. In order to understand how well a company is performing in terms of SQ, it could be assessed and compared to the perceived expectation of a service with perceived performance (Moore, 2016).

It has become imperative for firms to align the service with the standards of the organization and to deliver the services to a level that is communicated to the customers. While companies have to put the focus on the aspect of service in order to adequately satisfy customers, they should also lead to maintaining the standard of service for internal assessment as well. If a company is not able to deliver a service up to a level that is expected, it leads to define that there must be certain inefficiencies in the business and that they have to be worked upon in order to provide better results (Gao, 2017).

Considering SQ in this regard, a set of various factors could be associated with having an impact on the quality of service, i.e., language, gestures, proxemics, clothes, environment, and a few others. The way customers perceive the SQ may be different from what the organization may believe it has rendered (Aryee et al., 2016). Also, it becomes critical to understand what actually the quality and standard of service are being given to the customers.

2.2.1 Functions of Organization Standards

Organization standards could be understood as the procedures and principles by which the company makes sure that it gives an adequate research and learning environment. In other words, it could be considered as the way in which business is to be conducted. Through organization standards, it gets easier for the stakeholder to know and realize how the company wishes to operate and function. Moreover, SQ depends a lot on the organization's standards of the organization where they are applied (Martins, & Terblanche, 2003). Considering the functions of OS, the following have been identified.

Through providing adequate organization standards, companies are able to attract a customer through providing competitive and effective services, further leading to augment the profits. Through ensuring OS, firms are also able to ensure the SQ of an organization. With such implications, the working process becomes more efficient, along with finding effective behaviors in the workplace. These functions of OS have been defined with regard to customers, employers, and employees (Chathoth & Olsen, 2002). When a company

leads to establish and implement effective standards, the customers are able to get a better service experience, and this eventually leads the existing and new customers to incline towards the business and its offerings. With customers being attracted to the company and its services, the probability of that firm producing higher profits also increases. This further allows the company to stay competitive in the market and better serve the varied needs of its customers (Abdullah & Ahmad, 2009).

Another function of OS could be regarded as ensuring the high credibility of the company, further leading to long-lasting customer loyalty. Through effective establish OS, customers are able to enjoy the buying process, making the whole experience good for them. Individuals tend to rely more on companies that have effective OS, as it leads to portray a stronger image of the firm (Rao, 2010). With this, customer retention becomes easier, and organizations lead to enhanced revenues and better profitability. In an environment where competition is increasing, it has become difficult for firms to retain the customer as much as a longer period of time, as the external factors keep affecting it in an adverse manner. With more substitutes available, the customer now has a better range of options to choose from, ultimately making it challenging for businesses to keep such individuals attached to the company (Abdullah & Ahmad, 2009).

Moreover, one other function related to employers, employees, and customers are that OS assists in positioning the firm in the market to develop an image and uniqueness. With adequate OS, the firm is given the opportunity to position itself well in the market, and among those that have already been able to develop a good brand image. Being able to do so, firms get huge opportunities and benefits, as the perception of customers towards the company changes. Also, leading towards the development of OS, the employees of the firm are motivated to lead towards self-development (Gronroos, 2005). This not only enhances and improves their ability to perform the required actions and activities but also contributes to increased overall business performance.

Lastly, OS allows managing staff in a better way and influencing it to work more efficiently. Through the establishment of OS, the firm is also able to attract the customers

while they are in the process of preferring one organization over the other. It has been stated that customers tend to lean towards those companies that have better organization standards. In this regard, it could be understood that OS not only allows the company to become strong and stable internally but also has a significant impact on the external and internal stakeholders (Tuan, 2010). And considering the impact on employees, on the other hand, it could be understood that such individuals are given a guideline and standard to follow, through which they not only perform better but also provide good SQ to the customers. When the employees abide by the organization's standards, there are fewer chances of them depicting any inefficiency or getting into any sort of errors (Chathoth, & Olsen, 2002).

With regards to all the functions of OS and its use and effect on customers, employees, and the employer, it could be understood how important it is in particular terms of organizational effectiveness and efficiency. Through OS, the overall efficiency of the company increases in which the employees are able to work on their skills and efficiencies, and customers are able to gain the benefits in terms of better SQ.

OS not only has a positive impact on a single group, but ensuring effective implications may lead to having several benefits on different stakeholders (Eskerod & Huemann, 2013). The employer, on the other hand, has the most significant benefits as the image of the organization enhances in the market, and the company is able to establish a better market position. This not only leads to attracting more customers towards the organization but adds on enhancing the value of the firm. In this way, customers believe and trust in the businesses and rely on their services to meet their requirements and demands.

Companies that do not have effective organization standards usually fail to develop a good standing in the market and are unable to attract ample customers towards it (Cserháti & Szabó, 2014).

2.2.2 Service Quality

There has been extensive literature on the quality of service measured in various private and public sectors around the world. Most of the literature is available in banking, airline, healthcare, hotel, and restaurant sectors. CS, SQ, and loyalty are some of the most important factors in the current global economic slowdown for retention, profitability, and overall labor productivity. The SQ contribution could further is the most significant factor for deciding the expected outcome and perceived service characteristics of a business (Kassim & Abdullah, 2010). Whether the quality of service is in manufacturing, service, or retail company, it is of great importance to both customers and companies.

SQ could be considered as a complex construct, which has been taken into consideration by various researchers in the past. While the ideologies may have differed slightly in terms of the related dynamics, all of them have asserted focus on the significance and need of high SQ. It has been identified that an organization may be impacted significantly by SQ in terms of its image and market position. For companies to survive in the complex working environment and difficult working situations, it has become vital for them to assert focus on maintaining high SQ (Roy et al., 2015). While this makes a considerable difference, it is also critical to understand that the perceived SQ and the actually rendered service also lead to having an imperative impact on the customers.

In this regard, two major schools of thought have been established, i.e., Nordic School of though and North American school of thought. While Nordic is based on a two-dimensional model, the American school of thought is based upon a five-dimensional SERVQUAL model and has gained greater prominence. The two-dimensional model leads to take into consideration the aspects of expected service and perceived service. This further defines that two aspects have an association with perceived SQ, i.e., technical quality and functional quality. The technical quality is what the customers get from the service, whereas functional quality is how the service is delivered to the customer.

And considering the other school of thoughts and ideologies, individuals have led to defining that SQ is made of aspects such as service delivery, service product, environment, and more (Kaura et al., 2015). Each of these defined models and theories has had their own significance, but the North American school of thought has established a model that could be regarded as the most adequate.

SQ could be further be regarded as an imperative and important aspect that allows companies to establish a significant position in the market. With such high competition in markets and increasing complexities, it has become difficult for firms to operate at the optimum level of efficiency. Having said this, firms attempt to develop a competitive edge over others in the industry, along with gaining high importance from customers in order to lead towards success and high profitability (Gorla et al., 2010). While the aims of all organizations differ from each other by various means, rendering high SQ could be identified as a core objective for many. In this regard, organizations attempt to establish uniqueness by giving high SQ to its customers for further keeping them satisfied with the firm and influence them to stay connected for a longer period of time. Having said this, firms have adopted several means and methods through which they attempt to ensure high SQ, and while only one of them cannot be associated as the best one, each is considered to have its own importance and value (Jones & Shandiz, 2015).

SQ has also often been associated with the brand image of the organization. It has been stated that those companies that are able to render high SQ become more probable to attain a good brand image (Palese & Usai, 2018). Customers that get effective services remain satisfied with the company offerings, and so there is a relationship developed between them and the company. This association leads to develop a good image of the brand in the customers' minds, and their experience with the company further enhances that image in the long run. Once this image is established, word of mouth marketing of the same individuals further leads to having a positive impact on the brand name and position of the organization. In this regard, the potential customers of the company also start perceiving good things about the firm and become interested in developing an association with it. As mentioned earlier, in an environment where there is ample

competition, being able to develop a good brand image allows companies to establish a unique standing (Jones & Shandiz, 2015).

Considering another aspect related to it, customers often also evaluate the business in terms of SQ. In other words, if a new customer comes up to a particular business, he/she would be keen on exploring how well the firm has been performing in terms of SQ. The performance of the business in this regard leads to assist such individuals in deciding whether or not they would lead to developing an association with the organization (Jones & Shandiz, 2015). The needs and preferences of customers have constantly been evolving, and it has become a daunting task for companies to cater to all such requirements. This being said, businesses have become keener than ever to explore and evaluate customer behavior, so they may be able to serve them better and keep such individuals satisfied. In this regard, SQ plays an imperative role, and a good previous history of SQ may allow individuals to understand the position and performance of these organizations (Gorla et al., 2010).

2.2.3 SERVQUAL Model

Considering the North American School of thought and the developed model for SQ, ten dimensions were established to depict the perception of customers towards the service. These ten determinants were later reduced and brought down to five, which are TAN, REL, RES, ASSUR, and EMP. While these determinants are later discussed in the study, it is also imperative to understand how the SERVQUAL model has been of use and what its importance has been. The model could be regarded as an instrument to measure the way customers perceive the quality of service (Wang et al., 2015). Along with the determinants that are a part of this model, it also further leads to define the comparison between the expectations of customers regarding how the service should perform and their experience of how it is actually rendered. It could be regarded as highly important that customers must be given the SQ of what is being promised to be delivered. While there may be a little difference between the two, a huge difference in the quality may lead to developing several adversities for the company (Ajam et al., 2014). In order to retain the

image of the firm, it must focus on maintaining and increasing the quality of service that is communicated to the customers, so that they remain content and satisfied with the offerings of the business. The figure below illustrates a graphical representation of the model, along with the determinants explained in detail:

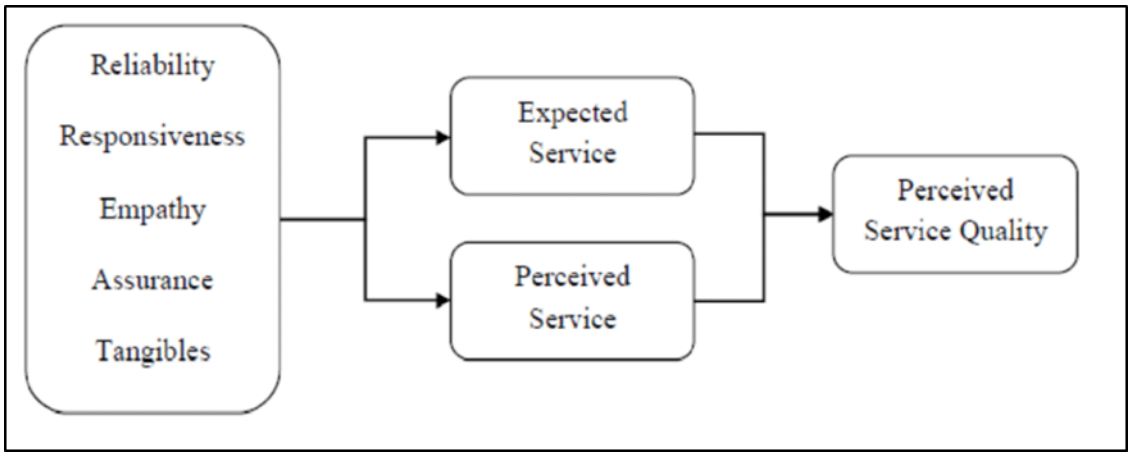

Figure 2 :SERVQUAL Model

Source: Parasuraman et al., 1988 (p. 23)

2.2.3.1 TAN

TAN could be referred to as the physical facilities and appearance personnel. This could be regarded as an imperative aspect in the SQ as customers interact and get the first-hand experience here. Firms have been focused on enhancing and improving the aspect of TAN in order to augment the impact of services for the customers (Naik et al., 2010). A poor effort in this regard may, therefore, lead to the establishment of a negative perspective and adverse consequences.

2.2.3.2 REL

REL could be considered the ability of the firm to perform the service accurately and dependably. This could again be understood as an imperative aspect. Once the firm commits to providing a particular level of service, it, by any means, must render the services with the promised level of quality (Jones & Shandiz, 2015). Here it is essential

to understand that the more companies are able to accurately render the services, the better the impact would be on the customers.

2.2.3.3 RES

RES could be regarded as the willingness of the firm to assist customers, along with providing prompt service. Every organization that wishes to serve the customers in an adequate manner and attain high CS must be highly willing to cater to the concerns of the customers (Khorshidi et al., 2016). The requirements and demands of the customers have constantly been evolving, and so the firm must also evolve in accordance to attain the desired objectives.

2.2.3.4 ASSUR

Many of the customers are vulnerable when asking for particular services, and so it comes down to the employee's ability to gain the trust and confidence of the customers. Once this is done, the individuals to a certain extent, become dependent on the employees and allow them to render the required services (Ravichandran et al., 2010). ASSUR could be considered highly imperative as the more confidence the customers may have on the services, the more they would remain loyal and satisfied with the brand.

2.2.3.5 EMP

The last determinant is EMP," which could be understood as caring and individualized attention paid to customers. Every customer expects special treatment from the companies they are asking for varied services (Naik et al., 2010). The employees must pay keen attention and focus on customers on an individual level so that they may feel the unique experience and feel content and satisfied with the rendered services.

2.2.4 Service Gaps

The theory of service gaps leads to define the differences between the expectation of customers and their experiences. Moreover, the gaps that lead to result in dissatisfied customers is caused by one of these reasons Promotional Gap, Behavioral Gap, Perception Gap, Understanding the Gap and Procedural Gap. Figure 2.2 Depicts these gaps diagrammatically.

Figure 3 depicts these gaps diagrammatically.

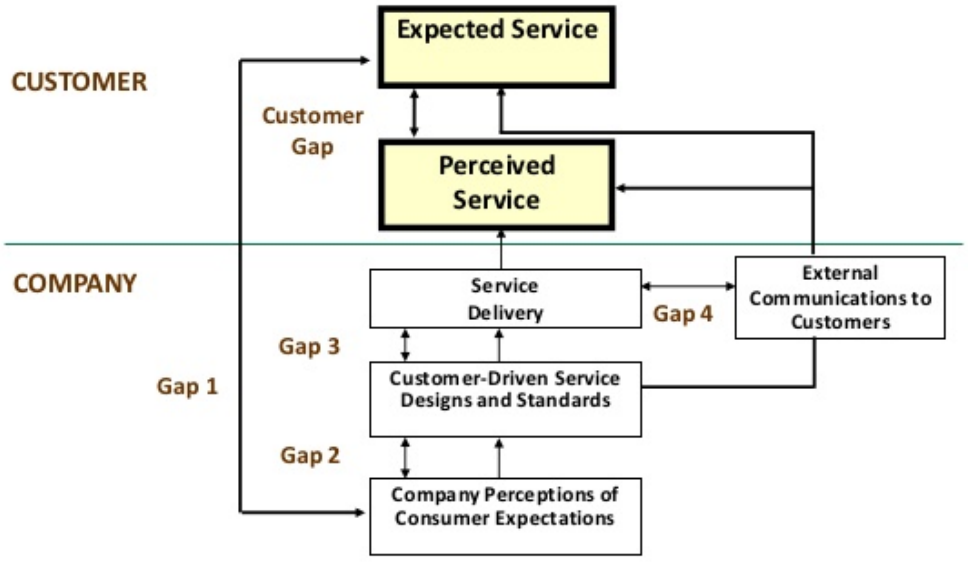

Figure 3: Gap model of SQ

Source: Adapted for this research from "A conceptual model of SQ and its implications for future research," The Journal of Marketing, 1985, (p. 44).

The promotional gap could be regarded as the failure of the organization to reach the expectations developed in the minds of consumers majorly by marketing communication. Every organization is keen on promoting its products and services through varied marketing techniques. While the major objective of this marketing approach is to attract more customers towards the company offerings, it may lead to issues if the communicated services are not practically delivered (Paul et al., 2016). Through effective marketing,

consumers develop a certain image regarding the firm's offerings, and if this image is not maintained at the time of customer experience, it develops dissatisfaction in individuals. The other gap is the understanding gap that is occurred because of an inaccurate understanding of the needs and preferences of customers by the management of the organization. Every firm carries out certain marketing research in order to get aware regarding customer requirements and needs and to better serve them through the offerings of the organization. If the company failed in assessing the customer behavior and their requirements, they might fail to achieve a high satisfaction level within them (Kaura et al., 2015). Many, at times, firms develop the products or services according to the customer's requirements and keep the customer's requirements into consideration while designing the products or the services. In this regard, any inefficiency related to understanding may lead to adversities for the business.

The procedural gap, on the other hand, takes place because of the conversion of customer expectation into adequate systems with the organization. This sort of gap may become highly adverse for companies in terms of cost and time. Having said this, firms must focus on mitigating concerns related to procedures. The behavioral gap, moreover, could be regarded as the disparity between the expectations of customers and the performance of the organization, putting a focus on how procedures lead to cover service delivery requirements (Huang & Hsu, 2016). It is imperative for companies to efficiently perform and attempt to attain the expectations of the customers. Furthermore, it is also vital for the company to focus on the systems and procedures in order to attain a high satisfaction level among customers and meet their expectations (Kuara et al., 2015).

Lastly, the perception gap is regarded as the disparity between customer performance perceptions and reality. Through the marketing activities of the company and the position that it has established in the market, customers tend to establish a perception about how the company would perform in the long run (Stefano et al., 2015). Having said this, if there is a difference found in the perceived performance of the firm and the actual performance, consumers may get dissatisfied and develop a negative thought for the organization overall.

2.2.5 Measuring perceived service quality and its attributes

While it is important for customers to receive high-quality services from the organizations, it is equally imperative for the service providers to assess how well they have been performing. Without knowing how an individual was performing in the past and what improvements have taken place, there would be less motivation and influence to improve further. Gronroos, (2005) has indicated that the service employees should be fully conscious of their execution and must lead to developing a measurement technique whereby they will be able to assess the change that has been taken place in their effectiveness and efficiency over time. Also, the rate of improvement must be known, along with measuring the performance. However, if the employees are aware of their performance along with knowing their rate of continuous improvement, there is a higher probability of them enhancing their productivity. While rendering SQ is critical, it is even more important to keep the employees motivated in this regard.

With regards to measuring performance and knowing the rate of continuous improvements, few of the following conclusions have been made. Dabholker, (2015) have contributed by mentioning that through the act of measuring performance, the employees are able to enhance their productivity. This could be understood in comparison to those who are not aware of their performance level and how their graph of productivity has remained. Hapsari et al., (2017) have further stated that providers of service are highly motivated by proof and not only by the feeling that they have enhanced. This leads to define that if the service providers have to remain focused and motivated towards rendering services, they must be aware of how much they have improved.

Observing the progress could lead to becoming an evident factor that allows service providers to stay aware of their performance and make amends if it has led towards inefficiency. While the prime reason is to assess the continuous improvement, it may also assist in identifying if the performance has been below the expectation. With the rising work complexities, there is a high probability that the performance of service providers may decline over time. For this reason, measuring performance becomes even more

important and critical (Palese & Usai, 2018). Moreover, the measuring of performance, along with the assessment of the rate of improvement both are critical aspects to the businesses, to ensure how well they are performing and what changes are required to reach the higher performance level (Hapsari et al., 2017).

It is highly imperative for companies to identify how consumers are leading to perceive SQ, in order to understand what could be done to develop a better perception of their services and the organization on the whole. Gronroos, (2008) have identified seven criterions of good perceived SQ, which could be used to develop an adequate understanding of it. The first criteria are professionalism and skills, which leads to defining that the customers realize that the particular service provider, its employee, and other physical resources have ample skills and knowledge that are needed to solve their varied issues in a professional manner. Every customer wishes to associate and involve with a company that has efficient and effective human capital that further has the ability to resolve their issue arising in various instances and situations.

The other criteria are of attitudes and behavior, which lead to define that customers feel that service employees are more concerned about them and highly interested in taking out solutions to their issues in a very friendly manner. Every company must realize the fact that customers always want employees of the firm that could solve their problems and develop a behavior that is friendly towards their concerns. Also, if the employees do not depict good behavior to the customers, there is a high probability of them developing a negative image and perception on the whole (Dabholker, 2015). Accessibility and flexibility are also other criteria in which it is highlighted that customers feel that the provider of service, operating hours, and employees are easy to be accessed and have a flexible attitude towards the wishes and demands of the individuals. Customers that believe it is easier to access the management of the company and is flexible towards change and requirements feel more connected and associated with the organization (Gronroos, 2008).

The fourth element is REL and trustworthiness. Consumers believe that the services, along with the employees, are reliable, and the customers can trust them regarding the provision of varied services. Without relying on the company and its brand, it might become very difficult for individuals to rely on the offerings of the firm and depend on them with their requirements. Service recovery and service gaps are other criterions that could be taken into consideration. Customers realize that the employee or representatives of the firm will be there in case of emergency or use, to be there, and respond to the needs (Kaura et al., 2015). Lastly, reputation and credibility are the last criteria that lead to defining that customers believe service providers' business can be easily trusted, and the proper value of money is provided. Being able to rely on the company and its services, customers develop a greater connection with the company and tend to stay more loyal (Gronroos, 2008).

2.2.6 Relationship of Organization Standard and Corporate Culture with Service Quality

While SQ could be considered as an independent variable that leads to having an effect on the satisfaction level of customers, the elements of organization standard and corporate culture could also be regarded as highly associated with it. In order to make sure that an organization is able to render effective and efficient SQ, it is imperative for it to maintain an effective culture and organization standard. Through maintaining these two aspects, it becomes evident for the firm to ensure certain policies and procedures through which optimizing on SQ becomes easier. In order for a business to augment its SQ standard, it is critical for it to have a developed culture that supports its activities and establishes good relationships within the internal and external stakeholders in order to further have effective implications. In the same manner, through increasing and sustaining organization standards, the behavior of the employees and other stakeholders is significantly impacted, and this leads them to render improved performance overall. This performance further leads to reflect on the provided SQ of the organization, as these two elements could be considered interrelated to each other.

2.3 Customer Satisfaction

Some of the fundamental questions that were asked to describe the CS levels in a better way are based on the following questions:

- What is the level of the overall perceived fulfillment that the customer actually feels about the particular product or service?
- How has the product or service been able to meet the customer requirements, his Expectations, and his needs?
- Is the degree of acceptance and happiness toward the service or product comparing to his expectation & fulfilling to his consumption experience?

When SQ exceeds expectations, the service providers have won a happy customer. Krishnamurthy, SivaKumar, and Sellamuthu, (2010) believe that although the concept of CS is pertinent to the successfulness of a business organization, it becomes only nationally imperative to mention the factor of customer dissatisfaction mainly due to that the element of customer dissatisfaction can harm the business in the most negative manner. Hence, according to the sources, the discussion of CS is imperative and useful for sustaining the business.

The contemporary research such as that conducted by Siddiqi, (2011) argues that the construct of CS is the key to not only the sustainability of the business but also the gaining of the strategic competitive advantage in the industry. If the customer of a particular business organization is satisfied with the overall services that are provided to the same, the effort on the part of the customer to seek lower prices on the service elsewhere is minimized, and the customer is motivated to buy more from the business. It has been argued by Siddiqi, (2011) that the level of the construct of CS is actually a reflection of the perception of the five independent variables for this particular research on the part of the rational customer. On the quite contrary, the operationalization of the CS construct is such that it is inclined more to the elements of the quality of the service, the pricing, and certain subjective or objective factors.

2.3.1 Determinants of Customer Satisfaction

The determination and measurement of the construct of CS have practically evolved for the last two decades. One of the essential concepts linked with the determination of the constructor CS level was that it is actually a single faceted or one-dimensional construct which has only one factor, namely that of the overall feeling of the customer towards the product service provided to the same (Negi, 2009). However, a ground-breaking achievement on the part of the research literature was that the construct of CS was declared as a multidimensional or multifaceted construct that may as well be measured by several different factors (Negi, 2009). Towards the end of the decade of 2000, authors presented a concept of different dimensions of the construct of CS using a five-element approach towards the same. Considering the context of this particular research with pertains to the context of the retail medical business, the research literature is less vocal about it, and not much has been spoken on the subject matter. With a thorough and critical research literature review, the researcher has determined certain determinants of the CS level which are suitable to the background of this specific research and have extensively been used in the following chapter, which is on the methodology of the research at this particular study. If the CS construct is explained or discussed in detail, some of the most widely acknowledged factors that shape this construct are obtained.

The contemporary research in the domain of CS and delight highlights the fact that formulating a mechanism of measurement of the level of CS in the context of a provided SQ to the rational customer is an instrument used for a particular business. This vital nature of the determination of this particular construct is inevitable primarily due to the fact that is designing and modeling the level of CS results in paving ways for the long-term strategic sustainability of the business and also in gaining strategic competitive advantage in the long run. In this regard, the research literature is critical of the view that perhaps the essential concepts that are linked with the formulation of a mechanism to study and explore the construct of CS is not a single-dimensional or single faceted one. Therefore, it is reliable to assume that this particular construct is multidimensional and has got a lot of factors that actually influence the combination of the same construct.

Some of the most notable attributes or influencers of the construct of CS include the level of effective communication that is demonstrated on the part of the staff of the retail medical outlet in which the customer is actually standing in order to purchase certain items. If the attitude of the staff member of the retail medical business is actually pleasant to the customer, the perceived level of the SQ that is provided to the rational customer on the part of the same is actually enhanced, and hence, the customer is satisfied from the services that are offered to him or her. This suggests that it is only these trivial or minor elements that there a sufficiently massive impact over the construct of CS in the retail medical business.

Other studies highlight the fact that factors such as the spatial layout of the entire medical retail outlet where customer shops are also instrumental towards understanding the perceived value of the quality of services provided to the rational customer. The willingness of the staff members to solve any problem or concern raised by the rational customer is also counted as one of the key influencers of the construct of CS. The satisfaction of customers is also measured by the convenience of the number of hours of the operation as well as the distance of the retail medical outlet of the rational customer. It is because of these factors that sometimes, the research literature in the domain of CS and customer delight, regards these individual factors as entirely subjective in nature rather than being objective.

In order to effectively model the research problem to analyze the given situation, it becomes only naturally important on the part of the researcher to filter out and highlight as many as five factors that have the most significant influence over the concept or construct of CS.

The researcher, for this research study, has reviewed the research literature in-depth and has come up with certain factors, all of it has been identified by former research studies and surveys conducted by notable researchers and authors in the very same domain. these particular elements of factors that practically shape or at the very least, influence the construct of CS levels include the physical attributes of the retail medical

outlet including the area of the layout of the outlet, the convenience of the hours of operation of the retail medical outlet, the number or the duration of the busy hours of the medical retail outlet, the willingness of the staff of the medical retail outlet to solve any problems or to entertain any concerns which are raised by the rational customer visiting the medical retail outlet, and the price discount that is offered on various drugs and medicals at the medical retail outlet. worth mentioning is the fact that the questionnaire designed for this particular research also focuses on these five factors which influence our shape the level of CS by a provided service. A detailed description of each individual of these five different factors has been outlined in the following text.

The factors influencing CS construct are large in number, and hence, it is important for a researcher researching the subject matter to filter out the most significant factors which have influence over the construct of CS. From reviewing the research literature in great detail, the following 5 factors were shortlisted in order to be included in this particular research study. This particular number of factors that have an influence over the construct of CS is practically and empirically closed in the number of variables influencing the CS, as depicted in the contemporary research literature on the given subject matter.

2.3.1.1 Physical Shape of the Medical Retail Outlet

Amin and Isa, (2008) argue that the physical shape is the physical condition of the medical retail outlet, which is an important parameter or determinant of the level of CS on the part of a rational customer. It has been empirically established that the physical shape of the medical retail outlet is not only an important expectation on the part of the rational customer but also appeals to the customer so much so that it actually enables the customer to form a perception of the medical retail outlet. However, Mengi, (2009) argues that this particular determinant of CS is divisible into several other factors, and hence, this specific point is what makes the factor not only interesting but also complex to be analyzed.

One of the most important elements or attributes of a medical retail outlet with shape the physical appearance of the same is the area of the outlet. A medical retail outlet is expected by the rational customer to be large in the area; research argues that a medical retail outlet which is small in the area is often the least preferable on the part of the national customer. Similarly, a medical retail outlet, which is a larger area, is often perceived to provide better services to the rational customer. This specific point is also relatable to the spatial layout of the medical retail outlet. Another important constituent of the overall physical shape of the medical retail outlet is that of the aesthetics of the same; medical retail businesses having their outlets aesthetically designed and decorated are perceived to provide better services to the customers rather than those who are small in area and less appealing aesthetically.

2.3.1.2 Willingness to Solve Customer Related Problems

The willingness of the staff to resolve the issues of rational customers is the second most significant determinant of the construct of CS. Hui, Wan, and Ho, (2007) argue that if the staff of the medical retail outlet are actually helpful to the customers and are willing to solve their problems, the medical retail outlet is perceived to provide better services to the customers. Consequently, if the staff is not willing to answer the call of the customers, the perception of the customers about the services provided by the medical retail business actually diminishes over time.

However, an interesting perspective on the willingness of the staff to solve the customer-related problems that were pointed out by Dagger, Sweeney and Johnson, (2007) who narrate that there are actually two meanings or interpretations of this particular determinant of the construct of CS. The first interpretation actually refers to the overall attitude of the staff towards the customers; the personnel from the staff might sometimes feel annoyed or irritated by a rush of customers, and hence, their attitude towards customer service is somehow corrupted, resulting in their being rude to the customers. The operation refers to a more long-term attitude of the customer service staff with practically deal with the rational customers on the countess of a medical retail outlet. Pakdil and Aydın, (2007)

argue that if a customer highlights a problem and seeks help from the customer service representative working at the counter for, say, replacing a drug which is close to the expiration date, the customer service representative must be willing to apologize to the customer for the inconvenience caused to him or her and then replace the drug willingly. This kind of attitude is what shapes the perception of the rational customer.

2.3.1.3 Busy hours

Qin and Prybutok, (2008) argue that one of the determinants of the construct of CS is the number of busy hours for the medical retail outlet. According to the authors, the medical retail outlet must not be too busy all the time primarily due to the fact that if they are too busy, the customers feel that they are being handled are dealt with in a rush. This often leads to dissatisfaction from the medical retail outlet.

However, this particular point also relates, in some way, with the element of the area and the special layout of the medical retail outlet. Chen, (2010) suggests that a large capacity of the medical retail outlet is actually quite appealing to the rational customer, and hence, the perceived quality of service is enhanced. Another important fact that characterizes is the duration of busy hours is the lack of service providers at the counter (Roy et al., 2015). If the number of customer service representatives is less, the customer might walk out of the medical retail outlet without being catered to (Vaioleti, 2016).

2.3.1.4 Hours of Operation

The hours of operation of the medical retail outlet must be convenient so that the rational customer cannot find it difficult to visit the medical retail outlet and avail the service. González, Comesaña, and Brea, (2007) highlight the importance of the convenient hours of a medical retail outlet. The authors discuss the fact that the number of hours the medical retail outlet operates may vary as per the demographic factors that have been discussed ahead in the literature review. If the rational customer does not find any convenience in

the hours of operation, he or she might get dissatisfied with the service and hence, the perceived quality of service deamination overt time.

2.3.1.5 Pricing

Tiwari et al., (2018) argue that although the pricing of drug is not as convenient as it is in the case of the other commodities of products, yet the pricing of the same is actually quite unique and different in the sense that there are huge discounts offered to the retail medical businesses by the pharmaceutical companies who actually manufacturers drugs.

For instance, Zahiri, Zhuang and Mohammadi, (2017) surveyed the retail medical sector of many different regions and deduced that generally, as much as 10% of the selling price of a particular drug or medical is offered to the retail medical businesses so that they may carry on or forward this discount of 10% on the drug or medical to the customers of the same. In addition to this, a 10% discount on the selling price and an additional 10% discount are offered to the retail medical businesses to retain to themselves. however, what the medical retail business is actually done is to curtail 5%, at the very least, of the total discount for the rational customers and transfer only 5% of the discount to them, keeping the curtailed 5% of the discount to themselves. This results in the manipulation of the prices for drugs and medicals, which increasingly has an influence over the CS levels that the customers exhibit in relation to specific medical retail businesses.

The price of the various drugs that are offered at a medical retail outlet is heavily discounted by the pharmaceutical firms operating in a particular region. Out of the discounts that are provided to the medical retail businesses, a specific fragment is conveyed or communicated with the medical retail businesses so that this particular discount fragment is provided to the rational customers of the medical retail businesses. However, what some medical retail businesses tend to do is to culminate those discount fragments of the rational customers and keep them as a profit, although the profit for the medical retail businesses is already sufficiently large enough due to the discount offer to

them by the pharmaceutical companies. This is particularly the reason why different medical retail businesses of different prices for the same drugs or medicals.

González, Comesaña, and Brea, (2007) argue that the price of curing of a particular retail business shapes the perception of the rational customer about the services provided to the same by the medical retail business. The authors stress upon the fact that the medical retail businesses must not culminate the discount fragments offered to them for the rational customer because it is practically a right of the rational customer to have those discounts on the prescribed drugs and medicals. This is a very important point, which is instrumental in understanding the overall perception that a rational customer has a medical retail business. The variation in the pricing of a drug is what influences the SQ perception of the rational customer, usually.

2.3.2 Definition of Customer Satisfaction Measurement

Many companies around the world are prevailing today because of the number of customers that are able to satisfy. The existence of a company, along with its development, depends upon the most imperative factor, which is the satisfaction of the customers. Therefore, it is evident that companies that are willing to survive in the competition must focus on generating higher levels of satisfaction. According to Kristensen et al., (2000) it is often perceived that CS refers to the value which the customer feels after buying or using the product; however, CS is also highly reliant upon the before and after services provided by the firm. Consequently, it is vital for organizations to keep themselves closer to their customers in order to serve them better to generate CS further. To bring customers closer and long-term relationships, it is important that companies provided better services and offerings to their customers consistently. The fulfillment of a customer's desire is closely associated with CS (Naumann & Giel, 1995). Companies that manage to provide desirable value to their customers are most likely to have International Organization for Standardization (ISO). According to Standard ISO, 1004 specifies is that Satisfaction can be considered as a judgment or opinions which are expressed by a customer. The gap that decreases the satisfaction level of customers is the discrepancy between the customer's

expectations and the perceived value of the service or products. The purchasing decision of the customer may also be reliant on CS since it will ensure repurchases (Cengiz, 2010). There can be many factors other than satisfaction. The behaviors of the consumer during purchasing may not be rational. Customers are choosing specific products or services based on an obvious need, keeping into consideration the product or service quality and the using purpose.Therefore, the customer may not only pay for the product on the basis of the product's physical characteristics rather, but it also includes the expectation of the value that can be derived from the product.

According to the researchers above, CS is highly crucial for the purchasing of products or services from the company; the satisfaction then further leads the company to have future growth and an increase in revenues. Therefore it can be seen that companies are required to maintain the CS levels of customers on higher levels despite the may efforts of the companies in boosting the satisfaction levels of the customer it is important how the efforts of the organization lead towards CS and what is the level of impact. This could be a task which regarding as challenging for the organization to perform since the measurement is based on figures that can be used for measurement, whereas CS is regarded as a subjective factor that is relevant to the feelings and perception of the customers. Therefore, companies tend to develop ways using which the company can collect data from the customers that can be converted into numbers that can be further interpreted by the organization.

CS is a concept that has evolved in the field of Total quality management. CS has been analyzed by different researchers and theorists in the background of different fields of studies where marketing is believed to be the most relevant field. However, the TQM school of thought identifies CS as a component of quality, where the data of CS in business is used (Cengiz, 2010). In the modern age of business, the interest of businesses increased towards analyzing the CS. It was argued that the calculations of the improvement could not be viewed in terms of internal indicators of a company, which may include different metrics and standards inside a business.

The evaluation of the improvement in quality, therefore, must also rely on the feedback gained from the customers of the organization. Therefore, the quality of the product should be improved in ways that can be relevant to its products (Flint et al., 2011). The TQM school looks at the problems or issues of CS measurement in the framework of the SQ. Consequently, it can be argued that in order to provide services and products of high quality, the organizations must consider CS as a factor that can be classified as important where it can also be considered crucial (Deng et al., 2011). In order to calculate the CS, there have been many surveys and researches that have been formulated and conducted, which can determine the satisfaction level of consumers for a product or service. One of the most effective techniques was considered to be used by the company AT&T back in the year 1970 where the company formulated a new market survey which was different from the market surveys that were conducted (Bayraktar et al., 2012).

The survey introduced by the company was called Satisfaction Attitude management (SAM). This survey was conducted on the people who have previously used the services or technical assistance of the company. The effectiveness of the information gained from the survey led the company towards expanding the survey towards all the customers of the organization, which were the responses from the people were taken through phone calls. This method was made a permanent way of acquiring data for CS for the company AT&T. In the early years of businesses established in the years between 1960 and 1980s, the companies faced several problems in calculating the CS levels. However, Cardozo proposed a model that provided an effective approach toward determining CS levels (Hill, & Alexander, 2017). The model that was proposed by Cardozo comprised different theories relating to social psychology, which aided in understanding how the purchase intentions of customers are affected by satisfaction levels of the customers. This theory suggested that the product or the service quality is hinged on the customers perceptions where they may form a preconceived expectation level of the value or the product quality, and when these customers are exposed to a product, the information extracted from product are compared by the customers level of expectations upon which the customers may develop a sense of quality which also leads towards dissatisfaction or satisfaction of the customer.

The companies may face several problems in assessing the CS when organizations tend to inquire about the satisfaction level of the customer may not present the authentic information. Therefore, there has been a number of methods using which the company assesses the satisfaction levels of the customers. According to Kristensen et al., (2000) there are more advanced ways that have been developed in the modern days where companies use the help of the internet and digital media to determine the satisfaction levels of the customers. One of the commonly used techniques today is mobile application surveys.

Companies have developed their own mobile applications and websites in which they may promote or present subtle feedback questions that are short and smaller in number. There may be two to three questions that are presented to online customers (McKinney, Yoon, & Zahedi, 2003). The answers gained from the questions are then used to determine the satisfaction level of the consumers according to the total number of responses received from the customers over the internet. One of the frequently used tools in determining the satisfaction levels of the customers include a rating system where the customers are asked to rate the service that has been provided by the company.

The rating scales may have different ranges to take the answers from. It is observed that the consumers in Australia are more likely to respond towards the extremes where they are may either rate with strong satisfaction levels, or they may respond to having low satisfaction levels. Therefore, the rating system in Australia mainly comprises of rage from 1-3, where they may only choose extremes about the satisfaction level. On the other hand, western countries such as the USA and European countries are more likely to have customers that may be more particular about their satisfaction levels. Thus, the rating system used in these countries is most likely to have ranged from 1 to 5 (Hill & Alexander, 2017). The rating systems enable the company to keep quantitative data about the satisfaction levels where the company may focus on improving the offerings to increase the average numbers of satisfaction level of the customer.

Another strategy that the corporation uses to determine the satisfaction level is after service survey where the corporation may ask their customers about quality of service right after the service that have been provided, one of the most frequent examples of such strategy is used by UBER where the company provides its customer with a rating scale just after a ride is completed, the data of ratings are then used to decide the efficiency of the riders who are providing the service along with the level of satisfaction of the customers of Uber. Other than this method of collecting data companies also use another rating system that helps companies in determining the satisfaction level of the customers which is called the NPS (Net promoter score) which is a techniques which combines the rational characteristics of products include ding product features, company service price and the emotional value provided by the company which includes response of the customer.

This system divides the customers into three categories, which are promoters of the company, passives, and detractors. In order to determine the NPS score, the customer is asked with a question if there's a possibility for recommending the product or service for someone else they know, the customer is provided with a range of number scoring from 0 to 9 which determines the likability of the customers giving recommendations to another. The people who rate from 9 to 10 are categorized as promoters of the brand or a product since they scored higher in the question, which makes it most probable that customers will promote the brand. Customers who score from 7 to 8 are known as the passives (Flint et al., 2011). The passives are the customers who are most likely to be satisfied with the product and service; however, they may not be loyal and still prefer enjoying other products offered in the market.

The customers who score below the data from 0 to 6 are most likely to be customers who will not recommend your product or brand to others while they are considered as unhappy customers of the company the customer scoring low on the NPS are most likely to be unhappy with the product and may spread a negative word of mouth against the company or brand; therefore, such customers can have a negative impact on the company’s reputation (Hill & Brierley, 2017). The company calculates the NPS score by

taking the percentage of total customers from which the data has been collected. The higher the number, the difference between the promoters and factors exists, the higher is the NPS score of the company.

2.3.3 Importance of Customer Satisfaction Measurement

Organizations that are driven by markets divert their focus on CS. Grigoroudis and Siskos, (2010) defined the market-driven organizations as companies that are committed to providing high quality and products and services that are competitive enough to satisfy the needs and wants of customers belonging to a particular market segment. Companies tend to analyze their capabilities in providing products or services that can satisfy the needs of the market. These companies consider their customers as the judges who can determine the satisfaction level of product and service along with its performance (Hill, & Brierley, 2017). Hence it can be said that it is important for every company to maintain satisfaction levels of their companies, which leads the companies to keep a measure of the CS in terms of its offerings. There is a number of reasons why CS can be considered to be a vital function for an organization (Deng et al., 2011). The CS technique can help companies improve their communications with the customers of the organization, where it can also help in building strong and long-term relationships; however, it is important that the company keeps the measurement processes continuous and systematic.

Further, as mentioned earlier, CS management allows companies to determine if the products and services offered by the organization are able to suffice the expectation of the customers, which may also enable companies to analyze how different actions and strategies opted have impacted the satisfaction levels of the customer. CS levels also allow the companies to identify the internal areas which need improvement (Mosahab et al., 2012). This may also include information regarding what goals of the company need to improve the areas that have been defined. The CS, in terms of their perceptions and judgments, helps the organization to identify their strengths and weaknesses according to the market in which they prevail.

Often there are times when the perception of quality becomes a center of conflict in an organization where one department or an employee may oppose the perceptions of the employees in terms of quality of their offerings. These conflicts are avoided with the help of the CS measurement, which can be defined as the final judgment of the intended quality. This leads the workforce of the association to perform better for the purpose of increasing the CS levels, which can also be regarded as the judges of the efficiency of the workforce (Bergman, & Klefsjö, 2010). Measuring CS levels also help companies in terms of finances where keep the satisfaction levels of the customers can lead the company to earn higher profits where the profitability of the organization can also be sustained.

2.4 Measuring Customer Satisfaction

While there are various strategies to ensure CS, one cannot overlook fundamentals to measure CS. Overlooking such an aspect can be detrimental to one's business (Gilbert et al., 2004).

For measuring CS, there are four key measurement tools that are critical to the success of your business. When a person has great food experience in any restaurant, he usually wishes to go again; positive evaluations work more in CS, which ensures customer loyalty and repurchase of product.

2.4.1 Attitudinal Measure or Overall Satisfaction Measure

Does it include the overall level of satisfaction, such as to ask how satisfied are you with XYZ restaurant? This particular question asks for experience with the product or service of an organization, which includes every aspect of the product and services such that customers can point out anything he does not like. According to Angelova and Zekiri, (2011) the single best predictor of CS is customer experience, which results in quality attributes. It is usually believed that dissatisfaction and purchase regret are some things; however, satisfaction is linked to positive ideas like 'I am glad I bought this' or 'it was a

good choice to be made.' It is called attitudinal measure because overall experience results in an attitude, whether positive or negative, about a brand. A good restaurant enjoys a positive attitude of its customers; on the other hand, if it lacks quality in food or service, customers will have a negative attitude towards the brand. The overall satisfaction measure does not look at CS from a single point of view but gives an overall image of the brand that the customer has in mind. He is not asked for any specific thing such as product's use or size but an overall impression of the product or brand. A customer may point out that the restaurant does not have a good ambiance; it will imply that the customer is not satisfied regardless of the fact that the food was good. This method is therefore considered reliable to assess CS since it talks about every possible aspect.

2.4.2 Loyalty measurement

A suitable question for this measurement tool is to ask customers will you recommend XYZ restaurant to your family and friends. Customer loyalty reflects the probability of repurchase of goods and services. Loyalty is usually measured as a combination of few measures such as the probability of repurchase, overall recommending, and satisfaction of the brand to a relative or friend. McDougall and Levesque, (2000) stated that normally, loyalty could be measured as a sum of scores of three questions; 1) In a total, how satisfied are you with the brand? 2) What is the probability that you will repurchase? 3) Would you lead to recommend the brand to a relative, family member, or friend?

A customer becomes loyal to a brand only when he/she is entirely satisfied with the brand; only then they will recommend it to someone to make a good impression. Customer loyalty is a very important yet difficult aspect in the business world, and companies design and implements proper policies and strategies to ensure customer loyalty. They provide discounts to their loyal consumers, provide them additional facilities such as free home delivery or free products, etc. to make sure that customer does not switch to any other brand.

According to Gilbert et al., (2004) in this era of stiff competition, it is very difficult to achieve customer loyalty because customers like to try different brands out of which they select the most suitable one to which they become loyal. Therefore, organizations take lots of measures to retain loyal customers. Let's check an example of the app specialized for food delivery, i.e., Food Panda; they provide special discounts to regular customers so as to retain and satisfy them with the brand. There is a number of other brands that implement strategies to retain customers. Customer loyalty provides them a competitive advantage; however, it is not easy to achieve, and an organization has to look at every little aspect to make its customers loyal and satisfied with the brand.

2.4.3 Series of attribute satisfaction measures (cognitive and affective)

According to Hayes, (2008) these measures count product attributes and purpose as the most important thing to measure CS, such as in the example of XYZ restaurant, a customer should be asked how you do like the taste of XYZ hotel's food? This implies that the product used is focused here rather than ambiance or service or any other thing. This means attribute satisfaction measure is specific to the product used. For a clothing brand, customers will be asked about the fabric and designs of clothes, and for retail products, they will be asked about the fitness of the product for the purpose. This includes liking and disliking, i.e., affect to measure product attributes. CS is affected by the perceived product quality and service attributes, and it is moderated by expectations associated with goods or services. A researcher has to define and develop measures for each feature of the product important for CS. Gronholdt and Kristensen, (2000) stated that customer attitude is developed for a product based on product information and product experience, whether real or perceived. It may be useful to measure attitude towards a product of such a product is not used, but it is not useful to measure CS when a good or service has never been used because attitude can depend upon experiences of others while satisfaction or dissatisfaction is measured through one's own experiences. On the other hand, cognition is defined as judgment regarding the fact whether the product was useful or not, was it fit for the situation, does it exceed the requirements of an issue or situation, etc. Satisfaction and affect closely relate to each other; however, there is a distinction that satisfaction can

be measured after experience and shows the emotional effect of quality and value of the product.

2.4.4 Intentions to repurchase measurements

A suitable question in this measurement scale is; do you intend to return to XYZ restaurant in the next 30 days? It is associated with wording questions regarding the future and hypothetical behavior of customers, which shows CS. Angelova and Zekiri, (2011) stated that satisfaction could lead to affect other post-experience actions such as communicating with others via social media or word of mouth. Other actions may include a high level of product involvement, which results in an increased search for the product, changes in preferences, and reduced trial of alternative goods.

Customers look for many aspects within a brand if all such aspects such as quality, price, service, etc. are met; he/she is likely to repurchase the product. However, it may be possible even after high-quality products, reasonable prices range, and excellent service, customers, do not choose to repurchase because some other brands just introduced its product, which is more satisfying than the previous one. Therefore, Mihelis et al., (2001) stated that competition must be considered as an important consideration so that a brand stays competitive in the market. Product repurchase results in customer loyalty; therefore, customers coming multiple times are given much more value and are taken care of so that they feel recognized and valued. This is a strategy to make loyal consumers and loyal consumers return to the brand regardless of any other brand introduced in the market. Their intention to repurchase is a road to making loyal consumers. Measurement of CS is important just as measuring financial performance is important.

According to Bowen and Chen, (2001) it provides an overview of how consumers perceive and respond to the brand. In the current business world, customer focus has increased rather than profitability because CS is directly associated with profitability; more the customers are satisfied, the more the firm will be profitable. The four measures to assess CS are useful enough to determine how customers perceive the brand and do

brand has the capability to make loyal consumers. Achieving consumer loyalty is a big challenge in the current world, and it is directly associated with CS.

2.5 Customer perception about Service Quality

Customer service refers to a set of activities designed and implemented by an organization to make the buying experience of customers more rewarding. Such activities help in enhancing the value of services and products customers get. Customer perception of SQ is a crucial dimension of goods and service offerings to consumers. According to Suresh chandar and Anantharaman, (2002) organizations tend to use high-quality products and services in order to make a notable position in the market because consumers are quality conscious in both products and services. However, services here do not only refer to service organizations but manufacturing as well. Services of manufacturing organizations include how they treat their customers, how much they value their complaints and demands, and to what extent they need feedback for betterment. Caruana, (2002) stated that customer services are a base for CRM, i.e., customer service relationship programs, which are implemented by global organizations to improve customer relationships. This is part of their strategy so that customers feel good about the organization and become loyal consumers. While designing strategies, it is important for organizations to assess how consumers perceive SQ, i.e., what factors do they think are necessary for high-quality service. The following are the factors primarily dominant over consumer perceptions, which organizations must consider.

2.5.1 Communication

According to Dabholkar, (2015) communication refers to staying in contact with consumers so as to know their demands, needs, complaints, and feedback. This is an important aspect because it tells the organization how consumers are responding to the brand or product. A brand which tries to communicate to its consumers is perceived to value its customers; therefore, consumers also try to stay in touch with the brand and

provide their reviews regarding new products or new collection. Ndubisi, (2003) stated that communication is considered significantly important in recent eras because social media has made it very common that consumers get in touch with management to discuss their issues and to provide reviews. In such a situation, organizations inactive in interacting with their consumers are not preferred by consumers since they look for brands concerned for their customers and their needs. There are many methods to communicate with consumers, such as company websites, social media pages, online reviews, feedback cards, emails, etc. Consumers perceive these brands as more responsible and professional because management's primary consideration is SQ to customers.

2.5.2 Feedback

Feedback acts as a very crucial role in the SQ perception of consumers. If a brand does not ask for feedback, it may imply that it is not bothered by what consumers think of it. Consumers may even think that the brand is not concerned with their needs, demands, and complaints. According to McDougall and Levesque, (2000) feedback can be either positive or negative, and both kinds are helpful for an organization to improve itself. Consumers perceive feedback as to their right since they are paying for a product or service, so they have the right to provide a review of the product. Customers have become more aware than ever about spending money because of increased competition and the existence of many low-quality products. Hu and Juwaheer, (2009) stated that feedback is given more value because it helps potential customers to get to know about the brand and its quality, if the product is not high quality, potential consumers will not waste their money, and if current customer provides a positive feedback, it will convince other customers to use the product. Increased competition and increased use of social media have enhanced the scope and value of feedback in almost every industry; a single consumer shares his/her experience with millions of consumers and potential consumers through feedback. Therefore, consumers think positive about organizations that give them a chance to prove feedback.

2.5.3 Product demand

The demand of consumers must be met by organizations, and if a product high in demand falls short in the market, it does not give a good impression of the company. Therefore, management must keep a check on what product is demanded the most in the market and whether the product is widely available to cater to such demand (Gronholdt, & Kristensen, 2000). It irritates consumers when they are willing to purchase a product and visit a number of stores to look for a product, but the product is short everywhere. On the other hand, availability and ease of buying products put a good impression on consumers. When a product is in high demand, there are millions of consumers looking for the product; in such a situation, it is normal if the product is unavailable; however, the organization should not take long to restock the product. It should not make consumers wait long to purchase such products.

2.5.4 Responding to complaints

Usually, organizations have to face aggressive behavior of customers, sometimes it is justified, and sometimes it is not. However, management has to make sure that proper and calm response is given to consumers because of the rude behavior of management annoys customers. They make a good impression of a brand whose sales staff is cooperative, kind, and helpful. Angelova and Zekiri, (2011) stated that complaints are the usual course of business, and management must consider it as a chance to improve rather than criticism. Such complaints help management to improve; however, management has to use a few tactics to respond to any serious situation so as to maintain its reputation. Responding tactically to complaints is a challenge; therefore, staff must be trained to respond in an appropriate manner so that consumers do not get aggressive. This is a very important aspect and must be followed even if management has to provide free products or discount cards to retain such consumers.

There should be a service standard of a firm with which its service delivery should match. If a company does not deliver services as per its standards, it puts a bad impression

of the company. Caruana, (2002) stated that SQ includes things such as delivering products to consumers, asking for their feedback, responding to their complaints, and providing quality products to them. Consumers perceive a brand as strong when its management is conscious about quality delivery of service. CS is based on their experience with the product, and Consumer satisfaction is linked to their perception of what they think is high in quality. SQ is an important determinant of CS because it comes from the outcome of services provided by the company. Chen and Chen, (2010) stated that SQ holds significance because it serves the purpose for which consumers spend money; therefore, they are highly satisfied with high SQ. This includes the concept of utility maximization, which says that consumers spend money on a product or service so as to maximize the utility of the product. This can be done who enhance products and services associated with it have the capability to maximize the utility of consumers.

2.6 Service quality dimension SERVQUAL

Customers are the most important factors for any business, so its vital target for any business is to increase its customer base, which will lead to an increase in revenue and profitability.

The comparison between the actual performances of a service is the actual quality of a particular service, and its perceived value is regarded as the SQ. Although Mengi, (2009) believes that any disparity in the observed value of the quality of a service and its actual quality is subjective in nature, it becomes only naturally imperative to gain a neutral and objectives perspective and hence, the assessment of the SQ is showed as a part of a research in this very domain. One of the most widely used models, two-measure, and assess the SQ construct is the SERVQUAL model, which is also entitled to the gap model. The SERVQUAL model is so widely used that it has been accepted as a benchmark model in order to assess the construct of SQ. Although there are many dimensions of this particular model, the contemporary research literature makes wide employment of only

five of these factors or elements. These five elements of actors have been briefly discussed in the following lines.

TAN: the TAN of a provided service refers to many factors, including the presence of physical staff and equipment. However, factors such as the attire of the staff members, their uniform, and their way of communication also influence the perceived level of SQ according to the SERVQUAL model.

The TAN of a provider service includes manufacturers, including the layout or the area upon which the service primarily operates. The physical attire of the staff members, the level of hygiene that they exhibit, and the level of cleanliness is also a tangible communicable factor that influences the level of SQ on the part of the retail business. These factors have been given a sufficient amount of attention and priority in the research literature and particularly in the theory of the SERVQUAL model.

REL: REL implies the ability of the customer to trust and have faith in the service provision.

The REL of service there is provided to the rational customers is demonstrated by the trustworthiness of the provided service, such that whether the rational customer is able to trust the service providers or not. However, Tiwari et al., (2018) have argued against the incorporation of REL in this specific model mostly due to the truth that the element of REL is itself vulnerable to the influence of many additional factors and parameters which outline the link between the CS construct and the perception of the SQ that is offered to the rational customer.

RES: RES refers to the willingness of the service provider to solve any issues and claims of the rational customer on a priority basis. Chen and Chen, (2010) argue that the customer is influenced by factors such as the time and effort that he or she might have to put in in order to ‘get things done’ on the other end.

ASSUR: trust-building and expertise or command of the services that the service provider is actually providing to the customers, are what falls under the category of ASSUR.

EMP: effective communication, politeness and courtesy, and taking care of the small things fall under this category, as pointed out by Chen & Chen (2010).

2.6.1 Determinants of Service Quality

The research literature in the domain of SQ and CS is quite clear about the uses of a 22 items framework of the determinants of SQ. Actually, all the former research studies have been carried out using this particular context of the determinants of the constructor SQ. The most that any particular research study has done in exceptional circumstances is the clustering of these 22 items to five different clusters with the levels of REL, RES, EMP, TAN, and ASSUR, which has simplified the operationalization of the SQ factors (Chen & Chen, 2010). However, this particular research study uses another set of SQ factors which the researcher considers are appropriate in the environment of the retail medical business, and the fundamental purpose of this particular research study.

A challenge that surfaces at this very point is to align the determinants of the SQ factors with those of the CS construct, which is the dependent variable of this research study. For this reason, the author believes that sustaining the same set of parameters that were used to determine the construct of CS to explain and hypothesize that of the SQ provided by a business is the most appropriate approach (Negi, 2009; Chen & Chen, 2010). This implies that the factors of REL, RES, EMP, ASSUR, and TAN have practically been discussed in the light of the factors including the main service, the human along with the non-human elements of the service, the tangible delivery of the service and the social responsibility toward the organization. An essential point to note here is that the argument regarding the SQ is actually in the viewpoint of the perception of the customer, which implies that it is actually the customer perceived SQ that is investigated in this specific research study.

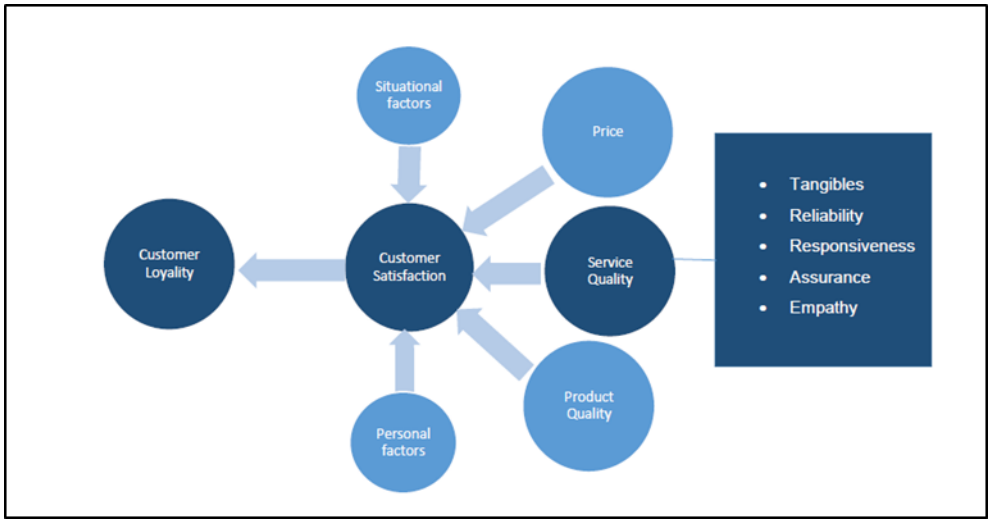

Figure 4: SQ and CS

Source: Adapted for this research from (Wilson, et al., 2008, P. 79)

The model above illustrates the relationship between SQ and the CS, which leads the company towards attaining customer loyalty. It is showcased that the SQ of organizations is dependent upon five factors, which are TAN that refers to the physical characteristics of the outlets, customer representative centers of the organization. The second is REL," which is referred to the trust of the customers in the service provided by the company. The third factor is RES," which refers to the rapid and prompt action taken by the organization in order to fulfill the requirements or the issues faced by the customers (Wilson et al., 2008).

ASSUR is also another factor that relates the ability to the organization's service to assure customers into solving their problems and issues, which leads the customers to rely on the service of the company. The last factor is known as EMP which is referred to active listening of the representatives in order to understand the problems and issues faced by the customers, This may require the representatives to show EMP towards the customers while considering the problems of the customers as their own these factors lead towards determining the SQ of the organization. SQ, along with different factors mentioned above, combines to provide CS (Wilson et al., 2008). The continuous and persistent delivery of

the SQ then leads the customers to opt for the same organization to acquire better services and, therefore, to lead the company to gain customer loyalty.

2.6.2 RSQS Model

This particular model could be understood as serving as a strategic tool for retailers functioning and operating across diverse formats. For the service of retail, it is highly imperative to consider the quality from the viewpoint of services as well as goods and develop a group of parameters that specifically assess this construct. RSQS, in this regard, leads to capture dimensions essential to retail customers. This particular model further could be regarded as adequate for businesses that are involved with a higher number of goods and services. Although RSQS has been identified to be an effective model, it has also been understood that the model cannot be applied to all sectors and in all circumstances. It has also been identified that this model helps retailers who offer mix service and goods. On the other hand, the SERVQUAL model could be considered more appropriate for businesses with fewer ratios of products and services. The fact that this study is concerned with medical retail business, which is selling medical equipment to customer's SERVQUAL model, would lead to better serving the purpose.

2.7 Service quality improvement

SQ holds great significance in satisfying customers and in making loyal consumers of the brand. However, there is no endpoint to this SQ; it can be improved all the time to ensure a higher CS. Seth and Vrat, (2005) stated that SQ improvement refers to improving what is being offered to consumers. It is not only the product, but every service related to the product should be improved to ensure high quality. The following are the ways that can improve the SQ.

2.7.1 To make customers sole judge

Chaoprasert and Elsey, (2004) stated that SQ could be improved by making customers judge the brand, its products, and service offerings. Customers can tell what exactly they are looking for, what they like, and what they dislike about a particular brand. Their judgment is based on their expectations, which are, therefore, important as fulfillment of consumer expectations leads organizations towards success. They can provide their judgments through reviews of an official website or social media page of the company.

2.7.2 Meet customer expectations

According to Lee et al., (2004), the management of every organization must be aware of what customers expect from the company and how such expectations can be met. This is important because customer expectations are directly related to CS. If their expectations are fulfilled, they will be highly satisfied with the company or brand. It is, therefore, important to enhance SQ that management looks for and value customer expectations from the brand. Meeting customer expectations should be a strategic objective of an organization so that customers feel highly valued and satisfied with the brand.

2.7.3 Keep competition in mind

High-quality service is focused on most of the big organizations so as to stay active in competition. This aspect provides a competitive advantage for the company. According to Zeithaml and Malhotra, (2002), a firm must look at how other reputable organizations are handling customer relationships and design policies accordingly. Competitive firms are trying hard to make consumers satisfied with high-quality service. Therefore, no firm can win the competition with low-quality service.

2.7.4 Train employees to handle uncertainties

According to Sureshchandar and Anantharaman, (2002) training to employees is another effective strategy to improve SQ. This helps in building good customer relationships as sales staff deals with customers directly, and they must be aware of how they have to deal with customers to maintain a good impression of the brand. Sales staff faces many uncertainties during the course of sales, they face aggressive customers, and they face the consequences even when they are not at fault. Therefore, they must be trained to respond skillfully so that the customer is not lost.

2.7.5 Internal as well as external communication

Communication, as discussed above, is the key to customer relationship management; however, external communication is not solely important, but internal communication is equally important (Lee et al., 2004). Internal communication refers to communication between employees and management. It counts in SQ because it makes strategies and actions clear. Internal communication leads to less confusion and more effective policymaking.

2.8 Retail sector in Kuwait

There has been significant growth in the retail sector of Kuwait, specifically in the years 2007 and 2008 (IMF, 2015). This is the result of higher demand by youth and rich population in the country. Expansion and development of shopping malls is also a contributor to the growth of the retail sector. In the year 2008, 29 multinational retailers entered the market leading to a high growth rate of Kuwait retail sector. Since then, this sector has experienced growth and success (KLSC, 2016). About 60% of the Kuwaiti population is under the age of 25, as reported by a business intelligence report, and the population is rising by 3% per year. At the end of 2029, as per the predictions, the

population in Kuwait will increase to 5.40 million (Capital standards, 2010). Hence, with an increase in population, demand is also predicted to increase significantly.

GCC economies have been affected negatively by the financial crisis; however, the retail sector remained strong, with an average growth of revenue of 17.90% annually. Such a financial crisis affected luxury goods, retailers, more because people became more conscious about their expenses (Capital standards, 2010). The demographical trend is likely to affect the retail sector of Kuwait positively.

2.9 Demographic Variables in Retailing

The segmentation of the rational customer base based on a demographic element main as well is divided into certain factors such as age, gender, income levels, and the level of education of each individual customer. The contemporary research believes that there is an inherent correlation between the demographic segmentation and the CS with the SQ, and hence, it becomes only naturally imperative that this basis of segmentation is used in order to study the level of CS.

Out of the many different demographic variables that might equally have an impact over the level of CS in the light of the perceived SQ, the factors of age, gender, income level and the education level are of special concerned primarily owing to the fact that these factors have been empirically proven to influence the relationship among the DV and IV of this particular research to a great scale in the Retail business sector. Santouridis and Trivellas, (2010) specify that the businesses in the retail sector ought to keep on considering scoop the factors that enable them to maintain CS. They may as well get first-hand knowledge of the requirements of the customers so as to implement certain new service development processes. Pollack, (2009) build upon this and hypothesize that the most significant contributing factor to this postulation is that of age, which enables the retailers to attempt to meet their target market efficiently.

2.10 Demographic Variables of Kuwait

Kuwait is a country in the Arabian region and towards the North Eastern end of the Arabian Peninsula. The total area of the country is estimated to be 17820 square kilometers, which is as much as 6880 square miles. For this study, have the most significant demographic estimate is that of the country population, which is 4.20 million in the current year. Appendix-A describes the age demographic, while Appendix-B illustrates the population pyramid of the country. Both of these illustrations have been adopted from the World Population Review. Kuwait is a country with a high literacy rate, i.e., 95.7%, and has a reputation of one of the most educated nations around the world as it follows a policy of education for all (Rajan, 2018). Further, the country encourages females in education as well as in profession; there are more women as workforce in Kuwait than men. These factors are important to consider for retail organizations because education, gender, age, and income of consumers affect retail business significantly.

2.10.1 Age

Age is a crucial demographic factor that affects businesses significantly. Products and services of an organization attract certain age groups more than others. For instance, people under 35 are usually the first consumers to purchase high-tech products such as electronic books and cell phones. However, Lee et al., (2010) stated that retail businesses have a broad product range, and each product range belongs to different categories such as toys at retail stores attract children while grocery attracts people aged greater than 30 usually. This implies that retailers do not have a defined target market based on age factor because different products attract consumers of different ages. According to Richa, (2012) age is a major demographic factor which holds more value than other factors because a middle earner may spend more on retail products, but child aged below 15 will never shop for grocery. Therefore, retail businesses have to take care of their target market for every product range so that marketing activities are planned accordingly, and no product is marketed to people who do not relate to such a product. In Kuwait, organizations consider this demographic factor just like other countries to depict their target market so as to make

sure that products reach consumers who are likely to get attracted. Age significantly matters because it helps organizations to produce products for people of all ages and market such products to correct the target market. Need and demands of consumers for products and services are dependent on the age of consumers; an 8-year-old girl will never need a jewelry product. Therefore, jewelry manufacturers need to market their products to ladies over the age of 20. With growing age, the needs of people change, their preferences and taste may also change as they grow old. Therefore, age is considered a very important demographic factor (Lee et al., 2010).

2.10.2 Gender

Gender is another important demographic factor; in Kuwait, the age median of the male population is 30.3, while the age median of the female population is 27.2. This represents that half of the male population have age higher than 30.3 while the other half have age lower than 30.3, and the same goes for females; half of remaining are aged lower than 27.2, and the remaining half are aged higher than 27.2 (Hajat & Al Siksek, 2012). Gender plays a significant role in retail organizations again for the reason that they have a different variety of products, out of which some are relevant for the male population only like shaving cream and men's perfumes while others are relevant for the female population only like cosmetics and ladies shoes. This implies that an organization also has to consider gender as an important factor while planning marketing activities so that products reach relevant gender for which they are designed. Female customers will never get back to a market where they think there are more male products than females.

An organization has to make sure that the needs of both genders are fulfilled. According to Joseph and Slyomovics, (2011) Kuwait counts first among the countries with most emancipated women in the Middle East. Kuwaiti women outnumber Kuwaiti men in the workforce, which implies that the female population is active in purchasing as well as they earn sufficient income. Therefore, organizations take special care of their female consumers as they are a significant number of buyers. Gender makes a significant difference in shopping patterns; even it is found by Hernández and José Martín, (2011)

that females are more conscious in retail shopping than men in general. Retail organizations mostly keep male and female departments separate so that it does not require more effort to find the product for both men and women. Organizations even must design their marketing strategies keeping in mind gender to which the product belongs. Gender is a demographic aspect important in every part of the world. Kuwait is a country where women outnumber men in the profession; therefore, organizations have to take care that correct products are correctly marketed to the female population as well as the male population.

2.10.3 Income

Income is an important demographic factor that determines the shopping behavior of people based on their capability to afford. The average wage rate in Kuwait is $29 per hour for less-skilled jobs, while for skilled people like engineers, doctors, managers, etc., the salary goes up to $140,000 a year or more (Average salary survey, 2018).

Income level is considered more when it comes to luxury products in retail, such as beach towels, bathroom accessories, and high-priced home decors. It is also a challenge for retail businesses to target high-income consumers for their luxury products. It does not only apply to luxury products but even for normal routine products, high-income earners consume more than low-income earners. According to Burns and Mavoa, (2013) low earners tend to consume only basic products like rice, flour, and vegetable, while high-income earners go for frozen food and other snacks as well. In Kuwait, there is a mixed population of both high earners and middle earners; therefore, organizations have to take care of how they market their products and which product targets which target market. According to Hernández and José Martín, (2011) income level is a significant factor because people tend to consume based on their income level; they cannot spend regardless of other necessary expenses such as utility bills and rent. The overall population of a country does not spend money; equally, it highly depends on what they earn. Income level is, therefore, an important demographic factor to determine retail behavior in Kuwait as well as the world's other parts. There are few international retail brands that offer products

to middle earners as well with their discounted prices. These brands are used by middle earners; however, few other brands such as David Jones are not suitable for middle earners due to their high prices.

2.10.4 Education

The level of education is the last demographic factor to affect retail businesses. This holds significance because Kuwait is among the countries that support educational policy, which provides an opportunity to make the education available to everyone regardless of their social class, including special children. The education system of Kuwait has enjoyed many achievements as the country's literacy rate was 94% in 2005, and in 2018, it increased to 95.7% (Index Mundi, 2018). This implies that most of the population of Kuwait is educated and make purchase decisions accordingly. They look for hygiene factors while purchasing any food product so that no product harmful for health is consumed. According to Weber, (2011) consumers even boycott products they think are harmful to health; therefore, organizations have to take very good care of hygiene in food products.

Education plays a vital role in consumption decisions, and organizations working in a country like Kuwait have to keep it in to account concerning that people are conscious of what they are consuming and what they are feeding their children, so they have to sustain products of a high standard. Education is not only associated with food products, but there are other things that are not preferred by educated masses of society; these things include skincare products with inappropriate ingredients, etc. According to Hill and Lynchehaun, (2002) education and knowledge change shopping patterns as well; for instance, if a product contains any harmful ingredient, it would not be preferred by educated people. Education is, therefore, also an important factor specifically in a country like Kuwait, where literacy rate is significantly high; people look at ingredients and formula before purchasing any product.

For achieving the CS, it is significantly important for retail organizations to consider demographic factors as important variables to design and implement marketing policies

so that the correct target population is focused on each product range. They should avoid offering unhygienic products based on the fact that Kuwait has a high literacy rate. Kuwait is among reputable countries of the world where people make consumption decisions cautiously; even high earners want to maximize their utility (Riquelme & Al-Sharhan, 2011). Consumers in Kuwait are less likely to accept low quality retail products. It is, therefore, important that retailers focus more on the quality of retail products. To achieve consumer loyalty, they have to provide quality products and services to satisfy their demand; nevertheless, it must also be kept in mind that consumers will switch immediately to another brand if they are offered lower quality products.

2.11 Relationship between Customer Satisfaction and Service Quality Factors

The research literature in the domain of CS and SQ describes the relationship between the two constructs. For instance, Mosahab, Mahamad, and Ramayah, (2010) argue that CS is actually a dependent variable that depends upon many factors. Some of those are actually the SQ factors, and hence, it is accurate to presume that SQ factors are the independent variables in the overall operationalization of the conceptual framework, as it has been discussed later on in the chapter. SQ factors are those that the determinants satisfaction level of the customer of a business. However, in the situation of the retail medical business, the SQ factors become only naturally compulsory to be investigated in light of the difference in the CS level. Kassim and Asiah, (2010) argue that SQ factors are actually the outcome, or the consequence of the services provided by a professional organization, and hence, the various levels of CS are actually related to a particular transaction rather than the attitude. According to the author, these transactions are seldom situation oriented.

A few notable researchers such as Jhandir, (2012) in the very same domain have supported the particular point of view of the characterization of the variable of SQ using empirical evidence. These researchers have highlighted the fact that the construct of CS fundamentally appeals to the rational customer in a broader sense, whereas, on the other hand, the construct of SQ focuses particularly on providing service to the customers.

Akbar and Parvez, (2009) stated that a rational customer looks for high-quality product and services to maximize their satisfaction level. These consumers assess how much a brand value them; they want their concerns and complaints to get noted and suitable actions to be taken by the management of the company. Brands that value their customers enjoy a high rate of CS rather than brands that focus on profitability more than customer needs. Big multinational companies such as Apple and Nestle shifted their focus from profits to CS and experienced those profits automatically increase when customers are satisfied with the brand.

Kumar, Tat Kee, and Manshor, (2009) found empirical evidence of the correlation among the constructs of CS and SQ. Based on the authors, the constructor SQ is actually more abstract in nature primarily owing to the fact that of a rational customer, the perception of the individual customer of the SQ of a particular service or products may as well be influenced by marketing, advertising or other techniques. This points out the abstract nature of the constructor SQ. The other construct that of CS is not abstract in nature, which means that it cannot be defined or manipulated under any circumstances whatsoever by the manipulative techniques of advertising and marketing. This point has been further supported by (Akbar & Parvez, 2009). The researchers postulate that the construct of CS is entirely impacted upon by the first-hand experience of the customer with the service provided to him or her without being influenced by, say, techniques of negative word of mouth or positive advertising.

However, one of the most famous works of Munusamy, Chelliah, and Mun, (2010) refute this particular point; according to the authors, the executive of the various business organizations ought to emphasize the fact is that the CS levels are developed and improved over time. Studying many different organizations to distinguish the link among the paradigms of CS and SQ factors, the authors conclude that perhaps the most recommended development parameter of the understanding of quality on the part of the consumer is actually the leader of the organization. It is very important if the organization intends to remain in business and sustain in the long-term study the time frame and also to obtain a competitive benefit in the industry.

Many studies highlight the relationship between the constructs of CS and the quality of services offered by a retail business. One example of such research studies is that of the study conducted by Tiwari et al., (2018) which dictates that the construct of CS is primarily dependent upon many of the factors which include the perception of the brand in the eyes of the national consumer and the actual quality of service that is provided to the rational consumer. The contemporary research also highlights that the factors pertaining to the domain of the quality of service provided to the national consumer actually relate to the satisfaction level of the customers of a retail business. This idea is also relatable to the retail medical business, where the SQ becomes the central element of gaining value as a part of the strategic objectives. This makes the concept of the CS relatable and only necessarily important to be explored in light of the various theoretical and conceptual frameworks. Some of the theories that underline the links between the CS level and of the SQ provided to the rational customer are actually highlighted in the literature review ahead, while the conceptual framework has also been formulated for the same purpose.

The research literature carries many research studies which actually categorize the links between the level of CS that a rational customer has from a particular service or product that is provided to him or her, and the perceived in addition to the actual quality of service that is actually provided to the same. One such study was conducted by Nematollahi, Hosseini Motlagh, and Heydari, (2017), which holds a unique point of view. Some studies such as that conducted by Zahiri, Zhuang, and Mohammadi, (2017) in this particular domain have a narrative built upon the variable of the quality of service provided with the rational customer. This specific study holds an empirical evidence and argues that the construct of SQ provided to the rational customer actually is broad in nature and is more extract from the view of the national customer; the authors point of view that it is this particular and unique connection among the variables of the CS and the QS that is provided to the same by a retail business that makes that matter interested in being explored and studied using several different quantitative and qualitative techniques and methods of research.

This point of view is again argued against by notable resources and authors such as Terblanche, (2017) who hold another point of view, namely that managing the several different business organizations across the world must make sure that CS is developed and enhanced. The researchers are of the perspective that although it is very difficult to aim for manipulation of the rational customer or of his level of satisfaction from the SQ that is provided to him by the business. In the light of this particular fact, it becomes only naturally important for the business organizations across the world that the level of CS is considered to be an important element in the development and sustenance of the business in the long term time frame and also the gaining of a strategic competitive advantage and the study the time frame. It is only after rigorous hard work in this regard that businesses successfully are able to obtain CS from the services that are offered to them.

One specific research study that was conducted by Filipe, Marques and Salgueiro, (2017) highlight the fact of the matter is that the creation of a customer service index will enable the business organizations to examine the relationship among the level of CS that is obtained after a specific SQ provided to them by a business organization operating in the retail industry of a particular region.

In order to a well understanding of the relation between the constructs of CS and the SQ that is offered to the rational customer by a particular retail business operating in a specific sector, it is first important that the researcher identifies what the construct of CS actually holds for the research. Hinterhuber and Liozu, (2017) argue that the level of CS is actually a research construct whose operationalization is evident from the fact that it was developed particularly in the context of total quality management. Although the concept is equivalent to almost all the functions and departments of a conventional business organization, the function which is the most appropriately linkable to quality control and quality ASSUR actually records the concept of CS as its own. This concept holds value for the conventional business organization primarily because the consumers are satisfied with the quality of the services that are being delivered to them the business profit and the strategic objectives of the business which specially cater to the maximization of wealth for the shareholders of the business are sufficient met.

To date, many various types of surveys and research studies have been conducted to study better the conceptions of CS and SQ parameters. One study conducted with 23 research participants. In this particular research study, the research participants were actually mandated to fill out a form on the part of a particular organization in the retail medical sector of Argentina. Questions related to the concept of CS and SQ were posed to the rational customers, and hence, an eclectic range of responses was obtained. These responses were then analyzed using several different structural, qualitative, and quantitative techniques of research. The researchers demonstrated that the theoretical understanding and the conceptual underpinning behind the concepts of CS and the SQ that provides the rational customers in the context of the retail medical business actually back up the survey responses that were collected from the research participants for this particular research. the results, as was outlined in the theoretical framework of the three search predicted that due to concerned that there is very less focus on quality of service on the retail medical businesses in Argentina, the levels of CS are influenced negatively the most which have created issues for the retail medical businesses in the region in which the study was being undertaken.

A certain part of the research literature is getting ready to go to the characterization of the variable of the CS and that of the SQ that provides to the customer in the retail medical business. For example, Nematollahi, Hosseini Motlagh, and Heydari, (2017) conclude from their work that the physical shape of the medical retail outlet is the most important influences that are useful towards understanding the relationship between the CS and the SQ that provides rational customer in the field of the retail medical business. However, in their work, Filipe, Marques and Salgueiro, (2017) argue that the willingness to solve the customer-related problems on the part of the retail medical business is yet another important factor that influences how the level of CS varies with respect to the quality of the services provided to the rational customer. In their work, Filipe, Marques and Salgueiro, (2017) testify and explore the credibility as well as the ecological validity of the past researchers and highlight the fact that all of these factors are important to characterize the relationship between the variables of CS in that of the customer SQ on the part of the retail medical business not necessarily in this specific sequence. This

implies that there can be many parameters and constructs or concepts upon which the link between the variables may actually be defined, and hence, it becomes internationally important for particular researchers to explore this complex relationship among the constructs of CS and the SQ. Some other important factors upon which the level of CS relies heavily include the busy hours of the retail medical outlet, and the convenience in the hours of operation of the medical retail outlet. The drug pricing also sufficiently influences the strength of this relationship, and hence, these specific factors have been incorporated in the current research literature. These particular factors have been explored in this specific research, and the necessary deduction obtained from the analysis has documented in the following chapters of this particular research study.

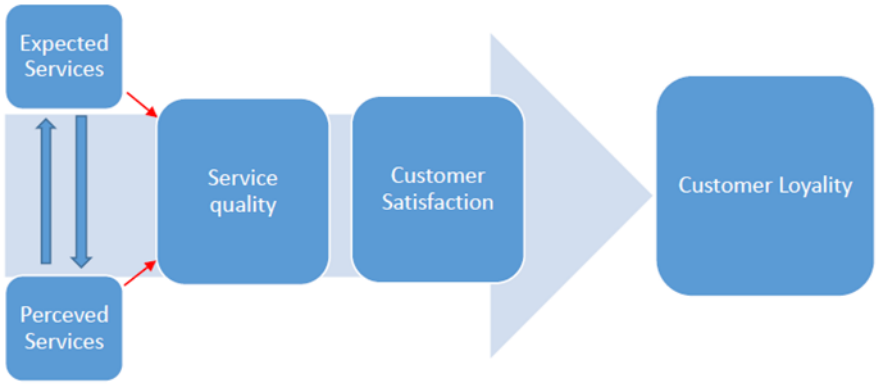

Figure 5: Level of CS, loyalty, and relation to SQ Source

Source: Adapted for this research from (Wilson et al., 2008, P.79)

2.11.1 Review of Empirical Studies

The review of empirical studies is also pertinent in order to complete the entire research literature review comprehensively. The review of the entire conceptual, as well as the theoretical model, has already been made a part of this particular chapter. However, in the following lines, a review of the empirical literature and empirical studies conducted by notable researchers and authors in this particular subject matter is being presented.

One of the empirical studies conducted in this particular subject is that by Saravanan and Rao, (2007). This study makes use of the technique of surveying and studies the response of as many as 543 customers by recording their experiences using the national telephone. One of the most profound results of this particular research study was that the respondents actually believed that the medical retail outlet that they visit the most frequently is the one which has the best customer service and the employees of the medical retail business are actually willing to solve the problems of the rational customer. Another study was conducted by Nusair and Kandampully (2008). This particular research study analyzed the responses of an individual customer of the different medical retail businesses in the region and found out that the customers are attracted to the medical retail outlets which are aesthetically decorated and appealing. Another important deduction of this particular research study is the fact that the spatial layout of the medical retail outlet must be wide and broad. This characteristic should be appealing to the customer so much so that they form a perception of the medical retail business in their minds.

One of the most important studies is that which was conducted by Eshghi, Roy and Ganguli, (2008). Although this particular research study has not been conducted to study the relationship between the constructs of CS and SQ in the medical retail business, the results obtained from this particular research study are all in alignment with those pertaining to the domain of the medical retail sector. Hence, it is reliable to assume that the correlation between the forms of CS and SQ practically remains the same in all the industries and factors of the business. This research study the relationship between CS and SQ using the SERVQUAL model and assumes that apparent level or quality of service actually influencers the CS level so much so that it actually appeals to the rational customer on the level of the purchase decision.

2.12 Relationship between Customer Satisfaction and Service Quality in Medical Retail Business in Kuwait

Kuwaiti population mainly comprised of young people; as stated before, however, these consumers are quality conscious due to high competition in the retail sector of Kuwait. Specifically, after the financial crisis, individuals became more conscious of their consumption level. They started looking for high-quality goods at reasonable prices. As compared to other GCC, Kuwait is considered unique in fashion as well because Kuwaiti women do not wear abayas and are more open to fashion. Kuwaiti women are also professional, so there taste in fashion is also affected by their profession (Capital standards, 2010). This implies that fashion retail companies have good opportunities in the country. High literacy rate indicates that people are more conscious about quality products rather than just consuming high priced branded products.

A consumer in Kuwait is not satisfied until he consumes a good quality product for a reasonable price; once he/she finds such a brand, they become loyal to the brand. Hence, entities operating within the country must consider quality in their products. Consumers in Kuwait are well-informed and expect organizations to communicate with them to resolve their issues (Hajat & Al Siksek, 2012). In countries with a high literacy rate, it is not possible for companies to exploit consumers by providing low-quality products at high prices. Kuwait is one of those countries where consumers make informed consumption decisions to maximize their utility. Hence, based on the literature, it is found that CS is positively related to SQ in Kuwait.

While the demographics and consumer behavior of individuals in Kuwait depict a high potential for retail businesses, the dynamics related to the medical retail business might be different from the rest. There are a set of different factors that have been affecting medical retail businesses. The rising population of Kuwait and the shift in demographics patterns has led to drive retail pharmacy market in the country. It has further been observed that there is a widespread prevalence of NCDs and chronic diseases in Kuwait, such as diabetes, cancer, and heart diseases. The lifestyle and living pattern of individuals in the

country have led to developing such a situation, and this has therefore augmented the need for medical facilities and retail businesses in order to mitigate the further adversities related to it (Romero et al., 2016). While this has pointed out to be a big concern for the nation, it, on the other hand, has led to high demand for such businesses. The demographics of Kuwait have been changing over the past few years, and this has led to change in the shape of the society on the whole. Considering that the need for such products and services has increased, companies have not become keener in satisfying customers in a better way (Adbullah et al., 2017). From observing the trends, many new firms in the medical retail business have joined and have been putting in ample effort to establish a strong position in the market. As the individuals in Kuwait are mostly concerned and bothered about their health issues and concerns, they look forward to the best available products through which they may be benefited. Having said this, the demand for private-label goods has increased, and the focus has been put on increasing product quality in order to serve the customers better (WHO, 2013). The SQ has been given high importance in such businesses as satisfying customers has become a daunting task. With many new businesses being established in the country, each one of them is focused on delivering the best services in order to attract customers and retain them for a longer time. The fact that customers are looking forward to high-quality treatment, the level and quality of services have to be increased in order to meet the demands and requirements of individuals.

The focus has been put on the health care sector in Kuwait in order to cater to the rising concerns of individuals. Meeting the need for an increasing population has become difficult for the medical retail businesses, and the customers are constantly looking forward to improvements and better-quality products and services (Romero et al., 2016). The fact that the Kuwaiti population is in a high need for medical products, firms have become keen on serving them with the best quality in every regard in order to attract the maximum number of customers. With increasing competition in this industry, innovation in the SQ and offerings also plays an imperative role as the individuals have a high tendency to switch brands and attracting them towards the business could be easy (Abdullah et al., 2017).

2.13 Review of Theories

The review of theories is important primarily due to the fact that various theories postulated at an earlier instance of time shape how the researcher approaches the subject matter and what results he could possibly get out of the research study. The most powerful theory in the domain of CS is that of Festinger's theory of dissonance, which was introduced in the year 1957 and later on, provided the foundation for another theory entitled the theory of assimilation. According to Festinger's theory of dissonance, the customers make a comparison of their cognition about a certain product service has been provided to them, and a dissonance fails to appear in case there is a variation among the expected performance of the service or product and the received performance. There is a psychological element attached to this theory, according to which the rational customer seeks to minimize the tension pertaining to the dissimilarities between the existing and the perceived SQ. Consequently, the rational customer always seeks to adjust his or her perception of the SQ.

Zajonc, (2017) stated that it might sometimes happen that a product is presented to provide great satisfaction in a commercial based on which a consumer makes a perception of it. However, after using such a product, the consumer becomes irritated as the product does not match the stated standard, this specifically happens in online consumption where consumers purchase products without seeing them physically, but it may also happen in physical shopping. This irritates a customer, and he starts to think less of a brand and is unlikely to use a product of such a brand again. Therefore, organizations try hard to provide quality products and services so that there is no difference between perceived quality and actual quality of a product. This theory is especially applied to luxury and high-tech products where consumers spend a high amount on purchasing a product. If such a product does not satisfy a consumer, i.e., it does not match the criteria in the consumer's mind; the brand may lose a potential loyal consumer.

On another note, the theory of assimilation-contrast emphasizes that the level of satisfaction of the rational customer is defined by the magnitude of the difference in all

the dissimilarities between the received SQ and the actual SQ. However, researchers such as Qin and Prybutok, (2009) highlight the fact that the perception of the customer is adjusted only, if the magnitude of this difference is minor with respect to the customer; if the magnitude of the difference of the dissimilarity is large, there are contrast effects, and the rational customer experiences a shift in his or her perception of the SQ which fundamentally influences his or her satisfaction levels. This theory added up the effect of the magnitude of difference between perceived and actual quality of performance and implies that it is not always necessary that even a minor gap between perceived and actual results in loss of consumer. A consumer may adjust the gap in his mind if the gap is minor and does not affect his utility significantly. According to Nee and Alba, (2012) this theory is of the view that every product may not match consumer perception because every consumer has different perception about a product based on his own needs and demands while it is not possible for an organization to meet every consumer's perception for a single product. However, it is significantly important that a product serves a purpose for which it is designed, such as a mop should be suitable for mopping appropriately. If it does not, the consumer will not purchase it again as the gap between the perceived and actual performance of the product is wide.

There is another theory of CS called the confirmation model, which also states that CS is directly linked to customer expectations, and the outcome is either contentment or discontentment (Oliver, 2014). For instance, a consumer is happy if the air conditioner he purchased keeps the room cool; however, the outcome becomes a discontentment if it does not keep the room cool. This applies to all retail products because consumers expect that the product will fulfill the purpose for which they were purchased. The utility is a significantly important consideration in this theory because consumer consumes to maximize their utility; they are not happy until they think that the product is worth the price they paid. They want to maximize their utility out of a product, but they face discontentment when a product is not up to the standards they were looking for.

It has been noted in all the three theories that consumer expectations are important considerations, and Wilson et al., (2012) stated that companies that design their policies

to focus consumer needs and demands are more successful than companies who focus on maximizing profits through any other means. Consumer demand and product quality are, therefore, assessed as the most important factors to maximize consumer satisfaction.

2.14 Research Gap and Significance

While ample research has been carried out with regards to the importance of SQ, less has been studied regarding its impact or influence of the CS. SQ has long been discussed as an imperative aspect in terms of affecting the overall performance of the firm, but it has less been explored in terms of CS across different demographic variables. As this particular study asserts focus on the significance of SQ, it has been keenly assessed and evaluated in terms of CS within Kuwait medical retail business. The particular sector of Kuwait has not previously been taken into consideration with regards to the influence of SQ on CS, and so this particular study has added value in this regard. This particular study will be highly important for businesses in the medical retail of Kuwait, along with presenting ample information for the academicians in terms of SQ dynamics. Based on the literature review done in the previous section of this chapter, the researcher provides the conceptual framework using the following diagram. Further, the researcher also explains the significance of each variable in the context of the medical retail sector in Kuwait.

The Conceptual Framework of the current study as follows:

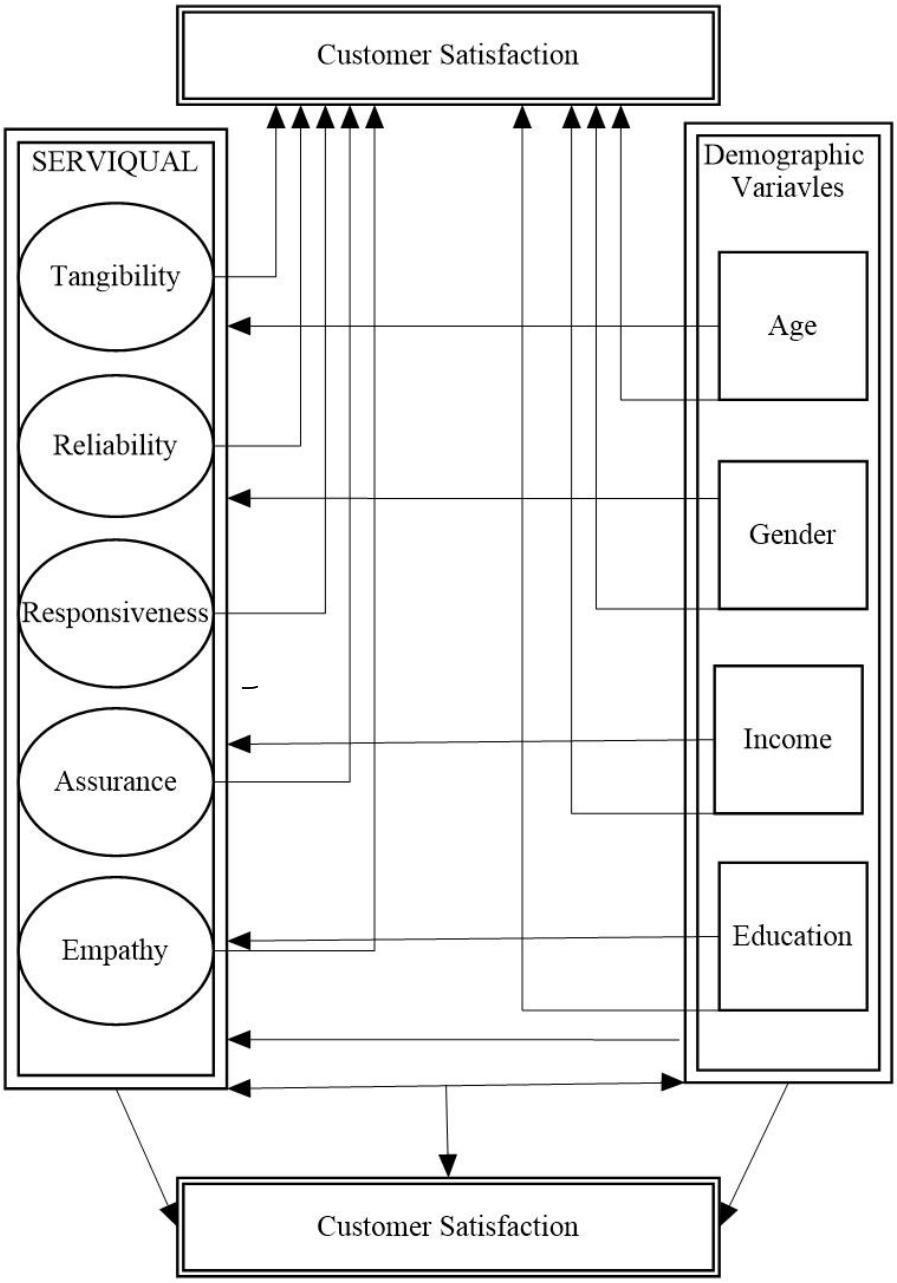

Figure 6: Conceptual framework

Source: Developed for this research by Author

As per the conceptual framework that has been developed for this particular research study, it is evident from the discussion so that the independent variable which has been identified for this particular research includes the five SERVQUAL factors, including the REL, RES, EMP, TAN, and ASSUR. These factors actually define the perceived SQ for the rational customer of a service. The dependent variable, contrarily, is the CS level,

which is defined by the main service, the human as well as the non-human components of the provided service, the social responsibility of the service provided towards the society, and the tangible element of the delivery of the service.

Customers are highly satisfied when they find all these determinants in a brand, they are not only satisfied, but they also become loyal consumers. According to Caruana, (2002) TAN refers to the physical appearance and facilities, personnel, equipment, and communication materials. TAN is important because consumers first get attracted to a product due to its physical appearance. It includes product packaging, design, colors, and weight. If the packaging of a product is faulty or not attractive, a new consumer will not purchase the product, thinking that product quality will be the same as its packaging. This implies that packaging gives the first impression, and sophisticated physical appearance catches the eyes of all.

The second determinant of SQ is REL," which refers to the fact that the product has the ability to perform what it is expected to perform. This is the basic requirement of a consumer because they want a product to serve a major purpose. This determinant maximizes the utility of a product; however, if the utility is not maximized, it implies that the product is not successful, and consumers are not satisfied. Ganguli & Roy, (2010) stated that RES refers to the willingness of management to help customers, provide immediate service, and consider any complaints. This counts as SQ. In the recent business world, the consumer is given great importance, their feedback holds great significance, their complaints are addressed as soon as possible, and products are offered according to their demands. This is because of the increased competition since it is easy and cost-free for consumers to shift from one brand to another. Therefore, every organization is trying hard to satisfy consumers by giving them more value and considering every matter associated with customers.

ASSUR is associated with employees of the company and their capability to convey confidence and trust. The company's employees must be trained to provide quality service to consumers. Their behavior should be kind, helpful, and cooperative; it puts a great

impression of the organization. When consumers face rude and arrogant behavior of employees, it annoys them, and they become less likely to visit the store again. However, kind and cooperative staff attract consumers more. The last determinant is EMP," which refers to the attention and care of the firm towards its consumers. Overall product and SQ, communication, feedback, etc. all count as EMP It represents how an organization treats its customers. These five determinants together contribute to CS. In a brand where all these factors are present, consumers tend to be highly satisfied, and such brands have more loyal consumers.

However, a fascinating point to note here is that the study literature review points towards the other variables can regard as an "independent variable" that may impact the relationship among the "independent" and "dependent variables" as they have been appointed out in the preceding paragraph. This particular set of independent variables actually comprises the demographic determinants of the retail medical business in Kuwait. The research literature review has already established and discussed in great detail these demographic determinants, which include the age, gender, income, and education of the customers of the retail medical business in Kuwait.

Overall, this chapter on the research literature review for this particular research study has been insightful in describing the CS variable and the perceived SQ variable. The chapter discusses these constructs in great detail and also points out the various determinants of both of these factors. The determinants of the construct of CS include factors such as the human and the non-human element of the delivery of the service, whereas the determinants of the construct of perceived SQ include 5 SERVQUAL factors out of the 22, which have been discussed in the research literature. All of these SQ factors that have been incorporated in this particular research study are in complete alignment with those pertaining to the construct of CS. This research literature also attempts to initialize the formation of hypotheses that are specific to the linkage of the construct of CS with that of the SQ at a general level. Empirical evidence from varied resources is an integral and significant part of the research literature review.

CHAPTER THREE: PROCEDURES AND METHODOLOGIES

The following research and methodology section intend to highlight and explain the methods that have followed in the study. It is notable that research methodology is perceived as a cornerstone in the research study as it directs researchers regarding the methods and approaches which can be most suitably used for a research study. Mackey and Grass, (2015) indicate that a research methodology is the specific set of the methods that are used for the gathering, examining the data by which the results of the research is constructed. Furthermore, the argument presented by Vaioleti, (2016) the researcher has explained the research methodology as the systematic procedure of collecting information and also data for making meaningful use of the collected data for that is utilized for the building up of the outcomes of a research study.

There have been using different types of methods and approaches for the examination of the research phenomenon. However, the usability and preference of the methods and techniques used in a research study are dependent on the nature and applicability of the approaches in accordance with the suitability and nature of the investigated phenomenon. It is evident that the kind of study is the one prominent factor that directs and suggests researchers concerning the appropriate use of the methods and techniques to examine the particular research phenomenon. The argument presented by Smith, (2015) is that the choice of the methodological approaches and techniques is perceived as the one important part of a study that ensures the credibility of the research. In this regard, this can be predicted that the selection of the approaches and techniques for the investigation of the research phenomenon is vitally important.

The following methodology section has been formulated for the study entitled as the influence of SQ on CS across different demographic variables organization within the context of Kuwait medical retail business. The subsection like research paradigm, research data collection, the statistical tests, and describing the ethical implementation and challenges have been listed in the subsequent sections.

The researcher in the research paradigm section has intended to discuss the philosophical approaches that the researcher has followed in relation to form a systematic approach to the study. Furthermore, the detailed discussion of the selected research design and the proper justification of the selected research design have also been provided in the respective section. Furthermore, the following section included the explanation of the way of collecting the data, which the researcher had followed, and the statistical test results for the preferred tools been applied as per the nature of the data for obtaining the targeting results.

3.1 Research Paradigm/Philosophy

The research paradigm could be understood and regarded as one of the most essential and basic parts of the research. The research paradigm depicts the philosophical approach adopted by the researcher in order to carry out the study (Dash, 2015). Moreover, this specifically leads to an outline of the procedures and processes of the study in a theoretical manner, which further supports the study throughout the process of the research. It is imperative for the researcher to make sure that an adequate selection of the research paradigm is selected for the study in order to maintain the significance of the research. In other words, the research paradigm is considered as the hypotheses that are made by the researcher towards the information and reality along with depicting how the information is to be utilized in the research (Taylor et al., 2015). This leads to providing a broad range of insights, understanding, and beliefs in which varied theories and practices are functioned. These particular beliefs come from a set of varied approaches, which are stated as positivism, interpretivism, and pragmatism.

The adoption and use of a particular research paradigm could be regarded as highly imperative for studies and for researchers who wish to carry out their work on particular study areas. There have various approaches developed on the use and implementation of different research paradigms, asserting focus on the fact that it leads to significantly have an impact on the study and its associated outcomes (Johnson & Onwuegbuzie, 2004).

Through adopting and using the correct research paradigm, the authenticity and value of the research increases, and the result deduced out of that study become highly essential. Moreover, various arguments have been put regarding the use and applicability of different research paradigms for studies, and they all have presented their ideologies regarding the use of it in various researches.

It could further be regarded that the research model of the study has a major impact on the collection of the data, research design, interpretation, and analysis of the study. The particular research paradigm which is implemented and adapted for a specific study leads to having an impact on the research which is being carried out as it leads to influence the methodology on the whole (Hughes, 2010). Epistemology could be used to efficiently understand the theory of knowledge, in accordance with scope, validity, and method among the viewpoint and belief. It is further related to the question of knowing varied realities related to the research study.

It has also been understood earlier that a quantitative research design is usually associated with a positivist paradigm. Epistemology also leads to transform the data into an interpretive form for analysis and assists in deducing the conclusion (Gass, & Seiter, 2015). Ontology, on the other hand, concentrates on the presence of knowledge and leads to define the aim of the study in detail. Moreover, it assists in identifying and selecting the approach which might be more suitable for the specific study. It reflects the interpretation of research data, which majorly composes the facts (Arghode, 2012).

About the three different philosophies, it could be understood that each one of them has its own significance and importance and could be used in accordance with the nature and type of the study being carried out. The first is positivism, and it could be regarded as the value of concise and concrete statistical analysis of the data, neutrality, and other essential elements of the research, which lead to forming the law of the study being carried out (Gass & Seiter, 2015). In other words, the philosophy of positivism is majorly based on the real data that is collected in the form of numeric data and is further based on the evaluation and analysis of figures and facts with an intention to attain authentic results in

the research that is being carried out. This particular paradigm is focused on the conciseness and objectivity of the study as the focus is kept at deducing concrete results from the study being carried out. Positivism philosophy does not inculcate in-depth or detailed data and does not further include the collection of theoretical information (Scotland, 2012). It rather asserts focusing on gathering the sort of data that could be analyzed, particularly in accordance with the research objectives.

The positivist approach is mostly followed in quantitative studies and could be considered more appropriate for it as the quantitative studies are aimed at an objective analysis of the research. The quantitative studies assert focusing on concise results and analysis, and so the philosophy of positivism rightly compliments this sort of study (Brinkmann, 2014). On the other hand, the other philosophy is of interpretivism that is majorly based on the data collection through observation and is mostly used in studies that are qualitative. In other words, it could be understood that qualitative studies follow the philosophy of interpretivism that has an impact on the identification, along with the reliance on the ontology paradigm (Smith, 2015). The interpretivism philosophy asserts focusing on maintaining the subjectivity of the research and inculcates gathering detailed data in the form of opinions and views. Concise data is not collected in this type of research philosophy, and the focus is put on gathering in-depth data to deduce a conclusion regarding the study that is being carried out.

The third and last type of research paradigm is pragmatism, which asserts focus on the inculcation of both aspects. It includes the attributes of both qualitative and quantitative studies and leads to be more appropriate for studies that follow a mixed methodology approach. Furthermore, pragmatism philosophy is used for researches that require inculcating both types of data, i.e., numeric and non-numeric, in order to deduce meaningful and authentic results, further leading to give equal importance and value to both sorts of data present in the study being carried out (Yvonne, 2010). In researches that focus on the pragmatism research paradigm, the researcher put assertion on inculcating both data types, and this eventually leads to augment the significance and importance of the study. Having said this, while it may be a difficult task for the researcher to gather and

inculcate both types of data and use it for the study, the authenticity of the study increases significantly. Moreover, numeric and theoretical both sorts of data are collected and used in studies following the pragmatist philosophy, and so this leads to deduce optimum results regarding the area of study is taken into consideration (Creswell & Clark, 2017).

In this specific study, the researcher has used the positivist philosophy in order to assess the influence of SQ on CS across different demographic variables within the Kuwait medical retail business. The rationale for choosing this sort of research paradigm is that the researcher is aimed to carry out a quantitative analysis and gather concise data that is being used for this specific research. It has been assessed that the findings of this research are required to be objective, and so this may only be attained through positivism consideration. For figuring out the influence of SQ on CS, it has been understood that concise data would add value to the research and further assist in deducing results related to it. The fact that a quantitative research approach is being used to carry out the study of the philosophy of positivism has been regarded as the most appropriate for it. Through the use of positivist philosophy, the researcher would be able to quantify the satisfaction of customers influenced by SQ with regards to varied demographic variables.

Different demographics have been taken into consideration with regard to the satisfaction of customers, and they have been further assessed by adopting a quantitative approach. Also, the study does not focus on generalization of data collected, and specific focus has been put on the study topic to deduce the required results. Through aiming at deducing concise results, the researcher has been able to maintain the objectivity of the study and keep the focus narrowed to the objectives of the research. Furthermore, the reason to implement a quantitative method is the fact that the study required gathering information in compliance with the demographics of the consumers, and detailed data collection and analysis may not be considered adequate in attaining the study objectives in a proper manner. The positivist philosophy would assist in developing a procedure through which only statistical analysis of the numeric data will be deduced, further leading to concise and concrete analysis. It is further imperative to define that through the use of positivist philosophy, clear and definite results would be taken out and used.

3.2 Hypotheses

Based on the conceptual diagram presented in section 2.14 of chapter 2, the researcher proposed the following hypotheses that need to be tested statistically to achieve the objectives of current research.

$H_0$1: There's no significant relationship between TAN and CS in Kuwait Medical Retail Business.

$H_0$2: There's no significant relationship between REL and CS in Kuwait Medical Retail Business.

$H_0$3: There's no significant relationship between RES and CS in Kuwait Medical Retail Business.

$H_0$4: There's no significant relationship between ASSUR and CS in Kuwait Medical Retail Business.

$H_0$5: There's no significant relationship between EMP and CS in Kuwait Medical Retail Business.

$H_0$6: There's no significant difference in the mean value of factors affecting SQ based on age groups in Kuwait Medical Retail Business.

The following are the sub hypotheses in this group.

$H_0$6.1: There's no significant difference toward TAN among customer age groups in Kuwait Medical Retail Business.

$H_0$6.2: There's no significant difference toward ASSUR among customer age groups in Kuwait Medical Retail Business.

$H_0$6.3: There's no significant difference toward REL among customer age groups in Kuwait Medical Retail Business.

$H_0$6.4: There's no significant difference toward EMP among customer age groups in Kuwait Medical Retail Business.

$H_0$6.5: There's no significant difference toward RES among customer age groups in Kuwait Medical Retail Business.

$H_0$7: There's no significant difference toward CS among customer age groups in Kuwait Medical Retail Business.

$H_0$8: There's no significant difference in the perception of males and females towards factors of SQ in Kuwait Medical Retail Business.

It has following sub hypotheses

$H_0$8.1: There's no significant difference in the perception of males and females toward TAN in Kuwait Medical Retail Business.

$H_0$8.2: There's no significant difference in the perception of males and females towards ASSUR in Kuwait Medical Retail Business.

$H_0$8.3: There's no significant difference in the perception of males and females towards REL in Kuwait Medical Retail Business.

$H_0$8.4: There's no significant difference in the perception of males and females towards EMP in Kuwait Medical Retail Business.

$H_0$8.5: There's no significant difference in the perception of males and females towards RES in Kuwait Medical Retail Business.

$H_0$9: There's no significant difference in the level of CS between males and females in Kuwait Medical Retail Business.

$H_0$10: There's no significant difference in the perception of different customer income groups towards SQ factors in Kuwait Medical Retail Business.

It has the following sub hypotheses, which are as follows.

$H_0$10.1: There's no significant difference in the perception of different customer income groups towards TAN in Kuwait Medical Retail Business.

$H_0$10.2: There's no significant difference in the perception of different customer income groups towards ASSUR in Kuwait Medical Retail Business.

$H_0$10.3: There's no significant difference in the perception of different customer income groups towards REL in Kuwait Medical Retail Business.

$H_0$10.4: There's no significant difference in the perception of different customer income groups towards EMP in Kuwait Medical Retail Business.

$H_0$10.5: There's no significant difference in the perception of different customer income groups towards RES in Kuwait Medical Retail Business.

$H_0$11: There's no significant difference in the perception of different customer income groups towards CS in Kuwait Medical Retail Business.

$H_0$12: There's no significant difference in the perception of different customer educational groups towards SQ factors in Kuwait Medical Retail Business.

It has the following sub hypotheses, which are as follows.

$H_0$12.1: There's no significant difference in the perception of different customer educational groups towards TAN in Kuwait Medical Retail Business.

$H_0$12.2: There's no significant difference in the perception of different customer educational groups towards ASSUR in Kuwait Medical Retail Business.

$H_0$12.3: There's no significant difference in the perception of different customer educational groups towards REL in Kuwait Medical Retail Business.

$H_0$12.4: There's no significant difference in the perception of different customer educational groups towards EMP in Kuwait Medical Retail Business.

$H_0$12.5: There's no significant difference in the perception of different customer educational groups towards RES in Kuwait Medical Retail Business.

$H_0$13: There's no significant difference in the perception of different customer educational groups towards CS in Kuwait Medical Retail Business.

$H_0$14: There no statistical difference in the level of factors related to SQ among customer demographic groups in Kuwait medical retail business.

It has the following sub hypotheses, which are as follows.

$H_0$14.1: There no statistical difference in the level of TAN among customer demographic groups in Kuwait medical retail business.

$H_0$14.2: There no statistical difference in the level of ASSUR among customer demographic groups in Kuwait medical retail business.

$H_0$14.3: There no statistical difference in the level of REL among customer demographic groups in Kuwait medical retail business.

$H_0$14.4: There no statistical difference in the level of EMP among customer demographic groups in Kuwait medical retail business.

$H_0$14.5: There no statistical difference in the level of RES among customer demographic groups in Kuwait medical retail business.

$H_0$15: There no statistical difference in the level of CS among customer demographic groups in Kuwait medical retail business.

$H_0$16: The effect of SQ dimensions does not differ on CS in Kuwait Medical Retail Business.

$H_0$17: The effect of SQ dimensions on CS does not vary among different customer demographic groups in Kuwait Medical Retail Business.

3.3 Research Design and Strategy

The research design mainly takes into consideration the implementation of a wide strategy that is further used to integrate different methods of research in a realistic way. Also, it must be made sure that the research design is significant and adequate to the particular study being carried out, along with effectively supporting the statement of the problem. The three major types of research designs that are being used are quantitative, qualitative, and mixed methodology (Denzin & Lincoln, 2008).

In this regard, it is crucial to note that each of these designs has its own significance and importance, but they may be utilized in line with the nature and type of study being conducted. Regardless of the use of all such research designs, the inefficiency is choosing the design of the study may lead to adversely impact the research and its significance. If a study needs quantifying the research data, a quantitative approach would be used and implemented.

In the research design of quantitative, the data is collected in numeric forms, and so concise results are deduced in accordance with the area of study. This particular method does not require in-depth or detailed data regarding the study topic, and the aim is to maintain the objectivity of the study (Creswell & Creswell, 2017). A quantitative research design could be considered more appropriate for studies that focus on deducing concrete results, and a definite approach has to be established regarding a specific matter. This sort of design has its own significance and does not require detailed opinions and views of the study participants. The focus of such studies is to maintain the accuracy of the collected data and statistically establish the results related to a specific matter. While many researchers have put a focus on the effective use of this study, it also has its own limitations (Toloie-Eshlaghy, 2011).

The fact that the opinions and views of participants are not included in quantitative studies in certain instances may leave some concerns uncovered or untouched. The definite and concise response to a particular matter limits the scope of the study to a certain extent, as there as fewer justifications of the chosen approach of respondents. Quantitative research design, on the other hand, could be regarded as imperative in cases where the researcher has to provide a clear view and where the details regarding the study area are of no importance (Mackey & Gass, 2015). Also, topics that require measuring certain aspects may also require quantitative analysis, and only statistical reviews may lead to deduce the required results in such researches. The data and information collected in this specific design are measured on a pre-defined scale, which further assists were evaluating the data.

The additional research design that is used in researches is qualitative. This particular method is used in studies that require in-depth and detailed analysis. Such studies require gathering detailed opinions and views of individuals regarding the specific study area, and these may be collected through primary or secondary sources. In qualitative studies, concise information is not collected rather; the focus is put on deducing as much important information as possible for enhancing the scope and significance of the research (Maxwell, 2012). The researcher in this study design does not only assert focus on

gathering concrete and limited data and is aimed at collecting varied responses from the selected audience in order to critically evaluate the study area. The focus is put to develop a stance towards the study area, and this is done through gathering adequate information from a set of different participants who are relevant and linked to the research (Bordens & Abott, 2002).

The attitude of individuals, their opinions, beliefs, and point of view regarding a specific issue are taken into consideration and included in the study. Otherwise stated, it may be realized that qualitative research has the capability to deliver critical textual descriptions regarding how a population experiences a research issue. Several researchers have discussed the authenticity and use of qualitative research design, and it has been observed that this specific approach is highly useful for certain studies (Flick, 2015). The analysis carried out in this research design uses subjective judgment, which is majorly based on immeasurable data. Once this information is collected, the researcher leads to sort and analyze the collected data in order to form a stance towards the issue and to deduce a conclusion out of it.

The last type of research design that is being used by the researchers is a mixed methodology. This design inculcated the elements of both quantitative and qualitative analysis and used both types of data in the study to be used for the analysis. Considering the fact that both sorts of data are made part of the study in this specific design, the significance and authenticity of such studies augment significantly. While collecting such information and analyzing its effects may be a daunting task for the researcher, it could be regarded as highly useful for studies in terms of significance (Brannen, 2017). The amalgamation of both research designs is used in order to cater to the research problem and develop a clear stance towards the study being carried out. Considering that there are certain pre-requisites for carrying out this particular research, the implications of it could be considered highly useful and important.

Considering this particular study, the researcher has used a quantitative research design in order to assess the influence of SQ on CS across different demographic variables

within Kuwait medical retail business. With regard to the specific study area, it has been considered that quantitative research design would be the most appropriate to deduce the required outcome and form a stance towards the study. In order to gather adequate results, the researcher has collected primary data that has further been analyzed through the use of statistical tools. This statistical analysis has assisted in concisely measuring the influence SQ has on the satisfaction level of customers. While maintaining the objectivity of the study, concise responses have been gathered from the selected respondents, and the gathered information has then been analyzed to establish whether SQ and CS have a relation with each other and to what extent.

3.4 Sources and Methods of data collection

In this section, the researcher remarks on the variable that needs to be studied. The focus will be on the dependent, independent variables, which regarded as the basis of the current study, data collection methods, pilot study, sampling technique, and data collection methods.

3.4.1 Variables

The main variables of the research are SQ, demographic segmentation, and CS. In this way, the independent variables of the research are SERVQUAL dimensions and demographic groups such as age, gender, income, and education, and the dependent variable of the research is CS. The variable of SQ has been further divided into other sub-variables such as REL, RES, EMP, TAN," and ASSUR.

3.4.2 Data collection methods

Method and procedures of data collection are regarded as the systematic approaches that the researchers adopt for collecting authentic and reliable information related to the area of the study (Kothari, 2004). Appropriate data collection techniques ensure that all the

relevant information has been included in the study leading towards summarizing the process of accumulating and measuring the research variables (Sekaran & Bougie, 2016). It is considered highly crucial for the researchers to comprehend the importance of the method of data collection and chosen sample from whom the data is entitled to be collected. There are two main kinds of data collection, such as primary and secondary data collection and sources. The primary method of data collection is associated with the process under which a researcher collects raw and fresh data directly from the participants of the research (Creswell & Creswell, 2017). The main purpose of incorporating the primary method of data collection is to reach the participants that are associated with the area of the study.

Different data collection sources are laid under the category of a primary method, such as survey interviews, focus groups, survey questionnaires, and direct observations. On the other hand, secondary technique data collection is another method under which the researcher opts for existing information used or studies by previous authors or researchers (Bryman, 2016). This method of data collection can provide information that is readily available in different sources such as newspapers, research papers, research articles, journals, books, reports, and others. The second method allows the researcher to discuss further what has been identified in the previously conducted studies, along with what further needs to be investigated (Taylor, Bogdan & DeVault, 2015). Secondary data-based researchers are often prone to contribute to the theoretical development of the related area of the study. However, for secondary data, it is important for the researchers to incorporate authentic and reliable data collected from reliable sources in order to achieve the main aim and objectives of the study. Take into Consideration the nature of this research, where the influence of quality of service on the satisfaction of customers across different demographic variables within Kuwait medical retail business, the primary method of data collection has been adopted. However, for the aim of understanding the theoretical underpinnings of the study, secondary data has also been considered and collected from peer-reviewed journals, articles, and others. With regard to the significance of the primary method of data collection, the information on influence of SQ on CS across different demographic variables has been collected by approaching the respondents directly. On the

other hand, secondary sources allowed the researcher to provide justification of the findings and to analyze how the research has filled the gap in the study. It has helped the researcher to generalize the findings and reach to plausible conclusion more efficiently.

The selection of the primary method of data collection has led toward the selection of survey methods because it has been suitable for addressing the quantitative nature of the research. The research has aimed to target a large population and to examine the behavior and attitude of the respondents in order to measure CS. Hence, survey questionnaire has been adopted under which the researcher has opted for a market research company that was responsible for collecting desired information from the respondents by Internet questionnaire survey, which assured fast speed, low non-response rate, prevent multiple and anonymous responses, easy to follow up and good respondent cooperation. According to Sekaran and Bougie, (2016) for quantitative research, a survey questionnaire can be the best approach for collecting information. However, it has been highly important for the questionnaire to be easy and simple to understand; the questions should be closed and should be to the point while connecting to each research objective and hypothesis (Bryman & Bell, 2014). Hence, the survey questionnaire created for this study has been in an organized manner to mitigate any confusion amongst the respondents and further motivate them to answer all the questions.

One of the advantages which regards as major of using the survey questionnaire has been the fact that it is a cost-efficient process of data collection (Bryman & Bell, 2014). It might be due to the reality that the survey questionnaire has been conducted from a large population, and data is collected within a limited time period. The survey questionnaire can also allow gathering quick responses from the participants and further measured and analyzed by the reliable scales and tests (De Vaus, 2013). However, it also must be noted that survey questionnaires do not include the respondents' own and personal opinion due to the close-ended nature of the questions. Nevertheless, according to Vogt et al., (2014) the survey questionnaire is essential for the purpose of evaluating, collecting, and analyzing data to investigate a single specific purpose.

The use of a survey questionnaire has also been essential for comprehending the views and ideas of research participants, whereas the questions have been linked with research aim and objectives as well as hypotheses generated for this research (Creswell & Creswell, 2017). The survey questionnaire has included five points Likert Scale, which allowed the researcher to include five options to respondents to choose from; the five options included strongly agree, agree, neutral, disagree, and strongly disagree. The questions were created in a manner that was understandable and easy for the respondents in order to obtain unbiased results. The use of the Likert Scale has also helped the research to calculate standard deviation and mean appropriately and easily. In addition to this, for creating a questionnaire, scales have been taken from different studies such as for the items for the purpose of measuring SQ have been taken from the research of (Parasuraman, Zeithaml & Berry,1988). Lastly, customer loyalty has been taken from the research of Baker and Crompton, (2000) and has been modified for this research.

3.4.3 Pilot study – Validation of the Procedure

Validity refers to the amendments of systematic mistakes in dimension (Creswell, 2014). It can become relevant at any stage throughout the study procedure to make sure the study adopted the right process to discover a solution to a research question (Sekaran & Bougie, 2016). In basic terms, validity is usually "the level to which calculating instrument procedures what it is certainly expected to measure" (Hand technique, 2016).

There are three traditional forms of validity (Creswell, 2014; Saunders et al., 2009) stated that are face validity, content validity, and construct validity. Content validity is certainly about to know whether the questions are able to test the variables they are supposed to test. predictive validity is certainly the relationship of outcomes with various other outcomes or how considerably specific predictions could end up being attained out of the procedures. Analogous to content validity stated above, there is certainly another type of validity known as construct validity. It is about the items testing theoretical constructs or principles. The selection of one or even more of these types is dependent on the goals of the research. Nevertheless, in general, validity can become founded through

experts in academics or in industry. Taking into consideration the goals and the quantitative study strategy of this research, the types of validity utilized are the face, content, and construct validity. Face validity means screening the device to make sure that it steps what is definitely meant to become measured, whereas content validity is to check the comprehensiveness and counsel of the articles. Accordingly, the validity of the instrument used for this scholarly study is established by taking the opinion of experts.

The instrument was endorsed by experts from academics and industry. They validated the customer survey by handling the pursuing criteria.

1. The customer survey is calculating and valid what it designed to measure.
2. The articles end up being represented by the customer survey and regarded appropriate for the targeted test population
3. The customer survey is extensive more than enough to gather all the details required to address the purpose and goals of the research.
4. The device does appear like a customer survey

The questionnaire is corrected according to their feedback, and the questionnaire is valid to conduct the pilot study. Punch, (2016) considered the alignment of study issues and strategies with one another as a sort of internal validity. This position was regarded in this analysis as the strategies adopted the study research questions. Additionally, the pilot testing carried out before questionnaire distribution to the participant, established the construct validity of the data collection instrument.

A pilot study has been essential for ensuring the validity and REL of the research. The pilot study for this research has been conducted where the questionnaire was conducted from 35 respondents to identify if there were any flaws in the questionnaire. The main aim of the pilot study was to identify the issues and mistakes in the research and further eliminate the issues for reaching to reliable results. Hence, after conducting the survey questionnaire, it has been identified that the questionnaire needed a few amendments for testing the hypotheses, and there were few mistakes identified in the

questions as well. Some questions were corrected and changed into an easier language that could be understandable by the respondents. Moreover, there was a need for connecting the questionnaire with the literature, and hence, a few changes have been made accordingly. It was identified that the sample size of 35 would not be enough for the overall research, and the researcher needed to develop more skills to communicate with the respondents regarding the main aim of the research. Creswell, (2014) emphasized the importance of pilot testing to establish the content validity of a questionnaire and to enhance the structure and content of it. A pilot testing was carried out on the questionnaire as it is used for the first time.

REL, according to Saunders et al., (2009) denotes the level to which data compilation methods, testing, and analysis methods will provide consistent and coherent findings. Considering it is mainly about the consistency of measurement, REL in this research is to ensure whether the survey yields the same results if conducted on other occasions.
REL refers to how the instrument provides accurate and consistent results (Creswell, 2014). In this study, the questionnaire's REL is established through pilot testing for the questionnaire. Data was collected from an experimental sample and analyzed using SPSS 21 to obtain a correlation matrix and view alpha if the item deleted.

Cronbach's alpha is used to test the REL of the questionnaire. Cronbach's alpha measures how a set of data in a group are closely related, so it is not a statistical test. However, it measures the strength of the internal consistency or REL of a set of data within a group, and so it is preferably a coefficient of consistency. Fundamentally, pre-testing the questionnaire is an essential step. Brown and Suter, (2014) recommended that preliminary tests serve the in-questionnaire style only simply as check marketing frequently serves in any particular latest item development.

The descriptive statistics of pilot study data are shown in Table 1. It includes median and means values for the variables of the study. These measures explain the central tendency of data. If the values of mean, median, and mode are close to each other, this would indicate that the distribution of the data is symmetrical. This simply signifies that

the data may not be skewed for each and every variable of study (Saunders, Lewis, and Thornhill, 2016). The values of mean, median, and mode prices for the analyzed variables are close; it can get conveniently recognized that the distribution of collected data for the pilot study is certainly symmetrical for each of the conceptual factors.

Table 1: Descriptive Statistics of the variables

Factor	Mean	Median	Mode
TAN	3.77	3.74	3.74
REL	3.81	4.00	4.15
RES	3.79	3.92	3.87
ASSUR	3.80	3.76	3.71
EMP	3.83	4.00	3.90
CS	3.17	3.00	3.21

Table 1 provides descriptive for main variables as per the pilot study data. EMP has the highest mean value (M=3.83), indicating mostly respondents agree towards the statements measuring EMP. The mean value for REL is (M=3.81), which is more towards an agreement. ASSUR (M=3.80), RES (M=3.79), and TAN (M=3.77) have mean values that are almost very close. Mean values for CS(M=3.17) are comparatively smaller than other factors of the study. Moreover, the researcher has analyzed the 35 filled out questionnaires from the pilot testing and found that all variables were reliable. To clarify, REL stands for consistency in terms of giving similar results for the same variable (Anderson, Hair, Babin, & Black, 2018). Table 2 is showing the REL of the studied variables verifying that all of them are reliable for additional analysis as all of them have a Cronbach alpha value of above 0.7.

Table 2: Cronbach REL Test

Dimension Name	Number of statements	Cronbach's Alpha (ą) (Standardized) N=35
TAN	5	.728
REL	4	.745
RES	4	.789
ASSUR	4	.823
EMP	5	.845
CS	3	.865

Also, the correlation analysis showed that data is not multi co-linear, and there were significant weak relationships between most of the variables. As will be explained later, the coefficients of correlation analysis measure the level of and strength of the associations between the examined variables (Ho, 2013). Table 3 is representing the correlation analysis of all the variables. The results are showing that all the variables of study passed the test of validity construct. There is a very weak inter-item correlation exist that shows that each factor is independent in its study towards CS.

Table 3: Correlation Analysis of the Pilot Test Data

	TAN	REL	RES	ASSUR	EMP	CS
TAN	1	.521*	-.214	.395	.163	.069
REL	521*	1	-.303	.339	.102	.006
RES	-.214	-.303	1	-.473**	-.518**	-.277
ASSUR	.395	.339	-.473**	1	.241**	.077
EMP	.163	.102	-.518**	.241**	1	-.014
CS	.069	.006	-.277	.077	-.014	1

*. Correlation is significant at p< 0.05 level.
**. Correlation is significant at p< 0.01 level.

The above test results show that the questionnaire is valid and reliable to collect data for the main study. The next section will discuss sample size and sampling techniques used in the current research.

3.4.4 Sampling technique and Research sample

The population for this research is assumed as the total Kuwait population, which is as a target group. Probability sampling has been selected for that study, and the purpose of the probability sampling method was to decrease bias since all members of the population had an equivalent chance to be a part of a sample (Taylor, Bogdan & DeVault, 2015). The selection of the sample had led towards selecting the sample size for gathering results from the survey questionnaire. The sample size could be decided on the basis of the level of confidence and margin error in estimation to the population parameter. Hence, the sample has been calculated or Margin of Error (Confidence Interval) +/- 5 percent for a Confidence level of 95 percent. The confidence level has correspondent to a Z-score,

which has been a constant value needed for the sample equation. Hence, the process of sample selection is given below:

Confidence level of 95% – Z Score = 1.96

Sample Size = (Z-score)2 * StdDev*(1-StdDev) / (margin of error)2

((1.96)2 x .5(.5)) / (.05)2

(3.8416 x .25) / .0025

.9604 / .0025 = 384.16

With regard to the above procedure, the sample size of 385 respondents has been preferred for this study. The survey questionnaire has been divided amongst the chosen sample, and data were gathered, which was later on analyzed by using appropriate data analysis methods.

As per the (Public Authority For Civil Information, 2019), the total Kuwait population is 4,651,009, as shown in figure 7.

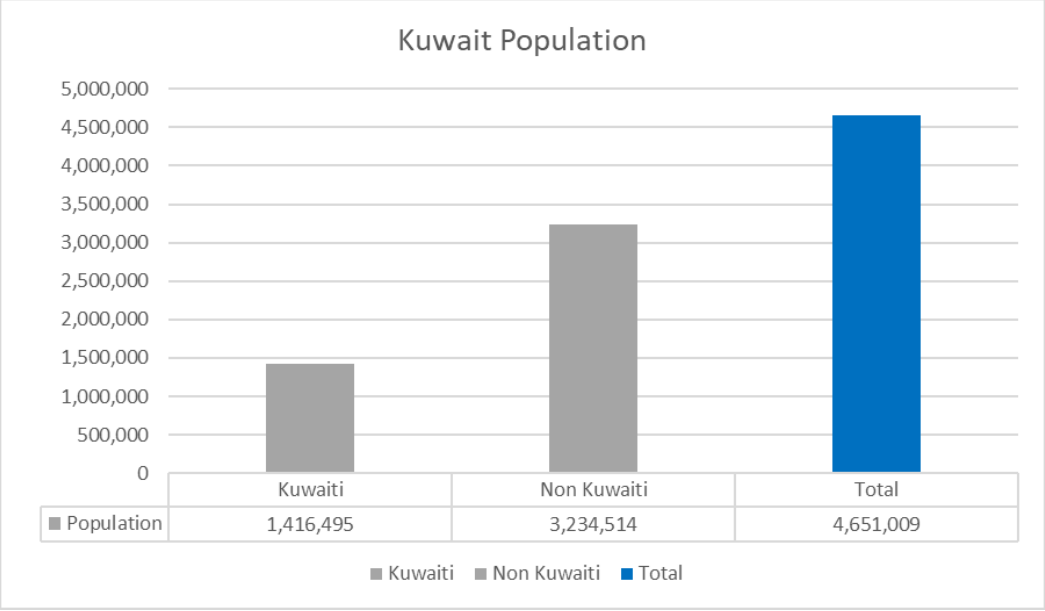

Figure 7 total Kuwait population

3.4.5 Inclusion and exclusion criteria

With regard to the inclusion criteria, it has been made sure that only the medical equipment retail shoppers living In Kuwait territory are included in the study. The fact that the study is related to assessing the influence of SQ in the medical retail business of Kuwait, all the focus and attention has been put towards this particular sector. Furthermore, respondents over the age of 18 years have been approached and inculcated for the sample size ranging till the age of over 65. This large demographic range has been chosen for the study in order to gain maximum insights and views regarding the study being carried out. Also, individuals from different educational backgrounds have also been included and used for the study, and no limitation has been set in this regard. On the other hand, individuals under the age of 18 years have not been approached for this study, and no questions have been asked to such individuals. Also, any responses from medical retail businesses outside Kuwait have been excluded to maintain the significance of the study and research area.

3.4.6 Gathering the data

The questionnaire has been divided amongst the chosen respondents. The respondents for this study have been chosen from a specific population, as stated before. According to Sekaran and Bougie, (2016) the population is considered as a group of subjects that is belonged to a specific geographical location. With respect to the research context, the population is considered a group of people from whom the data is collected in the area of the research (Kothari, 2004). It leads to the selection of the sample that is comprised of the respondents targeted by the researcher for the objective of the data collection. This further leads towards determining the cause and effect where the results are generalized in order to accomplish the purpose and validity of the research. Hence, it has been highly important for the researcher to select the sample size that can help to achieve the main aim of the research.

According to Bryman and Bell, (2014) sampling is highly crucial for survey-based research as the researchers cannot bear the cost of interviewing or surveying the whole

population. Hence, for conducting a survey questionnaire, it has been important to choose the right people from the chosen population using primary data collection. The population for this research has been selected from Kuwait, where the target group was respondents who were the medical equipment retail shoppers living In Kuwait territory.

Primary method of data collection has led towards the selection of survey questionnaire has been adopted under which the researcher has chosen using a market research company that was responsible for collecting the desired data from the respondents by Internet questionnaire survey, assured preventing of multiple and anonymous responses it took around two months for collecting the desired data.

The researcher received 390 respondents back from 450 distributed questionnaires in which 297 questionnaires from it were completed; the completed forms only been used for conducting the main research study.

3.5 Statistical Test Discussion

In this section, the researcher discusses the statistical test that needs to be conducted to achieve the overall objectives of the current research. The researcher elaborates on the importance of data analysis. Further, the researcher provides the linkage between research objectives, hypotheses, and statical tests focusing on dependent and independent variables. This provides a clear indication to the researcher to proceed with chapter 4.

3.5.1 Data analysis

Statistical tests discussion is associated with the data analysis technique adopted for this study (Taylor, Bogdan & DeVault, 2015). Data analysis is considered a significant fragment of the investigation since it offers a systematic approach to analyzing information gathered on the area of the study (Bryman, 2016). The current research has been conducted for finding the SQ and its impact on the CS across the diverse demographic characteristics within the Kuwait medical retail business, where primary

data collection has been accomplished using questionnaires survey. Hence, the analysis technique has been chosen on the basis of the nature of quantitative research. For the purpose of analyzing quantitative information, SPSS 21 has been used for drawing relevant results that could ultimately reach towards completion of research aim and objectives.

The foremost advantage of incorporating SPSS 21 has been its nature of the mitigating risk of error and exhaustion that can be caused by clerical and manual work, and hence it saves the time of the researcher (Bryman & Bell, 2014). Furthermore, through the SPSS 21 tool, a large volume of data can be handled, which is problematic to analyze manually. With regard to this, the researcher can have a flexible approach to information gathering in a systematic manner (Vogt, 2014). Hence, SPSS 21 has been considered as an appropriate method of analyzing data because of the quantitative nature of the research and its dependency on data collected from authentic sources. This data analysis technique has been different from other techniques provided for quantitative data analysis. Amongst all these techniques, this research has opted for a descriptive analysis in which frequencies have been analyzed for each question for determining the total number of participants contradicting or lining with the statements of the questionnaire. In addition to this, regression analysis has been directed to recognize the influence of SQ on CS across different demographic variables within Kuwait medical retail business.

According to Bryman and Bell, (2014) in terms of statistical modeling, the regression analysis is well-defined as a group of arithmetical procedures used for estimating the relationship between variables. It also includes other various techniques for analyzing and modeling several variables with the main aim of discovering affiliation between independent and dependent variables. Hence, the researcher has conducted Cronbach α for measuring the question reliability. The researcher has also conducted an inter-item correlation for testing validity using SPSS21 and Excel 2016 Microsoft office. The independent t-test and Post hoc test named Tucky have also been conducted for this research, where the significance of the findings of the research has been identified.

Independent t-test is the statistical inference that determines if there is any significant difference between two groups of responses. As the t-test compares two independent samples, it has allowed identifying the variation between the perceptions of demographics concerning the impact of SQ on CS. On the other hand, the Tuckey Significant Difference test is used to find if the data is able to meet the assumptions of homogeneity. In a similar context, the validity and reliability of the research have been detected by using Cronbach's coefficient. Other tests, such as descriptive statistics as well as factor analysis, have also been conducted in this research. Under descriptive statistics, mean, median, standard mode deviation, skewness, and kurtosis have been conducted. On the other hand, factor analysis has been conducted to define variability between observed and correlated variables.

3.5.2 Hypothesis Testing

The questionnaire had two main sections where the first section has measured SQ dimensions such as TAN, REL, RES, ASSUR, and EMP, On the other hand, the second section has measured the demographic variables for recipients using dichotomous, nominal, and ordinal scales.

Table 4: Demographic variables as per the questionnaire:

Gender	• Male • Female
Age	• 18-25 • 26-40 • 41-65 • over 65
Annual Income (KWD- approximately)	• Less than 500 • 500-999 • 1000-1999 • Above 2000
Education level	• Not Graduated from high school • High school graduated • 2-year Diploma degree • Bachelor's degree • Master's degree • Doctoral degree

The REL and validity test for this research have been conducted to find whether the research instrument chosen for this research was valid and reliable or not. According to the study of Bryman, (2016), validity and REL can be tested and measured through various different techniques, amongst which the internal consistency can be tested through measuring Cronbach's Alpha. On the other hand, Taylor, Bogdan, and DeVault, (2015) considered Cronbach's Alpha as one of the crucial components of SPSS 21 through which the REL of the chosen instrument can be measured. T-test has been considered as a statistical tool used for testing the hypothesis and testing the normal distribution and value of scaling. Hence, the results gathered from the survey questionnaire have been generated in the SPSS 21, and tests such as Cronbach's Alpha, t-test, regression, and Posttukey have been conducted and analyzed to test the hypotheses of the study.

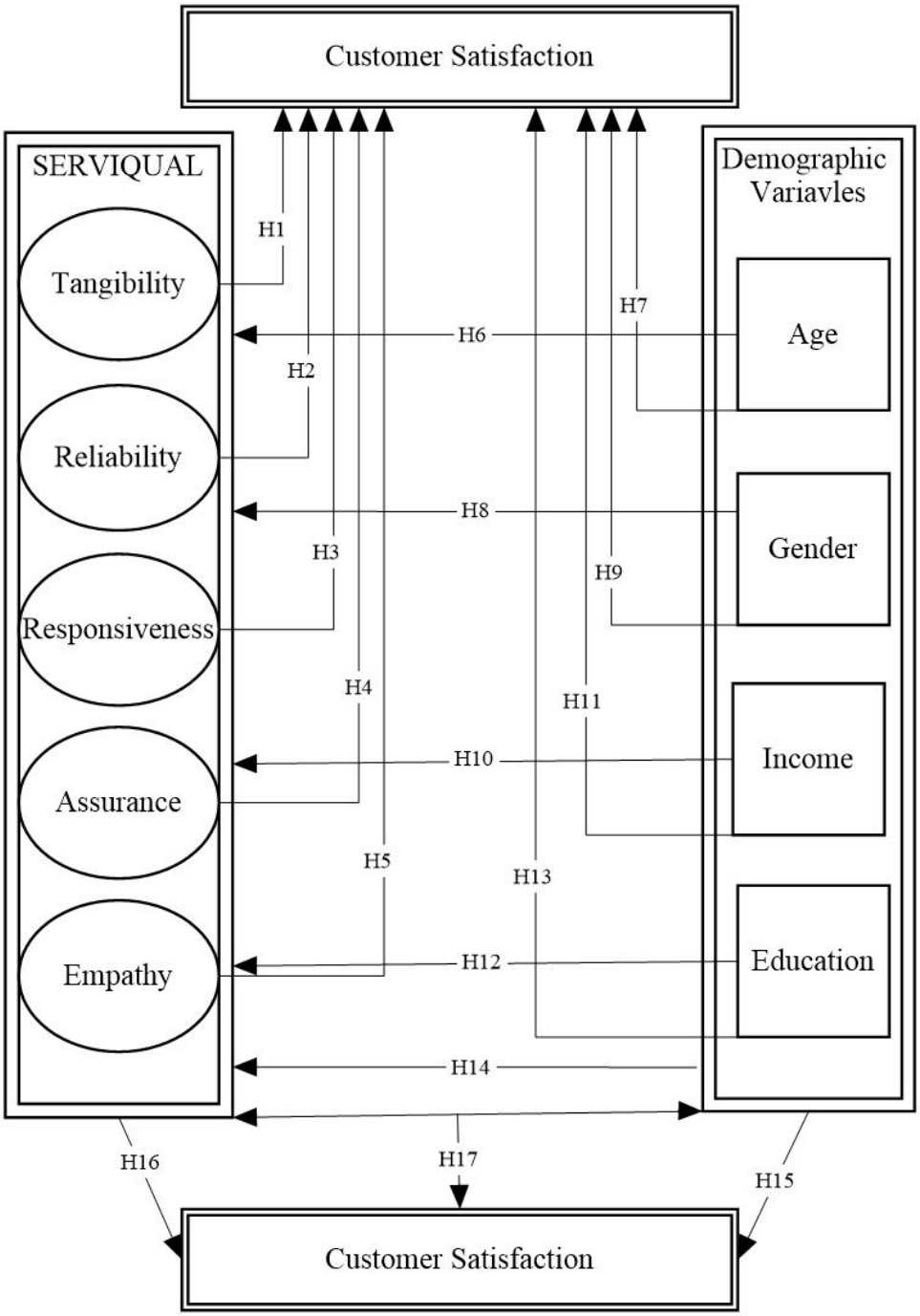

Figure 8 Conceptual framework with hypotheses, developed for the research.

Source: Author

3.6 Alignment of research objective, questions, hypotheses, tools, and variables

Table 5 shows the alignment of the overall research design in which the hypotheses, DV, and IV, and the analysis tools are aligned with the research objective and questions.

Table 5: Mapping of research objective, questions, hypotheses, tools, and variables

Research Objective	Research Questions	Related Hypothesis	Variables		Analysis Tool
			DV	IV	
To understand the part played by SQ in the satisfaction of the customer in Kuwait Medical retail business.	1. What are the magnitudes of quality of Service, which have a noteworthy positive correlation with the satisfaction of the customer in Kuwait medical retail business?	H_{01}, H_{02}, H_{03}, H_{04}, H_{05}	CS	TAN, REL, RES, ASSUR, EMP	Pearson Correlation test
To identify different dimensions of SQ and demographic variables that influence the	2. What are the demographic factors of customer prompting satisfaction of the	H_{06}	SQ	Age Group	ANOVA
		$H_{06.1}$	TAN		
		$H_{06.2}$	ASSUR		
		$H_{06.3}$	REL		
		$H_{06.4}$	EMP		
		$H_{06.5}$	RES		

satisfaction of clients within the medical retail business of Kuwait.	customer in the Kuwait medical retail business?	H_{07}	CS		
		H_{08}	SQ	Gender	T-Test
		$H_{08.1}$	TAN		
		$H_{08.2}$	ASSUR		
		$H_{08.3}$	REL		
		$H_{08.4}$	EMP		
		$H_{08.5}$	RES		
		H_{09}	CS		
		H_{010}	SQ	Income Group	ANOVA
		$H_{010.1}$	TAN		
		$H_{010.2}$	ASSUR		
		$H_{010.3}$	REL		
		$H_{010.4}$	EMP		
		$H_{010.5}$	RES		
		H_{011}	CS		
		H_{012}	SQ	Educational Group	ANOVA
		$H_{012.1}$	TAN		
		$H_{012.2}$	ASSUR		
		$H_{012.3}$	REL		
		$H_{012.4}$	EMP		
		$H_{012.5}$	RES		
		H_{013}	CS		

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		H_{014}	SQ	Customer Demographics Group	Cluster Analysis
		$H_{014.1}$	TAN		
		$H_{014.2}$	ASSUR		
		$H_{014.3}$	REL		
		$H_{014.4}$	EMP		
		$H_{014.5}$	RES		
	3. How dissimilar are intensities of satisfaction as associated with demographic factors customers in Kuwait medical retail business?	H_{015}	CS		
To recognize the influence of quality of service on the satisfaction of customer through diverse demographic variables within the medical retail business of Kuwait	4. How does the influence of SQ dimensions influence the satisfaction of customers to vary across diverse demographic variables of customer groups in Kuwait medical retail business?	H_{016}	CS	SQ	Multiple Regression Analysis
		H_{017}		SQ/Customer Demographics Group	

3.7 Ethical consideration

Research ethics holds great importance in research and needs to be essentially addressed by the researcher at the start of the study as the information and data collected throughout is of human concern. It reflects that the researcher has carried out this research with full honesty and with respect to human rights (Ticehurst & Veal, 2000). Ethical aspects actually direct researchers to adhere strictly to ethical and behavioral standards. However, legality and authenticity have been estimated as the two major elements of research, depending on the ethical considerations while collecting secondary as well as primary data.

Research ethics are recognized as the major and most essential requirements of any conducted research, which is gratefully taken into account by the researcher (Hussein, 2015). The above stated ethical considerations are integrated to protect the contributors of the conducted research as well as the researcher her/himself. Research ethics are measured as the moral values of any conducted research whose incorporation will allow individuals to provide their consent in terms of using the information.

However, various questions can be raised regarding ethical considerations in the process of research at any point, like structure, collection of data, and also research writing. It has been further stated by Morse and Cheek, (2014) that it is the accountability of the researcher to offer research participant protection by being honest, thoughtful, objective, truthful, and meaningful. This study is also based upon several ethical considerations, whereas emphasizing honesty has been identified to be the most noteworthy factor in the overall research process as it has been determined as one of the ethical perceptions that ensure the reliability and validity for the conducted study has been preserved intact.

This ethical perspective also sheds some light on the fact that the methods and approaches used throughout this research. Furthermore, in order to certify the credibility of the research, individual biasness has been strictly prevented. Thus, the originality of the

collected data, as well as information, was maintained, and it has not been portrayed in any manipulative and falsified way, which definitely minuses the chances of error within the findings of the conducted research.

Another element of the research ethics is denoted as objectivity within the process of research (Padgett, 2016). While selecting and gathering the material and applying appropriate methods and approaches, the researcher keeps “Objectivity” in his/her mind to avoid making the vague selection on the basis of his/ her own intuition but make selection rationally.

However, it has been identified that the integrity has been maintained throughout the research process as a result of which the concepts and thoughts presented showed consistency whereas the collected data from participants were utilized by means of taking their consent previously.

Moreover, the secondary data that has been used and incorporated within this research work has been given credit to their particular authors. It has been addressed by Yilmaz, (2013) that plagiarism rules should be kept on high priority, and it should always be kept in mind by the researcher as well as the entire code of conduct of the accompanying research. Proper rights have been given to the participants in case if they don’t feel like answering any particular question existing in the questionnaire of the conducted survey.

Conversely, the objects and aims of this research were clearly expressed and outlined to each participant or respondent thus it must be stated that the researcher has obeyed all the legislations of this research in context of analysis and data collection to assess the influence of SQ on CS across different demographic variables within the medical retail business of Kuwait.

Ethical considerations have always been measured as a significant part of the research study as it reflects the accountability of the researcher towards his/ her research

in order to recognize the moral as well as ethical values in the research and try to adhere to them as violating these will lead towards ethical and academic offense followed by serious consequences.

As stated by Hearne, (2013) ethical considerations are of prime importance within this research; therefore, the author must guarantee that all these considerations are met. It has been observed that ethical considerations are the conduct's codes that need to keep in consideration in every research as well as followed by every researcher to be fair and maintain integrity.

3.7.1 Honesty

Honesty has always been stated as one of the essential elements in terms of ethical considerations as it ensures the honesty, validity in addition to the researcher's reliability. It certifies that the approaches and methods used in this research are applied with respect to the particular objectives of the research, whereas the individual biasness of the researcher has been strictly avoided to ensure creditability. It further identifies that the data incorporated in the research has not been manipulated and was original. However, the researcher has tried to comply with the topic fully as well as to minimize the chances of errors.

3.7.2 Objectivity

Objectivity has been definitely considered by the researcher as a fair selection of approaches and methods has been carried out throughout this research as the selected information has been presented with a certain rational rather than on the basis of one's own intuition.

3.7.3 Integrity

Integrity has been maintained throughout the conducted research, which proves that the overall presented thoughts and concepts are consistent.

It shows that while data collection, the researcher has asked for the consent of every individual involved in the sample size. Furthermore, credit has been given to the secondary authors by the researcher who do not claim the work of others as their own.

3.7.4 Carefulness

Carefulness has been identified as another consideration that is intensely observed, including data and typing errors and, most importantly, plagiarism. The researcher's top priority is avoiding these errors.

3.8 Conclusion

Conclusively, the chapter has provided that the researcher adopted the positivist philosophy in order to assess the influence of SQ on CS across different demographic variables within the Kuwait medical retail business. With respect to research design, a quantitative research design was adopted in order to study the phenomenon at hand. Primary data was collected since the researcher aimed to address the problem through factual information for which new data specific for the study were chosen from respondents. Lastly, the data were analyzed using the software of SPSS 21 through, which different tests were applied.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Introduction

The quantitative method is the research methodology used in this study. Data was gathered through a questionnaire to measure the SQ factors in the Kuwait medical retail business. This chapter is dedicated to present the analysis of data collected.

The chapter is organized based on each type of analysis, which includes the descriptive analyses to describe participants, frequencies analysis to identify the percentage of survey statements, independent sample t-test to identify statistical significance of differences between genders, one-way ANOVA to determine the differences between age and education level groups. Moreover, the factor analysis to identify dimensions of determinants.

Results are presented in different sections. The first section describes the demographics of the sample. The second section presents the factor analysis. The third section presents the breakdown or each SQ factor. The fourth section presents the results of ANOVA and t-test analysis that addressed the research hypotheses. The fifth section provides correlation and finally provides review findings.

4.2 Sample Profile

In research personnel characteristics of respondents plays a very significant in expressing and giving the responses about the problem, keeping this in mind, in this study a set of personal characteristics namely, gender, age, monthly income and education of the 297 complete respondents have been examined and presented in this section. Table 6 shows the sample profile of all the respondents. The first demographic variable which was investigated is gender. The respondent's data related to Gender is presented in Table 6.

Table 6 Sample profile of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	171	57.6	57.6	57.6
	Female	126	42.4	42.4	100.0
	Total	297	100.0	100.0	
Age	18 - 25	62	20.9	20.9	20.9
	26-40	192	64.6	64.6	85.5
	41 - 65	43	14.5	14.5	100.0
	Total	297	100.0	100.0	
Monthly Income	Less than 500	129	43.4	43.4	43.4
	500-999	123	41.4	41.4	84.8
	1000-1999	43	14.5	14.5	99.3
	Above 2000	2	.7	.7	100.0
	Total	297	100.0	100.0	
Education Level	Not Graduated from high school	33	11.1	11.1	11.1
	High school graduated	89	30.0	30.0	41.1
	2-year Diploma degree	37	12.5	12.5	53.5
	Bachelor's degree	96	32.3	32.3	85.9
	Master's degree	39	13.1	13.1	99.0
	Doctoral degree	3	1.0	1.0	100.0
	Total	297	100.0	100.0	

The data collected shows that out of 297, 57.6% (n=171) were male and 42.4% (n=126) were female. The number of male respondents is more than the number of female respondents. This is aligned with the fact that there are more males than females in Kuwait (The Public Authority For Civil Information, 2019), shown in figure 9.

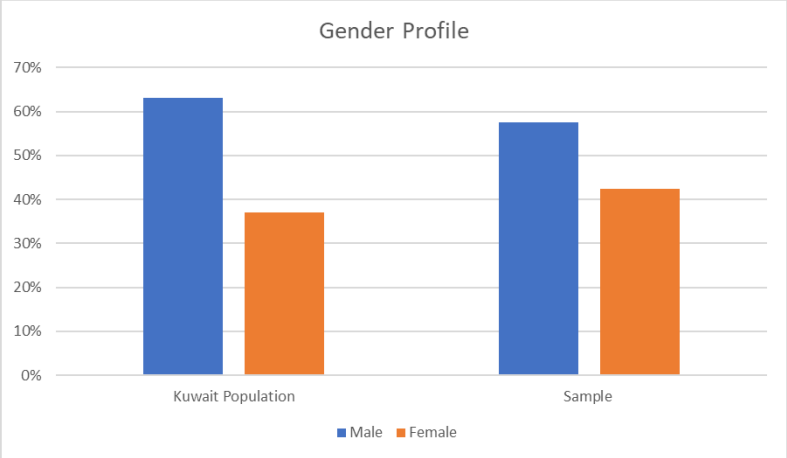

Figure 9 Gender profile population Vs sample

The next variable of the study is age. The researcher has categorized age into three categories, namely 18 – 25, 26-40, and 41 – 65.From the collected data, it indicates that most of the respondents (n=192, 64%) belong to category 26-40, followed by respondents (n=62, 20.9%) belong to age group18 – 25. There were only 14.5% (n=43) respondents who belong to the age group 41 – 65. It's clear from the table that the number of respondents who are in the age group of 26-40 are greater than the number of respondents within the 41-65 age group. The researcher will apply t-test and ANOVA to check the difference in the perception of respondents with different age groups. The data obtained from age categories also aligned Kuwait statistical age categories(The Public Authority For Civil Information, 2019), shown in figure 10.

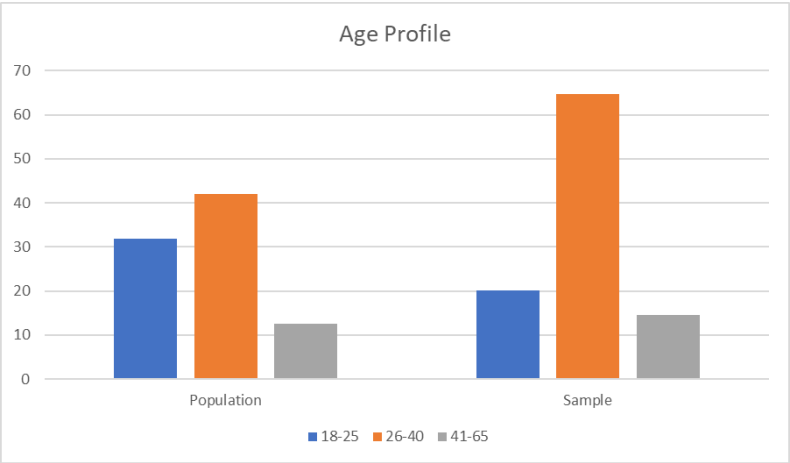

Figure 10 Age profile population vs. sample

The next demographic variable is monthly income. The researcher categorized it into the following groups, namely less than 500, 500-999, 1000-1999, and above 2000. Most of the respondents (n=12, 43.4%) have a monthly salary of less than 500, which is followed by a group that has salaries in the range of 500-999. 41.4% (n=123) respondents have salaried in the mentioned range. 14.5% (n=43) have monthly income as 1000-1999. Only 7% (n=43) have salaries above 2000. Also, that's matches to income statistical report published at Kuwait Central Statistical Bureau (Central Statistical Bureau, 2019), shown in figure 11.

Figure 11 Income profile population Vs sample

As far as education level is concerned, it is clear from the above table that most of the respondents (n=96, 32.3%) possess bachelor's degree followed by respondents (n=89, 30%) who are high school graduated. 13.1% (n= 39) are master's degree holder. 11.1% (n=33) respondents are not graduated from high school. The researcher is able to collect some data from the doctoral degree holder. The results obtained are similar to the Kuwait education statistical report as per the Public Authority for Civil Information (The Public Authority For Civil Information, 2019). Shown in figure 12.

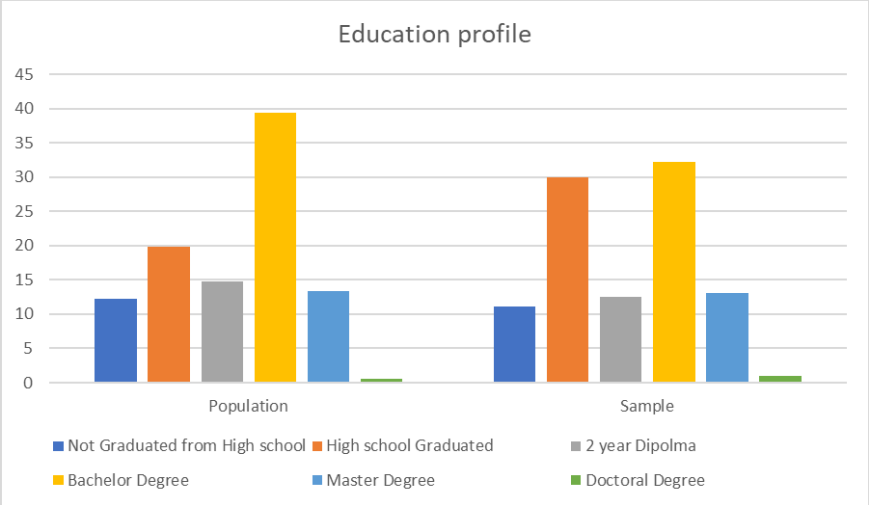

Figure 12 Education profile population vs sample

It has been noticed that the sample profile of respondents is reflecting the population of Kuwait; this will help the researcher in generalizing the results to the whole population.

4.2 Descriptive Analysis

Descriptive statistics are used to explain the fundamental characteristics of the numbers in research. They give simple briefs about the measures and the sample. Together with simple illustrations analysis, they form the basis of virtually every quantitative analysis of data. It is achieved by checking the normality of data. The researcher uses mean, standard deviation, skewness, and kurtosis to check the normality of data. As mentioned in chapter three, the researcher studies five cervical dimensions, namely TAN, REL, RES, ASSUR, EMP. Table 7 shows the coding used for various factors and their items for the current study. The factors are abbreviated as TAN for TAN, REL for REL, RES for RES, EMP for EMP, and CSATIS for CS.

Table 7 Detail of factors and its items

	Factor and its item	Code
	TAN	TAN
1	The appearance of the Physical Retail store is having nice and clean, appealing looking?	TAN1
2	Retail store Employees were looking is neat appearing?	TAN2
3	Equipment physical appearance is attractive at the retail store?	TAN3
4	Written materials and instructions on Retail store and equipment are clear and appealing?	TAN4
5	Retail store Employee was able to perform promise in a certain time.	TAN5
	REL	REL
6	Retail store Employee was Able to perform the promise in the certain given time.	REL1
7	Retail store Employee was able to solve your problem with interest.	REL2
8	The service performed the service right from the first time.	REL3
9	The retail store employee insists on error-free records	REL4
	RES	RES
10	You been Informed exactly with the time needed to perform the service?	RES1
11	Did you receive prompt service?	RES2
12	Did the retail store employee was willing to help you?	RES3
13	The retail store employee was never being too busy responding to your requests?	RES4
	ASSUR	ASSUR
14	Retail store Employee's behavior inspired confidence and trust in you	ASSUR1
15	You were feeling safe in transactions at the retail store	ASSUR2
16	The retail store employee was polite/courteous with you?	ASSUR3
17	The retail store employee had enough knowledge to answer your concerns.	ASSUR4
	EMP	EMP
18	The retail store employee Provided you with individual attention?	EMP1
19	Operating times for the retail store were suitable for you?	EMP2
20	The retail store Employee Understood the specific need for you	EMP3
21	You were having easy access to retail store employees	EMP4
22	The retail store employee provided you best interest at heart?	EMP5
	CS	CSATIS
23	You were satisfied with the retail store	CSATIS1
24	The retail store matching your expectations?	CSATIS2
25	The retail store was like your ideal store?	CSATIS3

The researcher used statistical software SPSS 21 to run the descriptive tests. The results of the test are summarized in table 8. It includes meaning, standard deviation (SD), skewness, and kurtosis values. These values are used to describe the normality of the data. The Mean or average is probably the most commonly used method of describing central tendency. The SD shows the relation that the set of scores has to the mean of the sample. SD gives a sign of how far the individual responses to a question vary or "deviate" from

the mean. Skewness is the asymmetry measurements, and kurtosis is a measure of 'peakedness' of a distribution. Skewness is the asymmetry measurements of the allocation of a variable. The skew value of the normal distribution is zero, usually meaning symmetric distribution. A positive skew value indicates that the tail on the right side of the distribution is longer than the left side, and the majority of the values toward to the left of the mean. In contrast, a negative skew value indicates that the tail on the left side of the distribution is longer than the right side, and the majority of the values lie to the right of the mean. The data is considered normal if its skewness values are between -2 and +2, and kurtosis values are between –7.0 and +7.0 (Hair, Celsi, Money, Samouel, & Page, 2015). The researcher will use these criteria to test the normality of the distributions.

Table 8 Descriptive Analysis of all the items (N=297)

	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
TAN1	3.95	.914	-.722	.141	.316	.282
TAn2	3.93	.900	-.757	.141	.486	.282
TAN3	3.93	.884	-.717	.141	.513	.282
TAN4	3.95	.901	-.654	.141	.261	.282
TAN5	3.93	.927	-.826	.141	.659	.282
REL1	3.89	.955	-.776	.141	.471	.282
REL2	3.77	.979	-.599	.141	-.054	.282
REL3	3.85	.950	-.639	.141	.191	.282
REL4	3.75	.992	-.537	.141	-.196	.282
RES1	3.84	.953	-.678	.141	.223	.282
RES2	3.95	.912	-.707	.141	.294	.282
RES3	3.82	.973	-.714	.141	.330	.282
RES4	3.85	.948	-.722	.141	.527	.282
ASSUR1	3.97	.909	-.809	.141	.631	.282
ASSUR2	3.99	.858	-.762	.141	.619	.282
ASSUR3	3.99	.862	-.624	.141	.270	.282
ASSUR4	4.05	.863	-.797	.141	.606	.282
EMP1	3.92	.915	-.664	.141	.091	.282
EMP2	3.94	.858	-.665	.141	.442	.282
EMP3	4.00	.872	-.763	.141	.663	.282
EMP4	4.00	.887	-.841	.141	.723	.282
EMP5	3.98	.898	-.699	.141	.211	.282
CSATIS1	4.01	.899	-.695	.141	.169	.282
CSATIS2	3.86	.869	-.601	.141	.430	.282
CSATIS3	3.86	.902	-.600	.141	.208	.282
Valid N (listwise)						

By employing the skewness and kurtosis standards, it is observed that for all the factors, the values of skewness and kurtosis lie between +2.0 and -2.0. The skewness value is less than 2, and, in many cases, close to zero. Negative skewness was noticed in the above results. As the results are within the acceptable range, it can be concluded that the data is very close to normal distribution. It also indicates that the data fulfills the requirement of other inferential statistics.

The researcher also checks the overall mean, standard deviation, skewness, and kurtosis values for all the factors. Table 9 shows the descriptive statistics for all the factors of the current study.

Table 9 Descriptive statistics for all the factors (N=297)

	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
TAN	3.9360	.80829	-.842	.141	1.189	.282
ASSUR	4.0017	.78870	-.815	.141	1.050	.282
REL	3.8350	.88706	-.687	.141	.364	.282
EMP	3.9677	.78105	-.868	.141	1.224	.282
CSATIS	3.9091	.81900	-.678	.141	.588	.282
RES	3.8411	.84777	-.579	.141	.467	.282

The results of descriptive statistics indicate that all the factors are distributed normally, and values are within range as per the thumb rule mentioned above. This table can be used to define the factors based on their mean value. Based on the data presented in table 9, the ASSUR factor (M=4.0017, SD=.78870) is the most important factor, as indicated by the respondents. The next most factor was EMP (M=3.9677, SD=.78105), followed by TAN (M=3.9360, SD=.80829), CS (M=3.9091, SD=.81900), RES (M=3.8411, SD=.84777) and finally the least factor indicated by respondents was REL (M=3.8350, SD=.88706). All of the scale means of the results were above 1.0, which indicates an overall high impact level of the factors that affect SQ.

Frequencies of responses on the five factors were reported to present each factor with the average percentage of responses to indicate the degree on which participants agree with each factor statements on a score scale where: 1 = Strongly Disagree, 2 = Disagree,

3 = Neutral, 4 = Agree, and 5 = strongly agree. The percentages of responses for all the factors are listed in table 10.

Table 10 Percentage of responses in the SQ factors

SQ factors	Score Scale				
	1	2	3	4	5
TAN	0	5	9	29	57
ASSUR	0	7	5	40	48
REL	0	5	9.1	48	37.2
EMP	3	5	9	35	47.9
RES	5	5	10	47	33.9

Favorable and unfavorable responses were presented in figure thirteen. Frequencies of responses on the all the factors were grouped and reported to presents each factor with the average percentages of favorable and unfavorable responses for each factor, where favorable responses represent the sum of responses with agreeing and strongly agree, and the unfavorable responses represent the sum of the disagree and strongly disagree responses. The Accessibility factor and Completeness followed by Consistent Representation were the highest in favorable responses as reported by respondents.

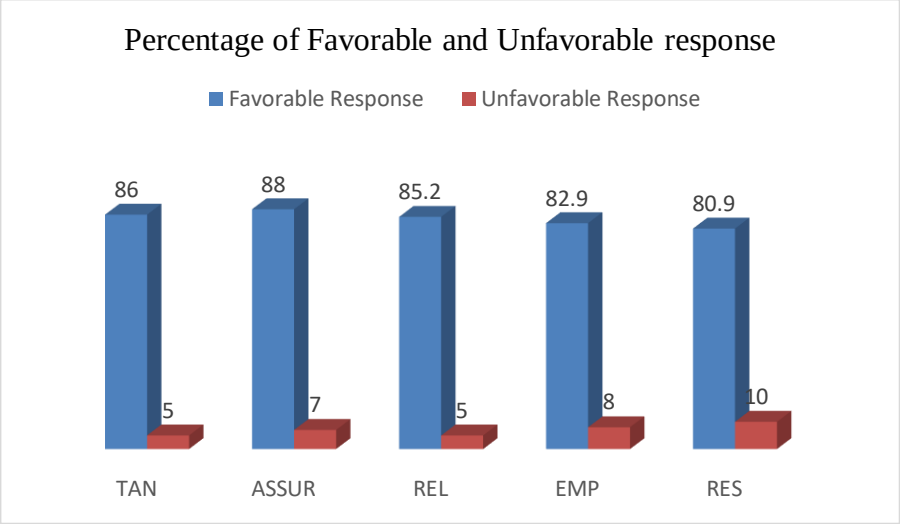

Figure 13 Percentage of favorable and unfavorable responses to the factors

Figure 13 also clarifies that the factors obtained from the investigation of mean values are match with respect to favorable and unfavorable responses. ASSUR has the highest favorable response, and REL has the lowest favorable response. Although the factors can be segregated as highest or lowest but truly looking at the values, the difference is very less among the factors.

4.3 Reliability test of the data

In this section, the researcher explains the results of the Reliability test conducted using SPSS software version 21. The researcher uses Cronbach alpha to test whether the data is reliable or not. Table 11 shows the overall results of Cronbach's alpha for all the items of the current study. The test results show that the value of Cronbach alpha is 0.970. The value indicates the data is highly reliable.

Table 11 Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.970	25

Table 12 shows the results of the Item's total statistics and Cronbach's Alpha value for each factor in the current study. The overall coefficient (Cronbach's) alpha for these five items of the TAN factor is 0.881, which is found to be good (above 0.80). AS shown in table 12, the item-total correlation is greater than 0.50, which reflects adequate internal consistency of data (Sekaran & Bougie, 2016). Similarly, the REL factor has a .875 value of Cronbach alpha, which is also highly accepted. In this group also, all the factors have Item-Total Correlation greater than .05. If we look at column Cronbach's Alpha if Item Deleted, it is clear that deleting any item will not make a difference to the REL of the scale. The value of Cronbach's Alpha of other factors that include RES, ASSUR, EMP, and CS is .882, .805, .906, and .798. As shown, the values are more than .7. Therefore, it is highly acceptable. For all the above factors also, the researcher finds that it's not

required to delete any item. All the items are able to define the factor very well and make the scale consistent and reliable.

Table 12 Item Total Statistics

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
TAN (TAN) [Cronbach's Alpha = .881, N=5]				
TAN1	94.02	280.402	.729	.880
TAN2	94.03	280.100	.752	.880
TAN3	94.03	279.904	.773	.880
TAN4	94.01	280.439	.739	.880
TAN5	94.04	280.259	.723	.880
REL (REL) [Cronbach's Alpha = .875, N=3]				
REL1	94.08	278.322	.763	.870
REL2	94.19	278.133	.749	.870
REL3	94.12	277.476	.796	.870
RES(RES) [Cronbach's Alpha = .882, N=5]				
RES1	94.21	278.220	.736	.879
RES2	94.13	279.017	.742	.879
RES3	94.01	278.094	.809	.879
RES4	94.14	277.638	.770	.879
RES5	94.11	278.176	.774	.879
ASSUR (ASSUR) [Cronbach's Alpha = .805, N=4]				
ASSUR1	93.99	280.628	.725	.801
ASSUR2	93.97	281.834	.728	801
ASSUR3	93.97	281.577	.734	801
ASSUR4	93.91	281.756	.727	801
EMP (EMP) [Cronbach's Alpha = .906, N=5]				
EMP1	94.04	280.326	.730	.900
EMP2	94.02	282.412	.707	.900
EMP3	93.97	281.884	.714	.900
EMP4	93.97	281.168	.726	.900
EMP5	93.98	280.270	.747	.900
CS (CSATIS) [Cronbach's Alpha = .798, N=3]				
CSATIS1	93.95	281.234	.714	.754
CSATIS2	94.10	281.672	.724	.754
CSATIS3	94.11	281.488	.702	.754

Based on the results displayed in table 12, it is clear that all items have corrected item to correlation values greater than .05. Moreover, thoroughly look at column "Cronbach's Alpha if Item Deleted," it is clear that the value of Cronbach alpha is not

affected; therefore it indicates that it is of no use to delete any item as deletion of any item does not improve the overall REL of this scale. It also shows the internal consistency of data is there. The results presented in Table 12. Overall the results of REL statistics show that the scale is good and consistent to proceed further. Therefore, these results allow the researcher to carry on other statistical tests as required in the current research.

4.4 Factor Analysis

After doing the literature review in chapter Two, the researcher found that there are five factors that define SQ, and a total of twenty-two items was used to measure those factors. These five factors are independent variables of the current study. Three items were used to measure CS, which is the dependent variable in the current study. In this section, the researcher wants to confirm the theoretical dimension using a statistical test called factor analysis.

Factor analysis is the statistical method that is used to describe variability between observed, correlated variables in respect of a potentially lower number of unobserved variables called factors (Sekaran & Bougie, 2016). The researcher used principal component analysis, also called PCA, with varimax rotation to examine the internal consistency of the composite variable. This technique is used to extracts maximum common variance from all studied variables and puts them into a common score. As an index of all variables, the researcher can use this score for further analysis.

Before conducting factor analysis, it is important to run Kaiser-Meyer-Olkin (KMO) and Bartlett's Test, which is used to measure the suitability of data for Factor Analysis. It is a test that measures sampling adequacy for each variable in the model and for the complete model. The statistic is a measure of the proportion of variance among variables that might be a common variance. KMO values that lie between 0.8 and 1 indicate that the data is adequate for sampling. Table 13 shows the results of the KMO and Bartlett's Test. It shows that the value of the Kaiser-Meyer-Olkin Measure of Sampling Adequacy

is .961, which is again highly acceptable. Results of Bartlett's Test of Sphericity are also significant (p<.05). Therefore, the data is sufficient to apply PCA.

Table 13 KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.961
Bartlett's Test of Sphericity	Approx. Chi-Square	7734.891
	df	300
	Sig.	.000

The next table 14 shows the details about Communalities, which indicate the amount of variance in each variable that is accounted for. Initial communalities are estimates of the variance in each variable accounted for by all components or factors. For principal components extraction, this is always equal to 1.0 for correlation analysis. Extraction communalities are estimates of the variance in each variable accounted for by the components. Table 14, mentioned below, presents communalities values for the factors before and after extraction. The communalities in this table are all high (greater than 0.5), which indicates that the extracted components represent the variables well. This also indicates that data is good for PCA. The results of all the Communalities are presented in table 14. The communality values are high, and therefore there is no need to delete the item at this stage. All the items for the factor TAN [TAN1, TAN2, TAN3, TAN4, and TAN5] have extraction values are greater than .7, which shows that all the items that are used to explain this factor are loaded and are able to explain the dimension nicely. Three items are loaded for the dimension REL and have loadings like .703 and .803. These values are also within the acceptable range. The next dimension RES [RES] is loaded with five items and named RES1, RES2, RES3, RES4, and RES5, and all the items have loadings greater than 0.75, and some of the loaded items have loadings greater than 0.8. The next dimension ASSUR is loaded with four items like ASSUR1, ASSUR2, ASSUR3, ASSUR4, and it is also noticed that all the loaded items for this dimension also have loadings greater than 0.75 which is also highly acceptable. Further EMP dimension is also loaded with five items, and each item has loadings greater than 0.7, and some items have loadings even greater than 0.8. Finally, the last loaded dimension is CS and finally

loaded with three items and named CSATIS1, CSATIS2, and CSATIS3. These items also have loadings greater than 0.77.

Table 14 Communalities

Communalities		
	Initial	Extraction
TAN1	1.000	.787
TAN2	1.000	.859
TAN3	1.000	.825
TAN4	1.000	.821
TAN5	1.000	.749
REL1	1.000	.782
REL2	1.000	.803
REL3	1.000	.803
RES1	1.000	.808
RES2	1.000	.806
RES3	1.000	.776
RES4	1.000	.810
RES5	1.000	.779
ASSUR1	1.000	.821
ASSUR2	1.000	.820
ASSUR3	1.000	.837
ASSUR4	1.000	.796
EMP1	1.000	.767
EMP2	1.000	.734
EMP3	1.000	.771
EMP4	1.000	.786
EMP5	1.000	.793
CSATIS1	1.000	.792
CSATIS2	1.000	.864
CSATIS3	1.000	.822
Extraction Method: Principal Component Analysis.		

Table 15 below provides the results of Eigenvalues before extraction and after the extraction. A total of 25 items are there in data. Eigenvalues represent the variance explained by a particular linear component. The first five factors explain the comparatively larger amount of variance. In other words, it's the first five factors that explain nearly 80 percent of the variance, with the remaining 19 factors explaining less than 20% of the variance. The Eigenvalues seen under the column of extraction sums of squared loadings are just the same as in the initial Eigenvalues column, but the only difference is that the values of discarded items are ignored. Lastly, under the column of

rotation sums of squared loadings, Eigenvalues post rotation is presented. Therefore, this results in the reduction of the complexity of the data set by using these components, with only a 20% loss of information. The first factor loaded with variance value [58.483%], which means 58.48% variance is explained by the first dimension. A researcher named this dimension. The second dimension that is extracted during the process of factor loading explains the variance of 12.926% of the total variance. The third dimension contributes to 3.329% of the total variance. 3.116% of the variance is explained by the fourth dimension. Finally, 2.191% of the variance is explained by the last dimension. Therefore, the five dimensions extracted during the process mapped with the theoretical dimensions explained in chapter two and signified the researcher to move further with the analysis part.

Table 15 Total Variance Explained

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.621	58.483	58.483	14.621	58.483	58.483	6.890	27.561	27.561
2	3.232	12.926	71.409	3.232	12.926	71.409	5.264	21.056	48.617
3	.832	3.329	74.738	.832	3.329	74.738	4.902	19.608	68.225
4	.779	3.116	77.854	.779	3.116	77.854	2.272	9.088	77.313
5	.548	2.191	80.045	.548	2.191	80.045	.683	2.732	80.045
6	.519	2.078	82.123						
7	.456	1.824	83.947						
8	.438	1.752	85.699						
9	.345	1.380	87.079						
10	.329	1.318	88.397						
11	.324	1.296	89.693						
12	.272	1.088	90.781						
13	.247	.989	91.770						
14	.238	.951	92.721						
15	.233	.931	93.652						
16	.227	.908	94.560						
17	.201	.803	95.363						
18	.176	.703	96.066						
19	.166	.665	96.731						
20	.163	.651	97.381						
21	.149	.597	97.978						
22	.140	.560	98.538						
23	.130	.520	99.058						
24	.120	.482	99.540						
25	.115	.460	100.000						
Extraction Method: Principal Component Analysis.									

Further, the researcher uses a scree plot diagram to display the results of loaded factors graphically. A scree plot shows the eigenvalues on the y-axis and the number of factors on the x-axis. It always displays a downward curve. The point in where the slope of the curve is clearly leveling off indicates the number of factors that it should be generated by the analysis. Figure 14 clearly shows that five factors are loaded during the extraction process while applying PCA.

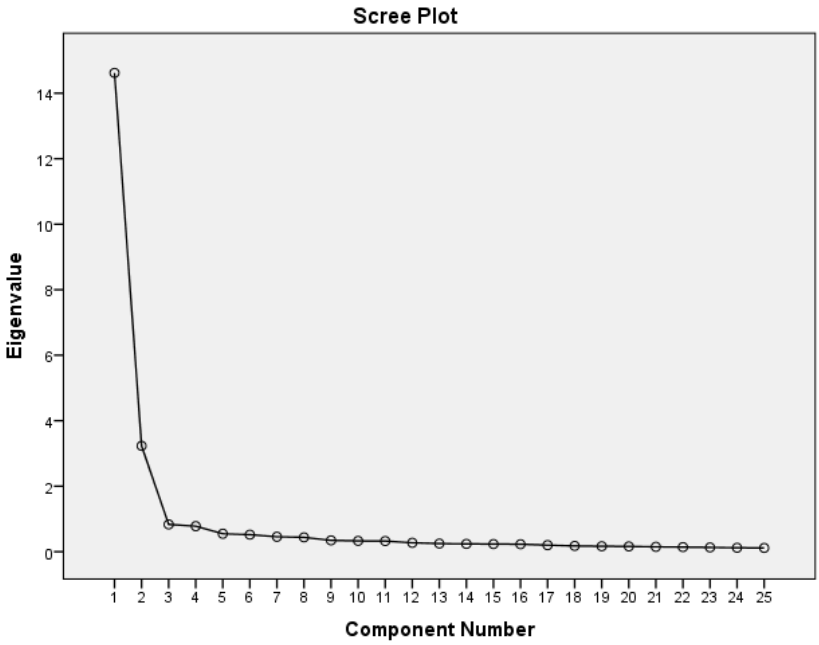

Figure 14 Scree Plot

Further to this, table 16 shows the results of the rotation component matrix. The concept of rotation is to diminish the factors number in which the variables under examination have high loadings. Rotation does not actually modify anything but makes the explanation of the analysis easier. (The greater the absolute value of the loading meaning, the more the factor contributes to the variable). In our case, all the loading is above.05, which is cut offloading point in our study. Some items are loaded within two factors, so the researcher decided to keep it in a factor with high loading. Items whose loadings are less than .05 are automatically not considered for further analysis. The results of the rotated component matrix confirm that the factors obtained, and item loaded into each factor matched with the theoretical dimensions and its defining items.

Table 16 Rotated component Matrix

	Component				
	1	2	3	4	5
TAN1	.553				
TAN2	.621				
TAN3	.710				
TAN4	.632				
TAN5	.789				
REL1		.618			
REL2		.622			
REL3		.504			
RES1			.774		
RES2			.822		
RES3			.515		.
RES4			.779		
RES5			.867		
ASSUR1				.673	
ASSUR2				.612	
ASSUR3				.664	
ASSUR4				.619	
EMP1					.783
EMP2					.778
EMP3					.748
EMP4					756
EMP5					.657
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.					
a. Rotation converged in 9 iterations.					

In the next sections, research will test the hypotheses and discuss the results based on the adoption of appropriate statistical tests. For the first dimension, a researcher named it TAN. It has items loaded TAN1, TAN2, TAN3, TAN4, TAN5. The loadings of these factors are TAN1[.553], TAN2[.621], TAN3[.710], TAN4[.632] and TAN5[.789]. The loadings for whole items are above 0.5, which is acceptable; thus, all the items explain the dimensions and should be considered for further analysis. In the next dimension, a researcher named it REL, and it is loaded with three items REL1[.618], REL2 [.622], and REL3[.504]. The three loaded items have loadings greater than 0.5, so it can be assumed that the three items can be used to explain the dimension. The third dimeson that is loaded is RES. Five items are used to explain these dimensions the items loaded to explain these dimensions are RES1[0.774], RES2[0.822], RES3[0.515], RES4[0.779] and RES5[.867].

It is clear from the table that is the loadings are above 0.5. The next dimension is named as ASSUR and explained by four items namely ASSUR1 with loading as.673, ASSUR2 with loading as 0.612, ASSUR3 with loading as [0.664] and ASSUR4 with loading as [0.619]. Finally, the last dimension is named EMP, which is explained by five items. These items are EMP1[0.783], EMP2[0.778], EMP3[0.748], EMP4[0.756], and EMP5[0.657]. Thus, it is clear from the above discussion that all the items loaded to explain five dimensions have loadings value greater than 0.5 and can be used to do further statistical analysis.

4.5 Hypothesis Testing

In this section, the researcher tests the different hypotheses discussed in chapter three.

The following are the hypotheses.

4.5.1 Testing $H_0$1 to $H_0$5 using Pearson correlation test

In this section, the researcher examines the following hypotheses.

$H_0$1: There's no significant relationship between TAN and CS in Kuwait Medical Retail Business.

$H_0$2: There's no significant relationship between REL and CS in Kuwait Medical Retail Business.

$H_0$3: There's no significant relationship between RES and CS in Kuwait Medical Retail Business.

$H_0$4: There's no significant relationship between ASSUR and CS in Kuwait Medical Retail Business.

$H_0$5: There's no significant relationship between EMP and CS in Kuwait Medical Retail Business.

To test the above hypothesis, the researcher uses the Pearson correlation test. The level of the significance is 0.05 for the correlation analysis. Table 17 shows a summary of the Pearson correlation (r) for all the variables of the study. The correlation matrix shows the relationship between the IV and the DV.

Table 17 Pearson Correlation values between Variables

Independent Variable	Dependent Variable	R	Significance
TAN	CS	r=.80	p<.05
ASSUR	CS	r=.74	P<.05
REL	CS	r=.88	P<.05
EMP	CS	r=.79	P<.05
RES	CS	r=.83	P<.05

Based on the above table, the researcher observed a significant correlation among the DV and IV of the current research. The researcher conducted the statistical test named Pearson correlation to check the inter-relationship between variables TAN, ASSUR, REL, EMP, RES, and CS in Kuwait Medical Retail Business.

The significance was also tested for each relationship of the study. The result of the Pearson correlation test displays that there is an ($r = .80$, $p < .05$) very strong positive correlation between the factor TAN and CS in Kuwait Medical Retail Business. The result also shows that there is a great positive correlation ($r = .88$, $p < .05$) between the factor REL and CS in Kuwait Medical Retail Business. Further ($r = .83$, $p < .05$) very strong positive correlation between the factors RES and CS in Kuwait Medical Retail Business.

There exist a strong positive correlation ($r = .79$, $p < .05$) between the factor EMP and CS in Kuwait Medical Retail Business, ($r = .74$, $p < .05$) positive correlation between the factorASSUR "and CS in Kuwait Medical Retail Business. Based on the above results, the researcher accepted or rejected the hypothesis. The results are summarized in Table 18, where the researcher has shown the null hypothesis, Pearson coefficient value, and the

final result is whether that hypothesis is accepted or rejected. The researcher checks the significance at .05 level to prove the hypotheses.

Table 18 Results of Hypothesis ($p<.05$)

Hypothesis	r	Result
$H_0$1 There's no significant relationship between The TAN and CS in Kuwait Medical Retail Business	r=.80	Null Hypothesis Rejected
$H_0$2: There's no significant relationship between REL and CS in Kuwait Medical Retail Business.	r=.74	Null Hypothesis Rejected
$H_0$3: There's no significant relationship between The RES and CS in Kuwait Medical Retail Business.	r=.88	Null Hypothesis Rejected
$H_0$4: There's no significant relationship between ASSUR and CS in Kuwait Medical Retail Business.	r=.79	Null Hypothesis Rejected
$H_0$5: There's no significant relationship between EMP and CS in Kuwait Medical Retail Business.	r=.83	Null Hypothesis Rejected

4.5.2 Testing Hypothesis $H_0$6and $H_0$7 using ANOVA

The next hypothesis that is tested is $H_0$6, where the researcher examines the difference in the factors affecting SQ and CS. The group hypothesis is as follows.

$H_0$6: There's no significant difference in the mean value of factors affecting SQ on the basis of age groups in Kuwait Medical Retail Business.

The following are the sub hypotheses in this group.

$H_0$6.1: There's no significant difference toward TAN among customer age groups in Kuwait Medical Retail Business.

$H_0$6.2: There's no significant difference toward ASSUR among customer age groups in Kuwait Medical Retail Business.

$H_0$6.3: There's no significant difference toward REL among customer age groups in Kuwait Medical Retail Business.

$H_0$6.4: There's no significant difference toward EMP among customer age groups in Kuwait Medical Retail Business.

$H_0$6.5: There's no significant difference toward RES among customer age groups in Kuwait Medical Retail Business.

The following is the hypothesis number seven.

$H_0$7: There's no significant difference toward CS among customer age groups in Kuwait Medical Retail Business

In the current research, age is measured using a categorical scale, and respondents are categorized into three groups. The researcher conducted a statistical test called ANOVA using software SPSS. This test helps the researcher to understand the group differences among different age groups. Further, the researcher applied Tukey HSD (Tukey's Honest Significant Differences) test if the ANOVA results show significant differences in the groups so as to assess which groups show significant differences. This test is a single-step multiple comparison process, which is helpful in identifying significant mean differences among the groups. It is recommended that if ANOVA output is significant ($p<0.05$), then the Tukey test is to be applied. But the researcher has applied Tukey's test otherwise as well, to ensure group differences can be identified.

The researcher conducted a test of Homogeneity of Variances before conducting ANOVA. This test helps the researcher to examine whether the assumption of homogeneity is met or not. The rule is if the p-value is more than .05, then researchers have met the supposition of homogeneity of variance and can perform a one-way ANOVA. If the p-value is less than .05, then researchers have violated the assumption of homogeneity of variance and will use a non-parametric Kruskal-Wallis test to conduct the

analysis. Table 19 shows the results of the homogeneity of variances. The p-value for all the factors is greater than .05. Therefore, the assumption of the homogeneity of variance is met, and the researcher allowed to conduct ANOVA.

Table 19 Test of Homogeneity of Variances

Test of Homogeneity of Variances				
	Levene Statistic	df1	df2	Sig.
TAN	.601	2	294	.549
ASSUR	1.142	2	294	.321
REL	.662	2	294	.517
EMP	.282	2	294	.754
CSATIS	.368	2	294	.693
RES	.432	2	294	.650

Table 20 shows the results of statistical test ANOVA which is conducted to test the difference in respondent's perception towards different factors of SQ and CS. Table 20 shows the consolidated results for all the factors and CS. It is clear from the output that TAN shows no significant difference based upon different age groups (F (2,294) = .858, p = .425). The F value and p-value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (2,294) = .177, p = .838), (F (2,294) = .421, p = .657), (F (2,294) = .126, p = .882), (F (2,294) = .262, p = .770). and (F (2,294) = .750, p = .473) respectively. This indicates that is no difference significantly exists among the different age groups towards SQ factors and CS. The researcher conducted Tukey HSD to make sure of the results of ANOVA.

Table 20 Results of ANOVA Test for all the factors and CS

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
TAN	Between Groups	1.122	2	.561	.858	.425
	Within Groups	192.263	294	.654		
	Total	193.385	296			
ASSUR	Between Groups	.221	2	.111	.177	.838
	Within Groups	183.903	294	.626		
	Total	184.124	296			
REL	Between Groups	.666	2	.333	.421	.657
	Within Groups	232.250	294	.790		

	Total	232.916	296			
EMP	Between Groups	.154	2	.077	.126	.882
	Within Groups	180.415	294	.614		
	Total	180.570	296			
CSATIS	Between Groups	.353	2	.177	.262	.770
	Within Groups	198.192	294	.674		
	Total	198.545	296			
RES	Between Groups	1.080	2	.540	.750	.473
	Within Groups	211.658	294	.720		
	Total	212.739	296			

The results of the Tuckey HSD test are shown in table 21. As per rule, the difference is significant if $p<.05$, and there is no difference among the groups if $p>.05$. According to this rule, it is clear that the significance value or p-value is greater than .05 for all the different groups. Table 21 presented the results.

Table 21 Multiple Comparisons Tuckey HSD for Age Groups

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
TAN	18 - 25	26-40	-.02312	.11813	.979	-.3014	.2551
		41 - 65	-.19017	.16049	.463	-.5682	.1879
	26 - 40	18 - 25	.02312	.11813	.979	-.2551	.3014
		41 - 65	-.16705	.13643	.440	-.4884	.1543
	41 - 65	18 - 25	.19017	.16049	.463	-.1879	.5682
		26 - 40	.16705	.13643	.440	-.1543	.4884
ASSUR	18 - 25	26 - 40	.06258	.11553	.851	-.2096	.3347
		41 - 65	.01529	.15696	.995	-.3545	.3850
	26 - 40	18 - 25	-.06258	.11553	.851	-.3347	.2096
		41 - 65	-.04730	.13343	.933	-.3616	.2670
	41 - 65	18 - 25	-.01529	.15696	.995	-.3850	.3545
		26 - 40	.04730	.13343	.933	-.2670	.3616
REL	18 - 25	26 - 40	-.11537	.12983	.648	-.4212	.1905
		41 - 65	-.05351	.17639	.951	-.4690	.3620
	26 - 40	18 - 25	.11537	.12983	.648	-.1905	.4212
		41 - 65	.06185	.14995	.911	-.2914	.4151
	41 - 65	18 - 25	.05351	.17639	.951	-.3620	.4690
		26 - 40	-.06185	.14995	.911	-.4151	.2914
EMP	18 - 25	26 - 40	.05218	.11443	.892	-.2174	.3217
		41 - 65	.01253	.15546	.996	-.3537	.3787
	26 - 40	18 - 25	-.05218	.11443	.892	-.3217	.2174
		41 - 65	-.03966	.13216	.952	-.3510	.2717
	41 - 65	18 - 25	-.01253	.15546	.996	-.3787	.3537
		26 - 40	.03966	.13216	.952	-.2717	.3510
CSATIS	18 - 25	26 - 40	.06793	.11993	.838	-.2146	.3505
		41 - 65	-.00963	.16294	.998	-.3935	.3742
	26 - 40	18 - 25	-.06793	.11993	.838	-.3505	.2146
		41 - 65	-.07756	.13852	.841	-.4039	.2487
	41 - 65	18 - 25	.00963	.16294	.998	-.3742	.3935

		26 - 40	.07756	.13852	.841	-.2487	.4039
RES	18 - 25	26 - 40	-.09745	.12394	.712	-.3894	.1945
		41 - 65	-.20510	.16839	.443	-.6018	.1916
	26 - 40	18 - 25	.09745	.12394	.712	-.1945	.3894
		41 - 65	-.10766	.14315	.733	-.4449	.2296
	41 - 65	18 - 25	.20510	.16839	.443	-.1916	.6018
		26 - 40	.10766	.14315	.733	-.2296	.4449

The Tukey Post hoc test was conducted to determine which groups differ from each other. The result of the Tukey post hoc test revealed that there is no statistically significant difference in respondents of age group towards TAN, ASSUR, REL, EMP, RES, and CS in the Kuwait medical retail sector. This leads to the acceptance of null hypotheses: H06.1, H06.2, H06.3, H06.4, H06.5, and H07. This shows that the respondents of different age groups have the same opinion regarding all the SQ factors and CS. The following table summarizes the results.

Table 22 Summarization of Results of group hypotheses six and hypothesis seven

Hypotheses	Result
$H_0$6.1: There's no significant difference toward TAN among customer age groups in Kuwait Medical Retail Business.	Accepted
$H_0$6.2: There's no significant difference toward ASSUR among customer age groups in Kuwait Medical Retail Business.	Accepted
$H_0$6.3: There's no significant difference toward REL among customer age groups in Kuwait Medical Retail Business.	Accepted
$H_0$6.4: There's no significant difference toward EMP among customer age groups in Kuwait Medical Retail Business.	Accepted
$H_0$6.5: There's no significant difference toward RES among customer age groups in Kuwait Medical Retail Business.	Accepted
$H_0$7: There's no significant difference toward CS among customer age groups in Kuwait Medical Retail Business.	Accepted

4.5.3 Testing hypotheses $H_0$8 and $H_0$9 using a t-test

In this section, the researcher tests the H08 and H09. The following are the hypotheses.

$H_0$8: There's no significant difference in the perception of males and females towards factors of SQ in Kuwait Medical Retail Business.

It has the following sub hypotheses,

$H_0$8.1: There's no significant difference in the perception of males and females toward TAN in Kuwait Medical Retail Business.

$H_0$8.2: There's no significant difference in the perception of males and females towards ASSUR in Kuwait Medical Retail Business.

$H_0$8.3: There's no significant difference in the perception of males and females towards REL in Kuwait Medical Retail Business.

$H_0$8.4: There's no significant difference in the perception of males and females towards EMP in Kuwait Medical Retail Business.

$H_0$8.5: There's no significant difference in the perception of males and females towards RES in Kuwait Medical Retail Business.

$H_0$9: There's no significant difference in the level of CS between males and females in Kuwait Medical Retail Business.

The hypothesis is related to examine the significant difference in the level of CS between males and females in Kuwait Medical Retail Business. The hypothesis is tested using the t-test. The results of the t-test can be summarized in two tables. The first table provides group statistics, and the second table shows the value of the t-test. Table 23 provides group statistics for all the factors, namely TAN, ASSUR, REL, EMP, CS, and RES based upon the gender of the respondent and their level of CS in Kuwait Medical Retail Business.

Table 23 Group Statistics

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
TAN	Male	171	3.8807	.78293	.05987
	Female	126	4.0111	.83878	.07472
ASSUR	Male	171	3.9357	.79166	.06054
	Female	126	4.0913	.77885	.06939
REL	Male	171	3.7641	.88686	.06782
	Female	126	3.9312	.88173	.07855
EMP	Male	171	3.9287	.78504	.06003
	Female	126	4.0206	.77556	.06909
CSATIS	Male	171	3.8480	.85038	.06503
	Female	126	3.9921	.76995	.06859
RES	Male	171	3.7766	.84347	.06450
	Female	126	3.9286	.84908	.07564

As per table 23, the mean value for the TAN factor for male and female respondents is not the same. Male respondents (M=3.8807, SD=.78293) have slightly lower mean value as compared to female respondents (M=4.0111, SD=.77885). Similar results can be seen with respect to other factors also. Male respondents have mean value (M=3.9357, SD=.79166) less than female respondents (M=4.0913, SD=7788) for variable ASSUR. In case of REL, male respondents have mean value (M=3.7641, SD=.88686), which is less than the female respondent's mean value (M=3.9312, SD=.88173) Male respondents have mean value (M=3.9287, SD=.785) for variable EMP which also follows the same pattern as shown by other factors. Here also, female respondents show high means value (M=4.0206, SD=.77556). With respect to CS and responsibility factors, male respondents have a mean value (M=3.8480, SD=.85038) and (M=3.7766, SD=.84347), which is lower the mean value (M=3.9921, SD=3.9921) and (M=3.9286, SD=.84908) of female respondents with respect to CS and responsibility factors respectively. Although there is an obvious difference in the mean values of males and females from the above table, however, the difference is very less, and the significance of the difference is assessed in table 24.

This analysis second part shows the t-statistics results, which helps the researcher understand the exact factors which were perceived differently by the female and male respondents. The results can be presented in the subsequent table of the independent sample t-test for all the factors of the present research.

Table 24 Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference.	
									Lower	Upper
TAN	Equal variances assumed	.535	.465	-1.376	295	.170	-.13041	.09476	-.31689	.05607
	Equal variances not assumed			-1.362	258.635	.174	-.13041	.09575	-.31896	.05814
ASSUR	Equal variances assumed	.024	.877	-1.686	295	.093	-.15560	.09231	-.33727	.02608
	Equal variances not assumed			-1.690	271.897	.092	-.15560	.09208	-.33688	.02569
REL	Equal variances assumed	.402	.526	-1.609	295	.109	-.16708	.10387	-.37150	.03733
	Equal variances not assumed			-1.610	270.356	.109	-.16708	.10378	-.37140	.03723
EMP	Equal variances assumed	.025	.876	-1.003	295	.317	-.09198	.09170	-.27245	.08849
	Equal variances not assumed			-1.005	271.291	.316	-.09198	.09153	-.27218	.08822
CSATIS	Equal variances assumed	1.733	.189	-1.502	295	.134	-.14411	.09595	-.33295	.04473
	Equal variances not assumed			-1.525	282.737	.128	-.14411	.09452	-.33016	.04194
RES	Equal variances assumed	.085	.770	-1.530	295	.127	-.15196	.09931	-.34741	.04348
	Equal variances not assumed			-1.529	268.494	.128	-.15196	.09941	-.34768	.04376

Table 24 provides the output of an Independent sample t-test that includes the results of Levene's test for equality of variance. The researcher first checks the results of Levene's test to check the equality of variance for the t-test. The output indicates that Levene's test for equality of variances (F=0.535, p>0.05) is met, suggesting that there is no significant difference exists between two group's variances. Thus, the homogeneity of variance assumption is fulfilled for the first variable that is TAN. Likewise, the researcher examined the condition for other variables of the research, and it is clear from table 24 that no significant difference exists between the two group's variances for other factors also. ASSUR, REL, EMP, CS and RES have Levene's test values as (F=.024, p>0.05), (F=.402, p>0.05), (F=.025, p>0.05), (F=1.733, p>0.05) and (F=.085, p>0.05) respectively. This result shows that the condition of equal variance is met for all the factors, namely ASSUR, REL, EMP, CS, and RES.

Hence, from the output table, "equality of variances assumed" data was referred for further interpretation. Based upon the t statistics and its significance value for variable TAN $t(295) = -1.376$, p>0.05, it is interpreted that male and female respondents show no significant differences in their perception towards TAN of service in Kuwait Medical Retail Business. The value of t statistic and significance level for variable ASSUR, REL, EMP, CS and RES are $t\ (295) = -1.686$, p>0.05, $t\ (295) = -1.609$, p>0.05, $t\ (295) = -1.003$, p>0.05, $t\ (295) = -1.502$, p>0.05 and $t\ (295) = -1.530$, p>0.05 respectively. Thoroughly looking at these values, it can be interpreted that there's no significant difference in the perception of males and females toward TAN, ASSUR, REL, EMP, CS, and RES in Kuwait Medical Retail Business. Thus, the results of the above hypothesis can be summarized in table 25 as follows.

Table 25 Summarization of hypotheses H08 and H09

Hypotheses	Result
$H_0$8: There's no significant difference in the perception of males and females towards factors of SQ in Kuwait Medical Retail Business.	Accepted
$H_0$8.1: There's no significant difference in the perception of males and females toward TAN in Kuwait Medical Retail Business.	Accepted
$H_0$8.2: There's no significant difference in the perception of males and females towards ASSUR in Kuwait Medical Retail Business.	Accepted
$H_0$8.3: There's no significant difference in the perception of males and females towards REL in Kuwait Medical Retail Business.	Accepted
$H_0$8.4: There's no significant difference in the perception of males and females towards EMP in Kuwait Medical Retail Business.	Accepted
$H_0$8.5: There's no significant difference in the perception of males and females towards RES in Kuwait Medical Retail Business.	Accepted
$H_0$9: There's no significant difference in the level of CS between males and females in Kuwait Medical Retail Business.	Accepted

4.5.4 Testing Hypotheses $H_0$10 and $H_0$11 using ANOVA

The next hypotheses that need to be examined are related to the perception of respondents who belong to different income groups towards different SQ factors and CS in Kuwait Medical Retail Business. The group hypothesis is as follows.

$H_0$10: There's no significant difference in the perception of different customer income groups towards SQ factors in Kuwait Medical Retail Business.

It has the following sub hypotheses, which are as follows.

$H_0$10.1: There's no significant difference in the perception of different customer income groups towards TAN in Kuwait Medical Retail Business.

$H_0$10.2: There's no significant difference in the perception of different customer income groups towards ASSUR in Kuwait Medical Retail Business.

$H_0$10.3: There's no significant difference in the perception of different customer income groups towards REL in Kuwait Medical Retail Business.

$H_0$10.4: There's no significant difference in the perception of different customer income groups towards EMP in Kuwait Medical Retail Business.

$H_0$10.5: There's no significant difference in the perception of different customer income groups towards RES in Kuwait Medical Retail Business.

Hypothesis eleven is as follows.

$H_0$11: There's no significant difference in the perception of different customer income groups towards CS in Kuwait Medical Retail Business.

The researcher conducted the ANOVA test again, using the SPSS 21 software to test the hypotheses mentioned above. These hypotheses involve SQ factors (TAN, ASSUR, REL, EMPRES, and CS) and are aimed towards checking the difference in the opinion of the respondents towards the factors mentioned above in the current research. Again, the researcher first checked the assumption for the ANOVA test. For this, the researcher conducted a test of homogeneity using statistical software SPSS21. The results of the homogeneity test are presented in table 26 and show that the p-value (p=.414, p=.337, p=.674, p=.321, p=.295, and p=.065) for TAN, ASSUR, REL, EMP, CSATIS, RES respectively is greater than .05. Therefore, these results allowed the researcher to conduct an ANOVA test.

Table 26 Test of Homogeneity of Variances Group Hypotheses 10 and Hypothesis 11

	Levene Statistic	df1	df2	Sig.
TAN	.955	3	293	.414
ASSUR	1.130	3	293	.337
REL	.512	3	293	.674
EMP	1.170	3	293	.321
CSATIS	1.241	3	293	.295
RES	2.709	3	293	.065

The outcomes of the ANOVA test are revealed in the following table 27. After checking the assumption of homogeneity of variance and test the availability of the difference among different income groups, the researcher conducted the ANOVA. The various income groups are less than 500, 500-999, 1000-1999, and above 2000. It is clear from the output that TAN shows no significant difference based upon different income groups (F (3,293) =1.637, p = .181). The F value and p-value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (3,293) = 1.408, p = .240),(F (3,293) = 1.536, p = .205),(F (3,293) =1.602, p = .189). (F (3,293) =.775, p = .509) and (F (3,293) = 2.359, p = .072) respectively. This implies that there is no difference significantly between different income groups with regard to the SQ variables and CS.

Table 27 Results of ANOVA for Group Hypotheses 10 and Hypothesis 11

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
TAN	Between Groups	3.187	3	1.062	1.637	.181
	Within Groups	190.197	293	.649		
	Total	193.385	296			
ASSUR	Between Groups	2.617	3	.872	1.408	.240
	Within Groups	181.507	293	.619		
	Total	184.124	296			
REL	Between Groups	3.607	3	1.202	1.536	.205
	Within Groups	229.309	293	.783		
	Total	232.916	296			
EMP	Between Groups	2.915	3	.972	1.602	.189
	Within Groups	177.655	293	.606		
	Total	180.570	296			
CSATIS	Between Groups	1.564	3	.521	.775	.509
	Within Groups	196.982	293	.672		
	Total	198.545	296			
RES	Between Groups	5.017	3	1.672	2.359	.072
	Within Groups	207.722	293	.709		
	Total	212.739	296			

Based on the above discussion, it can be concluded that the H010.1, H010.2, H010.3, H010.4, H010.5, and H011 are accepted. The results of the hypotheses are summed up in table 28.

Table 28 Summarization of hypotheses $H_0$10 and $H_0$11

Hypotheses	Result
$H_0$10.1: There's no significant difference in the perception of different customer income groups towards TAN in Kuwait Medical Retail Business.	Accepted
$H_0$10.2: There's no significant difference in the perception of different customer income groups towards ASSUR in Kuwait Medical Retail Business.	Accepted
$H_0$10.3: There's no significant difference in the perception of different customer income groups towards REL in Kuwait Medical Retail Business.	Accepted
$H_0$10.4: There's no significant difference in the perception of different customer income groups towards EMP in Kuwait Medical Retail Business.	Accepted
$H_0$10.5: There's no significant difference in the perception of different customer income groups towards RES in Kuwait Medical Retail Business.	Accepted
$H_0$11: There's no significant difference in the perception of different customer income groups towards CS in Kuwait Medical Retail Business.	Accepted

4.5.5 Testing Hypothesis $H_0$12 and $H_0$13 Using ANOVA

The next hypotheses that need to be examined are related to the perception of respondents who belong to different education groups towards different SQ factors and CS in Kuwait Medical Retail Business. The group hypothesis is as follows.

$H_0$12: There's no significant difference in the perception of different customer educational groups towards SQ factors in Kuwait Medical Retail Business.

It has the following sub hypotheses, which are as follows.

$H_0$12.1: There's no significant difference in the perception of different customer educational groups towards TAN in Kuwait Medical Retail Business.

$H_0$12.2: There's no significant difference in the perception of different customer educational groups towards ASSUR in Kuwait Medical Retail Business.

$H_0$12.3: There's no significant difference in the perception of different customer educational groups towards REL in Kuwait Medical Retail Business.

$H_0$12.4: There's no significant difference in the perception of different customer educational groups towards EMP in Kuwait Medical Retail Business.

$H_0$12.5: There's no significant difference in the perception of different customer educational groups towards RES in Kuwait Medical Retail Business.

Hypothesis thirteen is as follows.

$H_0$13: There's no significant difference in the perception of different customer educational groups towards CS in Kuwait Medical Retail Business.

The researcher tested the different educational groups which are Not Graduated from high school; high school graduated;2-year diploma degree; bachelor's degree, master's degree, and doctoral degree. The researcher conducted the ANOVA test again, using the SPSS 21 software to test the above-mentioned hypotheses. These hypotheses involve testing all the SQ factors which are mentioned above and are aimed towards checking the difference in the opinion of the respondents towards the above-mentioned factors in the current research. Again, the researcher first conducted a test called "Homogeneity of Variances" to check the assumption for the ANOVA test. The results of the homogeneity test are presented in table 29 and show that the p-value (p=.057, p=.230, p=.403, p=.454, p=.598, and p=.071) for TAN, ASSUR, REL, EMP, CSATIS, RES respectively is greater than .05. Therefore, these results allowed the researcher to conduct an ANOVA test.

Table 29 Test of Homogeneity of Variances for educational group

	Levene Statistic	df1	df2	Sig.
TAN	3.264	5	291	.057
ASSUR	1.385	5	291	.230
REL	1.025	5	291	.403
EMP	.941	5	291	.454
CSATIS	.734	5	291	.598
RES	2.799	5	291	.071

The results of the ANOVA test are summarized at the following table 30. After checking the assumption of homogeneity of the variance, the researcher performed an ANOVA test to examine if there any difference exists between the different customer's educational groups.

It is clear from the output that TAN shows no significant difference based upon different education groups (F (5,291) =1.996, p = .181). The F value and p value is closely scrutinized and reveals that ASSUR, EMP and CS has results as (F (5,291) = .962, p = .442),(F (5,291) = .537, p = .748),(F (5,291) =.214, p = .956) respectively. This implies that there is no significant difference exist among different education groups towards ASSUR, EMP and CS factors.

However, the results of F value and p-value for factors REL and RES are (F (5,291) =2.277, p = .047) and (F (5,291) =2.431, p = .035) respectively. These outcomes reflect a difference between the different educational groups regarding variables REL and RES. Next, the researcher conducted post-Tuckey to test which educational groups are exactly different with respect to REL and RES.

Table 30 ANOVA for educational group

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
TAN	Between Groups	6.412	5	1.282	1.996	.079
	Within Groups	186.972	291	.643		
	Total	193.385	296			
ASSUR	Between Groups	2.993	5	.599	.962	.442
	Within Groups	181.131	291	.622		
	Total	184.124	296			
REL	Between Groups	8.769	5	1.754	2.277	.047
	Within Groups	224.147	291	.770		
	Total	232.916	296			
EMP	Between Groups	1.650	5	.330	.537	.748
	Within Groups	178.920	291	.615		
	Total	180.570	296			
CS	Between Groups	.728	5	.146	.214	.956
	Within Groups	197.817	291	.680		
	Total	198.545	296			
RES	Between Groups	8.530	5	1.706	2.431	.035
	Within Groups	204.209	291	.702		
	Total	212.739	296			

Sample data produces a difference in the mean scores of the three levels of our education variable.

Table 31 Multiple Comparisons Tukey HSD (Educational Group -REL and RES)

Dependent Variable	(I) Education Level	(J) Education Level	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
REL	Not Graduated from high school	High school graduated	-.25786	.17887	.702	-.7710	.2553
		2-year Diploma degree	-.22577	.21014	.891	-.8286	.3771
		Bachelor's degree	-.48769	.17710	.068	-.9958	.0204
		Master's degree	-.53924	.20759	.101	-1.1348	.0563
		Doctoral degree	-.61616	.52924	.853	-2.1345	.9021
	High school graduated	Not Graduated from high school	.25786	.17887	.702	-.2553	.7710
		2-year Diploma degree	.03209	.17168	1.000	-.4604	.5246
		Bachelor's degree	-.22983	.12914	.481	-.6003	.1407
		Master's degree	-.28138	.16854	.553	-.7649	.2021
		Doctoral degree	-.35830	.51518	.982	-1.8363	1.1196
	2-year Diploma degree	Not Graduated from high school	.22577	.21014	.891	-.3771	.8286
		High school graduated	-.03209	.17168	1.000	-.5246	.4604
		Bachelor's degree	-.26192	.16983	.637	-.7491	.2253
		Master's degree	-.31347	.20142	.628	-.8913	.2644
		Doctoral degree	-.39039	.52685	.977	-1.9018	1.1210
	Bachelor's degree	Not Graduated from high school	.48769	.17710	.068	-.0204	.9958
		High school graduated	.22983	.12914	.481	-.1407	.6003
		2-year Diploma degree	.26192	.16983	.637	-.2253	.7491
		Master's degree	-.05155	.16666	1.000	-.5297	.4266
		Doctoral degree	-.12847	.51457	1.000	-1.6047	1.3477
	Master's degree	Not Graduated from high school	.53924	.20759	.101	-.0563	1.1348

		High school graduated	.28138	.16854	.553	-.2021	.7649
		2-year Diploma degree	.31347	.20142	.628	-.2644	.8913
		Bachelor's degree	.05155	.16666	1.000	-.4266	.5297
		Doctoral degree	-.07692	.52584	1.000	-1.5855	1.4316
	Doctoral degree	Not Graduated from high school	.61616	.52924	.853	-.9021	2.1345
		High school graduated	.35830	.51518	.982	-1.1196	1.8363
		2-year Diploma degree	.39039	.52685	.977	-1.1210	1.9018
		Bachelor's degree	.12847	.51457	1.000	-1.3477	1.6047
		Master's degree	.07692	.52584	1.000	-1.4316	1.5855
RES	Not Graduated from high school	High school graduated	-.17950	.17073	.900	-.6693	.3103
		2-year Diploma degree	-.17215	.20058	.956	-.7476	.4033
		Bachelor's degree	-.40701	.16904	.157	-.8920	.0779
		Master's degree	-.56037	.19814	.056	-1.1288	.0080
		Doctoral degree	-.30909	.50516	.990	-1.7583	1.1401
	High school graduated	Not Graduated from high school	.17950	.17073	.900	-.3103	.6693
		2-year Diploma degree	.00735	.16386	1.000	-.4627	.4774
		Bachelor's degree	-.22750	.12327	.438	-.5811	.1261
		Master's degree	-.38087	.16087	.171	-.8424	.0806
		Doctoral degree	-.12959	.49173	1.000	-1.5403	1.2811
	2-year Diploma degree	Not Graduated from high school	.17215	.20058	.956	-.4033	.7476
		High school graduated	-.00735	.16386	1.000	-.4774	.4627
		Bachelor's degree	-.23485	.16210	.697	-.6999	.2302
		Master's degree	-.38822	.19225	.334	-.9397	.1633
		Doctoral degree	-.13694	.50287	1.000	-1.5796	1.3057
	Bachelor's degree	Not Graduated from high school	.40701	.16904	.157	-.0779	.8920

		High school graduated	.22750	.12327	.438	-.1261	.5811
		2-year Diploma degree	.23485	.16210	.697	-.2302	.6999
		Master's degree	-.15337	.15907	.929	-.6097	.3030
		Doctoral degree	.09792	.49115	1.000	-1.3111	1.5069
	Master's degree	Not Graduated from high school	.56037	.19814	.056	-.0080	1.1288
		High school graduated	.38087	.16087	.171	-.0806	.8424
		2-year Diploma degree	.38822	.19225	.334	-.1633	.9397
		Bachelor's degree	.15337	.15907	.929	-.3030	.6097
		Doctoral degree	.25128	.50191	.996	-1.1886	1.6912
	Doctoral degree	Not Graduated from high school	.30909	.50516	.990	-1.1401	1.7583
		High school graduated	.12959	.49173	1.000	-1.2811	1.5403
		2-year Diploma degree	.13694	.50287	1.000	-1.3057	1.5796
		Bachelor's degree	-.09792	.49115	1.000	-1.5069	1.3111
		Master's degree	-.25128	.50191	.996	-1.6912	1.1886

The results of the post-Tuckey test shown in table 31. Tukey HSD (Honest Significant Difference) shows that it is only the mean difference between the educational groups that reach significance. The *p*-value for different educational groups is (p>.05), which indicates that there is no significant difference exists among different educational groups. The significance of p-value shows that there is a difference among various educational groups, but there is no difference exists among the educational groups towards REL and RES in medical retail business in Kuwait. The outcomes of the hypotheses related to group $H_0$12 and $H_0$13 are summed up in table 32.

Table 32Summarization of hypotheses H012 and H013

Hypotheses	Result
$H_0$12.1: There's no significant difference in the perception of different customer educational groups towards TAN in Kuwait Medical Retail Business.	Accepted
$H_0$12.2: There's no significant difference in the perception of different customer educational groups towards ASSUR in Kuwait Medical Retail Business.	Accepted
$H_0$12.3: There's no significant difference in the perception of different customer educational groups towards REL in Kuwait Medical Retail Business.	Accepted
$H_0$12.4: There's no significant difference in the perception of different customer educational groups towards EMP in Kuwait Medical Retail Business.	Accepted
$H_0$12.5: There's no significant difference in the perception of different customer educational groups towards RES in Kuwait Medical Retail Business.	Accepted
$H_0$13: There's no significant difference in the perception of different customer educational groups towards CS in Kuwait Medical Retail Business.	Accepted

4.5.6 Testing Hypothesis $H_0$14 and $H_0$15 Using Cluster Analysis

In this section, the researcher tests the following hypothesis. The group hypothesis is as follows:

$H_0$14: There no statistical difference in the level of factors related to SQ among customer demographic groups in Kuwait medical retail business.

The sub hypotheses are as follows:

$H_0$14.1: There no statistical difference in the level of TAN among customer demographic groups in Kuwait medical retail business.

$H_0$14.2: There no statistical difference in the level of ASSUR among customer demographic groups in Kuwait medical retail business.

$H_0$14.3: There no statistical difference in the level of REL among customer demographic groups in Kuwait medical retail business.

$H_0$14.4: There no statistical difference in the level of EMP among customer demographic groups in Kuwait medical retail business.

$H_0$14.5: There no statistical difference in the level of RES among customer demographic groups in Kuwait medical retail business.

The fifteen hypotheses are as follows:

$H_0$15: There no statistical difference in the level of CS among customer demographic groups in Kuwait medical retail business.

In order to test the above hypotheses, the researcher conducted cluster analysis to investigate the possibility that different groups (customer segmentation) of respondents exist. Cluster analysis was employed to classify respondents into different demographic groups based on the respondents' profile that includes gender, age, education level, and income. Further, the researcher employed one-way ANOVA to compare the means of CS among different groups created by cluster analysis.

Based on the findings of the two-step cluster analysis and the demographics for the respondents, the respondents are split into five groups, as showed in figure10. As shown below, cluster 1 is 23% (n=69), cluster 4 is 21.2% (n=63), cluster 3 is 20.9% (n=62), cluster 5 is 17.8% (n=53) and cluster 2 is 16.8% (n=50). The below figure also reveals that cluster 1 consists of respondents age 26-40 (100%), monthly income 500-999(59.4%), females (100%). It also includes respondents with education levels as bachelor's degrees. However, in cluster 4, there are respondents age 26-40 (69.8%), male (84.1%). It also includes respondents with education levels as a two-year diploma. Cluster 3 consists of respondents of age group 18-25 (100%) and female 50%. It also includes respondents with education levels as high school graduates. Cluster 5 consists of respondents of age 26-40 (100%), monthly income 500-999 (100%), male (100%). It also includes respondents with education levels as bachelor's degrees. Lastly, looking at cluster 2, it consists of respondents age 26-40 (52%), monthly income 1000-1999 (80%), education level is bachelor's degree, and male (69%). The results are summarized in figure 15, as shown below.

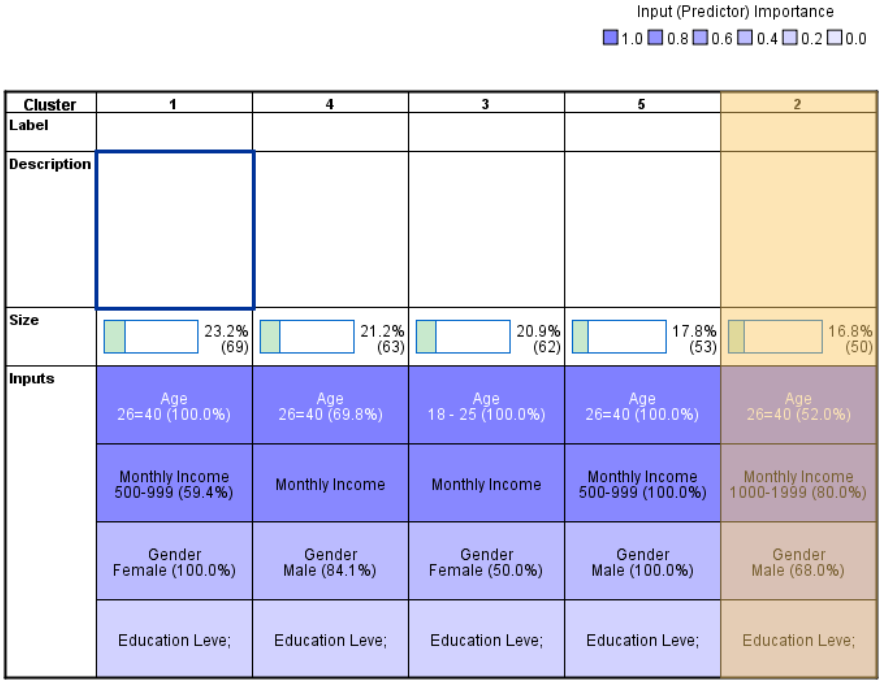

Figure 15 Summary of Cluster Analysis

The results of tests named as silhouette measure of cohesion and separation show that the quality of clusters lies between poor and fair. The results are demonstrated in figure 16.

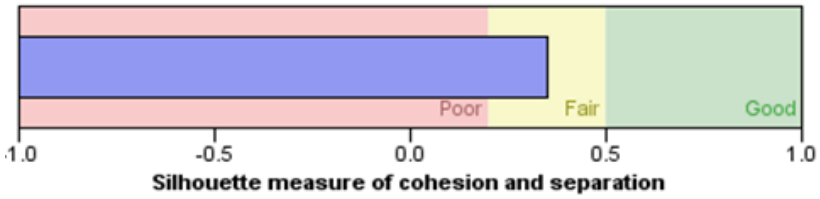

Figure 16 Clusters Quality

Next, the researcher has conducted ANOVA to test if there's any difference between the five clusters concerning factors of the research. These factors are TAN, REL, CSATIS, ASSUR, EMP, and RES. First, the researcher creates the profile of each cluster or group across demographic variables (such as age, income, gender, and education level) that are created by using one-way ANOVA. The results are summarized in tables 33 and 34.

Table 33 Mean and Standard Deviation for demographic variables for each cluster

Variable	Cluster	N	Mean	Standard Deviation
Age	I	69	3.71	1.024
	II	50	3.51	0.0564
	III	62	3.61	0.658
	IV	63	3.7	0.335
	V	53	3.24	0.225
Income	I	69	3.01	0.114
	II	50	2.56	0.0887
	III	62	2.89	0.0987
	IV	63	2.77	1.256
	V	53	2.61	1.564
Education Level	I	69	3.45	0.997
	II	50	2.89	1
	III	62	3.24	0.732
	IV	63	3.25	1.875
	V	53	3.01	1.268

As shown above, table 33 summarizes the mean and standard deviation of all the variables for each cluster. The variables are age, income, and education level. The five clusters are created based on three variables. N shows the participant's number in each cluster. The mean values for almost all the clusters are greater than 3. But there are clusters II, III, IV, and five for variable Income where the mean value is almost equal to three. Cluster II also has a mean value of 2.89 for the variable education level. These results depict that all the respondents in each cluster are agreed to the responses. Next, the researcher conducted a statistical test called ANOVA to test the significance of difference with respect to each dimension, namely TAN, ASSUR, REL, EMP, and RES. The researcher tests are there any difference exists among the clusters created with respect to each dimension. The results of ANOVA are shown below in table number 34.

Table 34 Results of ANOVA with Clusters

		Sum of Squares	df	Mean Square	F	Sig.
TAN	Between Groups	1.152	4	.288	.437	.782
	Within Groups	192.233	292	.658		
	Total	193.385	296			
ASSUR	Between Groups	2.081	4	.520	.834	.504
	Within Groups	182.043	292	.623		
	Total	184.124	296			
REL	Between Groups	3.096	4	.774	.984	.417
	Within Groups	229.819	292	.787		
	Total	232.916	296			
EMP	Between Groups	2.426	4	.607	.994	.411
	Within Groups	178.143	292	.610		
	Total	180.570	296			
CSATIS	Between Groups	1.681	4	.420	.623	.646
	Within Groups	196.864	292	.674		
	Total	198.545	296			
RES	Between Groups	4.415	4	1.104	1.547	.189
	Within Groups	208.324	292	.713		
	Total	212.739	296			

Table 34 shows the results of statistical test ANOVA, which is conducted to test the difference in cluster1, cluster 2, cluster 3, cluster 4, cluster 5 towards different factors of SQ and CS. Table 34 shows the consolidated results for all the factors and CS. It is clear from the output that TAN shows no significant difference based upon different clusters (F (4,292) = .437, p = .782). The F value and p-value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (4,292) = .834, p = .504), (F (4,292) = .984, p = .417), (F (4,292) = .994, p = .411), (F (4,292) = .623, p = .646) and (F (4,292) = 1.547, p = .189) respectively. This indicates that there is no statistical difference in the level of CS among the customer demographic group. Their perception towards different SQ factors is the same. These results indicate that there is no significance of difference with respect to each dimension, namely TAN, ASSUR, REL, EMP, RES, and CS. The tests show that is no difference exists among the clusters created with regard to each dimension and CS. Table 35 summarized the results.

Table 35 Summarization of results of group hypothesis $H_0$14 and hypothesis $H_0$15

Hypotheses	Result
$H_0$14.1: There no statistical difference in the level of TAN among customer demographic groups in Kuwait medical retail business.	Accepted
$H_0$14.2: There no statistical difference in the level of ASSUR among customer demographic groups in Kuwait medical retail business.	Accepted
$H_0$14.3: There no statistical difference in the level of REL among customer demographic groups in Kuwait medical retail business.	Accepted
$H_0$14.4: There no statistical difference in the level of EMP among customer demographic groups in Kuwait medical retail business.	Accepted
$H_0$14.5: There no statistical difference in the level of RES among customer demographic groups in Kuwait medical retail business.	Accepted
$H_0$15: There no statistical difference in the level of CS among customer demographic groups in Kuwait medical retail business.	Accepted

4.5.7 Testing Hypothesis $H_0$16 using Multiple Regression Analysis and Model Summary for all customers

$H_0$16: The effect of SQ dimensions does not differ on CS in Kuwait Medical Retail Business.

In this section, the researcher uses multiple regressions to check the overall model of the current study. The researcher tests the relationship between all the IV and DV and the significance of each factor. The R-square statistic was used in the validation analysis. The variance proportion in the DV explained by all of the IV was 0.697 or 69.7 percent. Table 36 is shown the results.

Table 36 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.838[a]	.702	.697	.45081
a. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL				

The multiple regression for the relationship among the set of IV (RES, ASSUR, TAN, EMP, REL) and the DV (CS) is 0.838, which would be characterized as a healthy relationship as per standard.

Table 37 ANOVA for Dependent and independent variable

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	139.405	5	27.881	137.190	.000[b]
	Residual	59.140	291	.203		
	Total	198.545	296			
a. Dependent Variable: CS						
b. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL						

Table 37 shows the results of ANOVA as (r=.838, F (5,291) = 137.190, p < 0.05). The probability of the F-statistic (137.190) for the overall regression relationship is <0.001, less than or equal to the level of significance of 0.05. CS is based on the factors RES, ASSUR, TAN, EMP, and REL.

Table 38 Regression Coefficients

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.217	.153		12.420	.001
	TAN	.037	.064	.037	1.587	.010
	ASSUR	.182	.061	.175	2.982	.003
	REL	.097	.066	.105	1.465	.004
	EMP	.667	.062	.636	10.813	.000
	RES	.053	.068	.055	2.781	.010
a. Dependent Variable: CS						

Table 38 shows the result of the regression coefficient between dependent and independent variables. The probability of the t-statistic (1.587) for the b coefficient (0.037) is 0.01, which is equal to the level of significance of 0.01. Therefore, there is a statistically significant relationship between TAN and CS. Similarly, for factor ASSUR, the level of significance is less than 5 percent or .05, and the b coefficient is positive and

equal to 0.175. The value of coefficients for REL is .105 ($p<.05$), EMP.636 ($p<.05$) and RES.055 ($p<.05$).

The orders of importance of the variables are EMP, ASSUR, REL, and RES in the Kuwait medical retail business. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among different customers in Kuwait Medical Retail Business.

Therefore, H_{016}: The effect of SQ dimensions does not differ on CS in Kuwait Medical Retail Business. -Rejected.

4.5.8 Testing of Hypothesis $H_0$17 using Multiple Regression Analysis on the basis of Demographic Customer Groups

The next hypothesis that needs to be tested is as follows.

$H_0$17: The effect of SQ dimensions on CS does not vary among different customer demographic groups in Kuwait Medical Retail Business.

Here the researcher conducted multiple regression to examine the difference in the SQ factors based on different demographic groups formed and described in section 4.5.6.

The researcher executes multiple regression using SPSS software. The studied variables are CS as the dependent variable and SQ factors (RES, ASSUR, TAN, EMP, REL). Table 39 shows the model summary for cluster I, II, III, IV. And cluster V. The R-square statistic was used in the validation analysis. The proportion of variance in the dependent variable explained by all of the independent variables was 0.771 or 77.1percent for model cluster I,0.698 or 69.8% for cluster II, 0.559 or 55.9 percent for the cluster III, 0.684 for cluster IV and 0.615 or 61.5% for cluster V. As per adjusted r square statistics, cluster I explained the highest proportion of variance. The results are shown in Table 39.

Table 39 Model Summary for ClusterI, II, III, IV, V

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
For Cluster I	0.784[a]	0.778	0.771	0.45871
For Cluster II	0.717	0.709	0.698	0.54218
For Cluster III	0.671	0.662	0.559	0.12587
For Cluster IV	0.701	0.691	0.684	0.64781
For Cluster V	0.631	0.629	0.615	0.17965
a. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL				

The multiple regression for the relationship between the set of independent variables (RES, ASSUR, TAN, EMP, REL) and the dependent variable CS is 0.784, 0.717, 0.671, 0.701 and 0.631 for cluster I, II, III, IV, and cluster V. The relationship seems to be characterized as a healthy relationship as per standard. The summarized result for models for all the possible clusters is shown in table 39.

Further, the researcher analyzes the ANOVA table for each cluster and summarizes the results in table 40.

Table 40 ANOVA for Cluster I, II, III, IV, V

Model		Sum of Squares	Df	Mean Square	F	Sig.
Cluster I	Regression	110.545	5	22.109	1457.21	.000[b]
	Residual	45.22	64	0.706563		
	Total	155.765	69			
Cluster II	Regression	90.897	5	18.1794	1223.01	.001[b]
	Residual	22.17	45	0.492667		
	Total	113.067	50			
Cluster III	Regression	121.981	5	24.3962	445.76	.031[b]
	Residual	74.25	57	1.302632		
	Total	196.231	62			
Cluster IV	Regression	98.58	5	19.716	547.12	.000[b]
	Residual	24.742	58	0.426586		
	Total	123.322	63			
Cluster V	Regression	99.87	5	19.974	778.82	.001[b]
	Residual	35.64	48	0.7425		
	Total	135.51	53			
a. Dependent Variable: Customer Satisfaction						
b. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL						

Table 40 shows the results of ANOVA as (r=0.784, F (5,64) = 1457.21, p < 0.05) for cluster I. The value of F statistics for cluster II is (r=0.717, F (5,45) = 1223.01, p < 0.05). The Cluster III, IV and V shows the results as (r=0.671, F (5,57) = 445.76, p < 0.05), (r=0.701, F (5,58) = 547.12, p < 0.05) and (r=0.631, F (5,48) = 778.82, p < 0.05). The probability of the F-statistic (1457.21), (1223.01), (445.76), (547.12) and (778.82) for Clusters I, II, III, IV and V respectively and the whole regression relationship is <0.001, less than or equal to the level of significance of 0.05. CS is based on the factor's RES, ASSUR, TAN, EMP, and REL for all the clusters.

Table 41 Regression Coefficients for Cluster I, II, III, IV, V

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
Cluster I	(Constant)	0.217	0.153		22.42	0.001
	TAN	0.037	0.064	0.027	1.002	0.01
	ASSUR	0.182	0.061	0.165	2.002	0.003
	REL	0.097	0.066	0.950	1.405	0.004
	EMP	0.667	0.062	0.626	8.322	0.001
	RES	0.053	0.068	0.045	1.021	0.01
Cluster II	(Constant)	0.269	0.102		21.65	0.01
	TAN	0.089	0.013	0.251	1.821	0.01
	ASSUR	0.234	0.01	0.389	3.216	0.01
	REL	0.149	0.015	0.319	1.699	0.02
	EMP	0.719	0.011	0.85	11.047	0.003
	RES	0.105	0.017	0.269	3.015	0.001
Cluster III	(Constant)	0.764	0.484		17.65	0.001
	TAN	0.584	0.395	0.626	1.941	0.005
	ASSUR	0.729	0.392	0.764	3.336	0.02
	REL	0.644	0.397	0.694	1.819	0.011
	EMP	1.214	0.393	1.225	11.167	0.004
	RES	0.6	0.399	0.644	3.135	0.021
Cluster IV	(Constant)	1.418	0.259		25.874	0.000
	TAN	1.238	0.17	0.402	3.085	0.001
	ASSUR	1.383	0.167	0.54	1.568	0.023
	REL	1.298	0.172	0.47	10.916	0.015
	EMP	1.868	0.168	1.001	2.884	0.011
	RES	1.254	0.174	0.42	25.623	0.000

Cluster V	(Constant)	2.076	0.818		31.257	0.006
	TAN	1.896	0.729	1.101	2.534	0.002
	ASSUR	2.041	0.726	1.031	1.017	0.04
	REL	1.956	0.731	1.562	10.365	0.041
	EMP	2.526	0.727	0.981	2.333	0.022
	RES	1.912	0.733	0.561	25.072	0.003
a. Dependent Variable: CS						

Table 41 shows the result of the regression coefficient between dependent and independent variables for all the clusters.

For Cluster I, the probability of the t-statistic (1.002) for the b coefficient (0.027) is 0.01, which is equal to the level of significance of 0.01. Therefore, there is a statistically significant relationship between TAN and CS. For cluster I. Similarly, for the factor ASSUR, the level of significance is less than 5 percent or .05, and the b coefficient is positive and equal to 0.165. The value of coefficients for REL is 0.950 ($p<.05$), EMP .626 ($p<.05$) and RES .045 ($p<.05$). The orders of importance of the variables are REL, EMP, ASSUR, RES and TAN in the Kuwait medical retail business. These results show that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among members of cluster I.

For Cluster II, the probability of the t-statistic (1.821) for the b coefficient (0.251) is 0.01, which is equal to the level of significance of 0.01. Therefore, there is a statistically significant relationship between TAN and CS. for cluster II. The coefficients detail for other SQ factors for cluster II also shows the level of significance is less than 5 percent or .05. The value of coefficients for ASSUR is 0.389, REL is 0.319($p<.05$), EMP0.850 ($p<.05$) and RES 0.269($p<.05$). The orders of importance of the variables are EMP, ASSUR, REL, RES, and TAN in the Kuwait medical retail business. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among members of cluster II.

For Cluster III, the probability of the t-statistic (1.941) for the b coefficient (0.626) is 0.005, which is below the level of significance of 0.05. Therefore, there is a statistically

significant relationship between TAN and CS. for cluster III. Similarly, for factor ASSUR, the level of significance is less than 5 percent or .05, and the b coefficient is positive and equal to 0.764. The value of coefficients for REL is 0.694($p<.05$), EMP 1.225($p<.05$) and RES 0.644($p<.05$). The orders of importance of the variables are EMP, ASSUR, REL, RES, and TAN in the Kuwait medical retail business. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among members of cluster III.

For Cluster IV, the orders of importance of the variables are EMP ($t=3.085$, $p<.05$), ASSUR ($t=1.568$, $p<.05$), REL ($t=10.916$, $p<.05$), RES($t=25.623$, $p<.05$), and TAN ($t=3.085$, $p<.05$) in Kuwait medical retail business. The p-value is significant for all the SQ factors for the respondents of cluster IV. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among members of cluster IV.

For Cluster V, the orders of importance of the variables are REL ($t=10.365$, $p<.05$), TAN($t=2.534$, $p<.05$), ASSUR($t=1.017$, $p<.05$), EMP($t=2.333$, $p<.05$) and RES($t=25.072$, $p<.05$) in Kuwait medical retail business. The p-value is significant for all the SQ factors for the respondents of cluster V. These results show that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among members of cluster V.

Based on the outcomes of five clusters, as discussed above, the researcher can conclude that the effect of SQ factors on CS varies among different customer demographic groups.

Therefore, the $H_0$17: The effect of SQ dimensions on CS does not vary among different customer demographic groups in Kuwait Medical Retail Business - Rejected

4.6 Review of Findings

Chapter 4 was dedicated to providing an overview of the data that was analyzed. The analysis outcomes were organized into sections; each of them allows for a detailed analysis of the SQ factors that affect CS in medical retail business in Kuwait. Frequency and descriptive analysis were used to find the distribution of responses to each item. Mean values are used to know the importance of each factor. The further researcher conducted factor analysis to explore the theoretical dimensions RES, ASSUR, TAN, EMP, REL, CS with more available items to explore the relationship between the variables. Correlation analysis was used to define the relationship between RES, ASSUR, TAN, EMP, REL, and CS in medical retail business in Kuwait. One-way ANOVA and Tukey post hoc tests were used for the data analyzing and identifying the significant impact of the age, the income, and the educational background on each of the SQ factors and CS while an independent sample t-test was utilized to define the significant impact of gender. Cluster Analysis is used to define the data into meaningful clusters based on demographic variables (gender, age, income, education). ANOVA is used to check the difference between the various clusters towards various factors (RES, ASSUR, TAN, EMP, REL, and CS). Finally, the M.R. analysis was applied to examine the conceptual research model. The outcomes of the study were summarized and presented using the tables and the graphs.

The data collected shows that out of 297, 57.6% (n=171) were male and 42.4% (n=126) were female. The next variable of the study is age. The data collected shows that most of the respondents (n=192, 64%) belong to category 26-40, followed by respondents (n=62, 20.9%) belong to the age group18 – 25. There were only 14.5% (n=43) respondents who belong to the age group 41 – 65. The next demographic variable is monthly income. Most of the respondents (n=12, 43.4%) have a monthly salary of less than 500, which is followed by a group that has salaries in the range of 500-999. 41.4% (n=123) respondents have salaried in the mentioned range. 14.5% (n=43) have monthly income as 1000-1999. Only 7% (n=43) have salaries above 2000. As far as education level is concerned, it is clear that most of the respondents (n=96, 32.3%) possess bachelor's degree followed by

respondents (n=89, 30%) who are high school graduated. 13.1% (n= 39)are master's degree holder. 11.1%(n=33) respondents are not graduated from high school.

The analysis of mean values shows that the ASSUR factor (M=4.0017, SD=.78870) is the most important factor, as indicated by the respondents. The next most factor was EMP (M=3.9677, SD=.78105), followed by TAN (M=3.9360, SD=.80829), CS (M=3.9091, SD=.81900), RES (M=3.8411, SD=.84777) and finally the least factor indicated by respondents was REL (M=3.8350, SD=.88706).

The researcher performed the statistical test named Pearson correlation to check the inter-relationship between variables TAN, ASSUR, REL, EMP, RES and CS in Kuwait Medical Retail Business. The significance was also tested for each relationship of the study. The result of the Pearson correlation test displays that there is an ($r = .80$, $p < .05$) very strong positive correlation between the factor TAN and CS in Kuwait Medical Retail Business. The result also shows that there is a great positive correlation ($r = .88$, $p < .05$) between the factor REL and CS in Kuwait Medical Retail Business. Further ($r = .83$, $p < .05$) very strong positive correlation between the factors RES and CS in Kuwait Medical Retail Business. There exist a strong positive correlation ($r = .79$, $p < .05$) between the factor EMP and CS in Kuwait Medical Retail Business, ($r = .74$, $p < .05$) positive correlation between the factor ASSUR and CS in Kuwait Medical Retail Business. The results of statistical test ANOVA which is conducted to test the difference in respondent's perception towards different factors of SQ and CS. The results of the test shows that TAN shows no significant difference based upon different age groups (F (2,294) = .858, p = .425). The F value and p value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (2,294) = .177, p = .838), (F (2,294) = .421, p = .657), (F (2,294) = .126, p = .882), (F (2,294) = .262, p = .770). and (F (2,294) = .750, p = .473) respectively. This implies that there is no significant difference exists among different age groups towards the SQ factors and CS.

Based upon the t statistics and its significance value for variable TAN t (295) =-1.376, $p>0.05$, it is interpreted that male and female respondents show no significant

differences in their perception towards TAN of service in Kuwait Medical Retail Business. The value of t statistic and significance level for variable ASSUR, REL, EMP, CS and RES are *t* (295) =-1.686, p>0.05, *t* (295) =-1.609, p>0.05, t (295) =-1.003, p>0.05, t (295) =-1.502, p>0.05 and *t* (295) =--1.530, p>0.05 respectively. Thoroughly looking at these values, it can be interpreted that there's no significant difference in the perception of males and females toward TAN, ASSUR, REL, EMP, CS, and RES in Kuwait Medical Retail Business.

ANOVA test is conducted to investigate if there any difference exists among the different income groups. It is clear from the output that TAN shows no significant difference based upon different income groups (*F* (3,293) =1.637, *p* = .181). The F value and p value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (*F* (3,293) = 1.408, *p* = .240),(*F* (3,293) = 1.536, *p* = .205),(*F* (3,293) =1.602, *p* = .189). (*F* (3,293) =.775, *p* = .509) and (*F* (3,293) = 2.359, *p* = .072) respectively. This implies that there is no significant difference exists among different income groups towards the SQ factors and CS.

The result of ANOVA for different educational groups shows that TAN has no significant difference based upon different education groups (*F* (5,291) =1.996, *p* = .181). The F value and p-value reveals that ASSUR, EMP and CS has results as (*F* (5,291) = .962, *p* = .442),(*F* (5,291) = .537, *p* = .748),(*F* (5,291) =.214, *p* = .956) respectively and shows that there is no significant difference exist among different education groups towards ASSUR, EMP and CS factors. However, the results of F value and p-value for factors REL and RES are (*F* (5,291) =2.277, *p* = .047) and (*F* (5,291) =2.431, *p* = .035) respectively. These outcomes indicate a difference exists between the different educational groups in relation to the variable's REL and RES. The result of Post Tuckey shows that the *p*-value for different educational groups is (p>.05), which shows that there is no significant difference exists among different educational groups in medical retail business in Kuwait.

The results of multiple regression show that the probability of the t-statistic (1.587) for the b coefficient (0.037) is 0.01, which is equal to the level of significance of 0.01. Therefore, there is a statistically significant relationship between TAN and CS. Similarly, for factor ASSUR, the level of significance is less than 5 percent or .05, and the b coefficient is positive and equal to 0.175. The value of coefficients for REL is .105 ($p<.05$), EMP .636 ($p<.05$) and RES .055 ($p<.05$). The orders of importance of the variables are EMP, ASSUR, REL, and RES in the Kuwait medical retail business.

Cluster analysis shows that there are five meaningful clusters based on demographic data. It is clear that TAN shows no significant difference based upon different clusters (F (4,292) = .437, p = .782). The F value and p value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (4,292) = .834, p = .504), (F (4,292) = .984, p = .417), (F (4,292) = .994, p = .411), (F (4,292) = .623, p = .646) and (F (4,292) = 1.547, p = .189) respectively. This implies that there is statistical difference in the level of CS among customer demographic group. Their perception towards different SQ factor is not same.

As this chapter was dedicated to present the findings of the data analysis and the statistical analysis significance, the following chapter five will be dedicated to the results of the case study. It also involves a comparison of the results of the main study and case study.

CHAPTER FIVE: CASE STUDY

5.1 Introduction

The previous chapter is dedicated to the analysis and interpretation of the data collected for the study. The researcher interprets the results thoroughly. The main objectives of the current study are as follows:

- To understand the part played by SQ in the satisfaction of the customer in Kuwait Medical retail business.
- To identify different dimensions of SQ that influence the satisfaction of clients within the medical retail business of Kuwait.
- To recognize the influence of quality of service on the satisfaction of customer through diverse demographic variables within the medical retail business of Kuwait.
- To provide recommendations regarding the improvement of services in the medical retail business to satisfy more customers

In order to achieve the above-mentioned objectives, the researcher formulates a total of seventeen hypotheses. Some hypotheses have sub hypotheses also. According to the findings of the test applied, the researcher accepted or rejected the hypotheses. The researcher examines the relationship of five factors TAN, RES, REL, ASSUR, and EMP as determinants of SQ with CS. The researcher also examined the influence of quality of service on the satisfaction of customers through diverse demographic variables within the medical retail business of Kuwait. In this chapter, the researcher provides a case study discussion. The case study was conducted with the intention of applying the model of the main study in a different study setting.

Sekaran and Bougie (2013) mentioned that one of the most crucial hallmarks of scientific research is replicability or reproducibility. This will help the researcher to check the practical applicability of research in real scenarios. Researchers are recommended to

report in detail the research design and methodology they followed. This allows other researchers to replicate it in other settings. The result of the main study shows that there exists a positive and strong relationship between the determinants of SQ and CS. The findings of the main study also show that there is no statistical difference in the level of CS among customer demographic groups. Their perception toward different SQ factors is the same. Therefore, the researcher decided to conduct a case study here that refers to the researcher's attempt to replicatethe model of the main study to a study setting that is different and similar to original study settings. The case study will help the researcher to check the applicability of the current study results into the real practical situations.

Chapter five is dedicated to the case study results along with comparing the findings of the case study with the main study in order to highlight any differences (if exists) in the results for both studies. In this chapter, under various sections, researchers have discussed case study methodology, case study findings, and limitations of the study.

5.2 Case study research design

The researcher used a quantitative research design to conduct a case study, and the same quantitative design is used in the main study also. The case study is an important aspect of quantitative research as it helps establish the generalizability of the findings. The researcher usedthe questionnaire as the main tool for data collection. The medical equipment retail shoppers living in Kuwait territory are included in the case study. Furthermore, respondents over the age of 18 years have been approached and inculcated for the sample size ranging till the age of over 65. Also, any responses from medical retail businesses outside Kuwait have also been excluded to maintain the significance of the study and research area. The researcher followed the same criterion that he followed while conducting the main study.

The researcher approached respondents using a probability sampling technique. Respondents of the case study were unique in a manner that they did not participate in the

main study. This has been assured by the researcher. Data was collected post-analysis of main study data. The questionnaire used in the main study is used for collecting the data for the case study also. Data collected from 30 respondents were considered for analysis.

The researcher analyzed data using the frequency analysis, Independent sample t-test,one way ANOVA, and regression analysis. As the sample size is small researcher did not conduct cluster analysis.

5.3 Case study data analysis and interpretation

In this section, the researcher presented an analysis of the case study data. The purpose of the case study is to assess if the findings are in line with the main study; data is best presented in a manner for the reader to make it easier to compare. Case study data were analyzed with the help of statistical software SPSS version 21, and the researcher conducted an Independent sample t-test, one-way ANOVA, and Pearson's correlation analysis. Independent sample t-test assisted in analyzing mean value differences of factors and CS for male and female customers of the case study. One-way ANOVA was used to test the group mean value differences for SQ factors and CS based upon age, monthly income, and education level; Finally, the researcher had assessed the link among the main variables of the current research and then the researcher had compared the outcome of the main study with the results of the case study.

5.3.1 Sample Profile of Respondents of case study

First, the researcher presented the description of the sample profile for the case study. There is a total of 30 respondents. They are profiled for gender, age, education level, and income, and the results are shown in Table 42.

Table 42 Sample Profile of case study (N=30)

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	17	56.67	56.67	56.67
	Female	13	43.33	43.33	100.00
	Total	30	100.00	100.00	
Age	18 - 25	10	33.33	33.33	33.33
	26-40	12	40.00	40.00	73.33
	41 - 65	8	26.67	26.67	100.00
	Total	30	100.00	100.00	
Monthly Income	Less than 500	12	40.00	40.00	40.00
	500-999	10	33.33	33.33	73.33
	1000-1999	7	23.33	23.33	96.67
	Above 2000	1	3.33	3.33	100.00
	Total	30	100.00	100.00	
Education Level	Not Graduated from high school	4	13.33	13.33	13.33
	High school graduated	14	46.67	46.67	60.00
	2-year Diploma degree	6	20.00	20.00	80.00
	Bachelor's degree	3	10.00	10.00	90.00
	Master's degree	2	6.67	6.67	96.67
	Doctoral degree	1	3.33	3.33	100
	Total	30	100	100	

Out of 30 respondents, there are 56.67% (n=17) are male and 43.33% (n=13) respondents are female. 33.33% (n=10) belong to age group of 18-25 years, 40% (n=12) belong to 26-40 age group, 26.67% (n=8) belong to 41.65 age groups. Next, researcher describe the respondent's profile on the basis of monthly income. 40% (n=12) respondents have income in the range of Less than 500. 33.33% (n=10) belong to income group 500-999. 23.33%(n=7) have 1000-1999 and 3.33% (n=1) belong to above 2000. As far as education level is concerned, 13.33%(n=4) are not graduated from high school, 46.67% (n=14) are high school graduated, 20% (n=6) have 2-year diploma degree, 10% (n=3) have bachelor degree, 6.67% (n=2) have master degree and 3.33% (n=1) have doctoral degree.

5.3.2 Pearson correlation

Next, the researcher conducted a Pearson correlation test to examine the relationship between TAN, ASSUR, REL, EMP, RES, and CSATIS for the case study data. The level of significance is 0.05 for the correlation analysis. Table 43 shows the summary of the Pearson correlation (r) for all the variables of the study. The correlation matrix demonstrates the relationship between the IV and the DV.

Table 43 Comparison of Pearson Correlation values between Variables of case study and the main study

Dependent Variable CS	Original Study		Case Study	
Independent Variable	R	Significance	R	Significance
TAN	r=.80	p<.05	r=.82	p<.05
ASSUR	r=.74	P<.05	r=.76	P<.05
REL	r=.88	P<.05	r=.90	P<.05
EMP	r=.79	P<.05	r=.81	P<.05
RES	r=.83	P<.05	r=.85	P<.05

Based on the above table, the researcher discovered that there is anobvious significant correlation amongthe dependent and independent variables of the case study. The researcher performed the statistical test named Pearson correlation to check the inter-relationship between variables TAN, ASSUR, REL, EMP, RES and CS in Kuwait Medical Retail Business. The significance was also tested for each relationship of the study. The result of the Pearson correlation test displays that there is an ($r = .82$, $p < .05$) very strong positive correlation between the factor TAN and CS in Kuwait Medical Retail Business. The result also shows that there is a great positive correlation ($r = .90$, $p < .05$) between the factor REL and CS in Kuwait Medical Retail Business.

Further ($r = .85$, $p < .05$) very strong positive correlation between the factors RES and CS in Kuwait Medical Retail Business. There exist a strong positive correlation ($r = .81$, $p < .05$) between the factor EMPand CS in Kuwait Medical Retail Business, ($r = .76$, $p < .05$) positive correlation between the factor ASSUR and CS in Kuwait Medical Retail Business. The results of the case study are aligned with the main study.

5.3.3 ANOVA Test for comparing respondents of different age group on the basis of SQ factors and CS

Next, the researcher conducted a statistical test called ANOVA using software SPSS 21. This test helps the researcher to understand the group differences among different age groups for the case study.

Table 44 shows the results of statistical test ANOVA which is conducted to test the difference in respondent's perception towards different factors of SQ and CS on the basis of age for the case study. Table 44 shows the consolidated results for all the factors and CS and compares the results with the main study. It is clear from the output that TAN shows no significant difference based upon different age groups (F (2,294) = .858, p = .425). The F value and p-value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (2,294) = .177, p = .838), (F (2,294) = .421, p = .657), (F (2,294) = .126, p = .882), (F (2,294) = .262, p = .770). and (F (2,294) = .750, p = .473) respectively. This implies that there is no significant difference exists among different age groups towards the SQ factors and CS. The researcher conducted Tukey HSD to make sure of the results of ANOVA.

Table 44 Comparison of results of ANOVA on the basis of age

Variable	Main Study		Case Study	
	F	Sig.	F	Sig.
TAN	.858	.425	.658	.521
ASSUR	.177	.838	.457	.054
REL	.421	.657	.214	.114
EMP	.126	.882	.789	.071
CSATIS	.262	.770	.884	.087
RES	.750	.473	.756	.871

Table 44 shows that TAN shows no significant difference based upon different age groups (F (2,28) = .658, p = .521). The F value and p value also reveals that ASSUR, REL, EMP, CS and RES has results as (F (2,28) = .457, p = .054), (F (2,28) = .214, p = .114), (F (2,28) = .789, p = .071), (F (2,28) = .884, p = .087). and (F (2,28) = .756, p =

.871) respectively. This implies that there is no significant difference exist among different age groups towards the SQ factors and CS. The results are similar to main study.

5.3.4 T-test to compare respondents towards SQ factors and CS for the case study.

Next, the researcher conducted a t-test to check is there any difference in the mean values and t-statistics on the basis of male and female towards SQ factors and CS. The test is carried out for the case study respondents, and then the results are compared.

Table 45 Comparison of t-test for main study and case study on the basis of gender

	Variable	Gender	Mean	Std. Deviation	t-statistics
Main Study	TAN	Male	3.88	0.78	t (295) =-1.376, p>0.05
		Female	4.01	0.84	
	ASSUR	Male	3.94	0.79	t (295) =-1.686, p>0.05
		Female	4.09	0.78	
	REL	Male	3.76	0.89	t (295) =-1.609, p>0.05
		Female	3.93	0.88	
	EMP	Male	3.93	0.79	t (295) =-1.003, p>0.05
		Female	4.02	0.78	
	CSATIS	Male	3.85	0.85	t (295) =-1.502, p>0.05
		Female	3.99	0.77	
	RES	Male	3.78	0.84	t (295) =-1.530, p>0.05
		Female	3.93	0.85	
Case Study	TAN	Male	3.43	1.44	t (28) =1.658, p>0.05
		Female	3.56	1.50	
	ASSUR	Male	3.49	0.25	t (28) =-2.548, p>0.05
		Female	3.64	0.12	
	REL	Male	3.31	0.63	t (28) =-1.985, p>0.05
		Female	3.48	1.54	
	EMP	Male	3.48	1.45	t (28) =-3.658, p>0.05
		Female	3.57	0.66	
	CSATIS	Male	3.40	1.51	t (28) =-1.542, p>0.05
		Female	3.54	1.66	
	RES	Male	3.33	1.50	t (28) =-4.500, p>0.05
		Female	3.48	0.87	

As per table 45, the mean value for the TAN factor for male and female respondents is not the same. Male respondents (M=3.43, SD=.78293) have slightly lower mean value as compared to female respondents (M=3.56, SD=1.50). Similar results can be seen with respect to other factors also. Male respondents have mean value(M=3.49, SD=.25) less than female respondents(M=3.64, SD=0.12) for variable ASSUR. In the case of REL, male respondents have mean value (M=3.31, SD=.63), which is less than female respondent's mean value (M=3.48, SD=1.45) Male respondents have mean value (M=3.48, SD=.785) for variable EMP which also follows the same pattern as shown by other factors. Here also, female respondents show a high mean value (M=4.0206, SD=1.45). With respect to CS and responsibility factors, male respondents have mean value (M=3.40, SD=1.51) and (M=3.33, SD=1.50), which is lower the mean value (M=3.54, SD=1.66) and (M=3.48, SD=.87) of female respondents with respect to CS and responsibility factors respectively.

Although it is obvious from the table above that there is a difference within the mean values of males and females, yet the difference is very less, and the significance of the difference is tested in table 45. The result of mean values is very close to the results of the main study. Further, analyzing the value of t statistic and significance level for variable ASSUR, REL, EMP, CS and RES have t (28) =1.658, p>0.05, t (28) =-2.548, p>0.05, t (28) =-1.985, p>0.05, t (28) =-3.658, p>0.05, t (28) =-1.542, p>0.05 and t (28) =-4.500, p>0.05 respectively. Thoroughly looking at these values, it can be interpreted that there's no significant difference in the perception of males and females toward TAN, ASSUR, REL, EMP, CS, and RES in Kuwait Medical Retail Business. The same results can be seen for the main study also.

5.3.5 ANOVA to check the difference on the basis of the income group for the case study.

Next, the researcher conducted ANOVA to investigate the difference in the mean values on the basis of different income groups of case study data. Then the results are summarized in Table 46. Then the researcher compared the results with the main study.

Table 46 Comparison of ANOVA for main study and case study on the basis of income group

Variable	Main Study		Case Study	
	F	Sig.	F	Sig.
TAN	1.637	.181	0.312	.054
ASSUR	1.408	.240	1.337	.012
REL	1.536	.205	1.854	.057
EMP	1.602	.189	.754	.871
CSATIS	.775	.509	1.621	.582
RES	2.359	.072	0.778	.006

It is clear from the output that TAN shows no significant difference based upon different income groups (F (3,26) =0.312, p = .054). The F value and p value is closely scrutinized and reveals that ASSUR, REL, EMP, CS and RES has results as (F (3,26) = 1.337, p = .012),(F (3,26) = 1.854, p = .057),(F (3,26) =.754, p = .871). (F (3,26) =1.621, p = .582) and (F (3,26) = 0.778, p = .006) respectively. This implies that there is no significant difference exist among different income groups towards the SQ factors and CS. The results are matching with the case study.

5.3.6 ANOVA to check the difference on the basis of education group for case study

In this part of the case study, the researcher executed ANOVA to check the difference in the perception of respondents on the basis of their education, towards different SQ factors and CS. Results are summarized in table 47, and a comparison is made between the results of the case study and the main study.

Table 47 Comparison of ANOVA for main study and case study on the basis of the education group

Variable	Main Study		Case Study	
	F	Sig.	F	Sig.
TAN	1.996	.079	0.541	.064
ASSUR	.962	.442	1.007	.042
REL	2.277	.047	1.661	.077
EMP	.537	.748	.564	.761
CSATIS	.214	.956	1.334	.472
RES	2.431	.035	1.614	.105

The researcher conducted an ANOVA test to investigate if there any difference exists among the different education groups of customers for the case study. It is clear from the output that TAN shows no significant difference based upon different education groups (F (5,24) =0.541, p = .064). The F value and p-value is closely scrutinized and reveals that ASSUR, EMP and CS has results as (F (5,24) = 1.007, p = .042),(F (5,24) = 1.661, p = .077),(F (5,24) =.564, p = .761) respectively. This implies that there is no significant difference exists among different education groups towards ASSUR, EMP, and CS factors. However, the results of F value and p-value for factors REL and RES are (F (5,291) =2.277, p = .047) and (F (5,291) =2.431, p = .035) respectively in case of main study. Here there is a result difference in the main study and case study. These results reveal that there is a difference among the educational groups concerning variables REL and RES in the case study and the main study.

5.3.7 Multiple Regression Analysis and Model Summary for all customers

In this section, the researcher uses multiple regressions to check the overall model for the case study. As done in chapter 4, here, the researcher tests the relationship among all the IV and DV and the importance of each case study factor. The R-square statistic was used in the validation analysis. The proportion of variance in the DV explained by all of the IV was 0.651 or 65.1 percent. The results are shown in Table 48.

Table 48 Comparison of Model Summary for main study and case study

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Main Study	.838[a]	.702	.697	.45081
Case Study	.811[a]	.678	.651	.11564
a. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL				

The multiple regression for the relationship among the set of IV (RES, ASSUR, TAN, EMP, REL) and the DV, which is CS is 0.811, which would be characterized as a healthy relationship as per standard.

Table 49 Comparison of ANOVA for Dependent and independent variable for the case study and the main study

Model		Sum of Squares	Df	Mean Square	F	Sig.
Main Study	Regression	139.405	5	27.881	137.190	.000[b]
	Residual	59.140	291	.203		
	Total	198.545	296			
Case Study	Regression	88.121	5	17.62	18.78	.001[b]
	Residual	23.458	25	.938		
	Total	111.579	30			
a. Dependent Variable: CS						
b. Predictors: (Constant), RES, ASSUR, TAN, EMP, REL						

Table 49 shows the results of ANOVA as (r=.811, F (5,25) = 18.78, p < 0.05). The probability of the F-statistic (18.78) for the overall regression relationship is <0.001, less than or equal to the level of significance of 0.05. CS is based on the factors RES, ASSUR, TAN, EMP, and REL

Table 50 Comparison of Regression Coefficients of case study and the main study

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
Main Study	(Constant)	.217	.153		12.420	.001
	TAN	.037	.064	.037	1.587	.010
	ASSUR	.182	.061	.175	2.982	.003
	REL	.097	.066	.105	1.465	.004
	EMP	.667	.062	.636	10.813	.000
	RES	.053	.068	.055	2.781	.010
Case Study	(Constant)	.106	.003		9.245	.001
	TAN	.025	.024	.115	1.005	.001
	ASSUR	.102	.050	.425	0.995	.000
	REL	.064	.057	.322	0.776	.001
	EMP	.512	.023	.612	1.201	.000
	RES	.033	.015	.205	.865	.020
a. Dependent Variable: Customer Satisfaction						

Table 50 shows the result of the regression coefficient between dependent and independent variables. The probability of the t-statistic (1.005) for the b coefficient (.115) is 0.01, which is equal to the level of significance of 0.01. Therefore, there is a statistically

significant relationship between TAN and CS. Similarly, for factor ASSUR, the level of significance is below 5 percent or .05, and the b coefficient is positive and equal to .425. The value of coefficients for REL is .322 ($p<.05$), EMP.612 ($p<.05$) and RES.205 ($p<.05$). The orders of importance of the variables are EMP, ASSUR, REL, and RES in the Kuwait medical retail business. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among different customer demographic groups in Kuwait Medical Retail Business. The results are similar to the main study.

5.4 Discussion of case study findings

In this chapter, the researcher discusses the results of the case study findings and compares them with the original study. The case study is widely regarded as an effective and versatile research method for studying real-life business situations across a range of firms, organizations, and situations. Therefore, the case study provides a holistic method to study business organization. The findings of the case study are very close to the main study. Although the researcher is able to get data from different respondents number of respondents in the main study was 297, and in the case study, they were only 30. Results of the Pearson correlation show almost the same result as the main study. Pearson correlation reveals the relationship is significant between TAN, ASSUR, REL, EMP, RES, and CSATIS in the case of the main study as well as the case study. However, it can be noticed that the relationship values differ in the case of the main study and the case study.

The researcher conducted ANOVA Test for comparing respondents of different age groups on the basis of SQ factors and CS medical retail business in Kuwait. The results are similar to the main study. The results show the same pattern as in the main study. This confirms that there is no difference toward SQ factors and CS, even though the respondents belong to different age groups. The case study findings also show the interesting results that validate the results of the findings of the main study. The researcher conducted a t-test to compare respondent's perception (on the basis of male and female)

towards SQ factors and CS for the case study. The test findings prove that there is no difference significantly in the male's and female's perception towards SQ factors and CS in medical retail business in Kuwait. Next, the researcher conducted ANOVA to investigate the difference in the mean values on the basis of different income groups of case study data. The findings of the test imply that there is no significant difference exists among different income groups towards the SQ factors and CS. The results are matching with the case study.

Further, the researcher executed ANOVA to check the difference in the perception of respondents on the basis of their education towards different SQ factors and CS. The findings of the test show that there is no significant difference that exists among different education groups towards ASSUR, EMP, and CS factors. Here there is a difference in the results of the main study and case study. These outcomes reveal that there is a difference between different educational groups with respect to variables REL and RES in the case study than of the main study. Finally, the researcher conducted multiple regression to check the effect of IV on the DV. The orders of importance of the variables are EMP, ASSUR, REL, and RES in the Kuwait medical retail business. This result shows that the effect of SQ dimensions (RES, ASSUR, TAN, EMP, REL) on CS varies among different customer demographic groups in Kuwait Medical Retail Business. The results are similar to the main study. The final results of the case study ensure the researcher that the research is significant from the perspective of medical retail business in Kuwait. Necessary steps and policies can be undertaken based on the results of this research. The researcher will discuss the findings in detail in the next chapter. Further, the emphasis will be given on the implications, limitations, and recommendations of the current study.

5.5 Case study limitations

The researcher is aware of the limitations that can affect the applicability of the case study on a universal scale. The small sample size, which includes30 participants who completed the questionnaires comparing to the main study is low, so it was difficult for conducting

the full comparison tests as well as the analysis. The case study did not include cluster analysis to group the respondents on the basis of their demographic profile.

5.6 Summary of the chapter

This chapter presents the details of one of the utmost important components of scientific research, i.e., generalizability (Sekaran & Bougie, 2013). Accordingly, any research is considered as complete if it is able to reproduce the results in other study settings and can be applied. Therefore, this chapter is very important to the entire dissertation. The results of chapter four were mostly similar to that of the case study. Some variations were found, which are mainly on account of the differences in the characteristics of participants. The next chapter encompasses a discussion of findings, implications of the study, and future research recommendations.

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CHAPTER SIX: DISCUSSION, CONCLUSION, AND RECOMMENDATIONS FOR FUTURE RESEARCH

6.1 Introduction to the chapter

This chapter is the culmination of the entire research study. The researcher started off with an observation, which was with the help of preliminary investigation developed into a research problem. The problem was further introduced in the form of objectives and questions of the research. This study's main intention is to test the influence of SQ dimensions on CS across demographic parameters within the Kuwait medical retail business.

Chapter one sets the background of the entire study. Additionally, in chapter two, the researcher critically reviewed existing literature to identify research gaps. Based on this conceptual framework of this study is developed. The researcher explained the philosophy behind the research in chapter three. In the same chapter, the elaboration of research design, methods, and pilot study findings are provided. Chapter four covered data analysis and interpretation. The researcher includes hypotheses testing results in chapter four. The previous chapter, i.e., chapter five, focused upon the relevance and importance of conducting a case study. The researcher critically reviewed the findings of the case study in compliance with the original study results. The present chapter takes the research study towards its culmination.

6.2 Discussion of findings

In the present section, the researcher discusses the outcomes of the current study. Moreover, the researcher mentions the linkage of the current study results with the literature. This provides an opportunity for the researcher to answer all the questions of the research for the purpose of achieving the overall objectives of the research. The key

purpose of current research is to assess the Kuwait medical retail business customer's level of satisfaction and the factors influencing the SQ among different demographic parameters that include age, gender, income, and education.

The research objectives designed based on the main intention of the research study are as follows:

- To understand the role played by SQ in the satisfaction of the customer in Kuwait Medical retail business.
- To identify different dimensions of SQ that influence the satisfaction of clients within the medical retail business of Kuwait.
- To recognize the influence of quality of service on the satisfaction of customer through diverse demographic variables within the medical retail business of Kuwait
- To provide recommendations regarding the improvement of services in the medical retail business to satisfy more customers

Given below are the research questions that were designed for research study in order to address the purpose of research:

- What are the magnitudes of quality of Service, which have a noteworthy positive correlation with the satisfaction of the customer in Kuwait medical retail business?
- What are the demographic factors of customer prompting satisfaction of the customer in the Kuwait medical retail business?
- How dissimilar are intensities of satisfaction as associated with demographic factors customers in Kuwait medical retail business?
- How does the influence of SQ dimensions influence the satisfaction of customers to vary across diverse demographic variables of customer groups in Kuwait medical retail business?

The findings of the research show that the SQ dimensions, namely TAN, ASSUR, REL, EMP, responsibility, are positively related to CS in retail business in Kuwait. These results are consistent with many prior studies on the subject (Loke et al., 2011; Omar et al., 2015).

The results reveal that TAN has a positive and significant effect on CS. The results revealed that TAN is the fourth factor of the SQ dimensions. Furthermore, the outcome indicates that medical retail rational customers were satisfied with the service's physical appearance, such as the employees' neat appearance, modern-looking equipment, and the materials linked to the service, and that they discovered it easy to use. Many studies defined TAN as those things related to appearance, equipment, personnel, and communication (Hayes, 2008). The results imply that the customers of the retail medical sector in Kuwait are satisfied and that they view TAN as an important factor. These findings are similar to previous studies (Hill &Brierley, 2017) and inconsistent with one study(Gera, Mittal, Batra & Prasad, 2017) that found the opposite relationship between TAN and CS. TAN is a significant aspect of CS in the service. TAN helps in building a competitive edge and differentiation, which is necessary for survival. Prior studies have found that tangible aspects, such as the branches decorum, will enhance the CS. Ambiance boosts customer perception of satisfaction, which leads to a positive approach towards service providers. Moreover, service suppliers are mixing tangible and intangible features to produce a competitive value scheme (Khan & Fasih, 2014).

The hypothesis that REL positively affects CS was also accepted. Earlier studies have found a significantly positive relationship between REL and CS. This relationship was found to be true for all the firms. According to a study done by Khan and Fasih (2014), technology innovation and diffusion provide a selection of choices to service delivery standards and services marketing strategies. If technology is adopted appropriately, it will provide a competitive advantage and increased productivity (Khan &Fasih, 2014). In this regard, the results of the current study match the previous literature.

The hypothesis that RES positively affects CS was also accepted concerning retail business in Kuwait. There is another research related to the service industries, including banks, wherein it was mentioned that banks have to use technology to provide the needs of the customers (Iberahim et al., 2016). It was also said that if the industry of service having quick responses to the complaint of the customers, it will improve the level of connections among the two groups. Further, the same research also concluded that it is vital for the banks to stay knowledgeable of the customer's needs and establish proper measures to respond to those (Iberahim et al., 2016). Although the mentioned above research been done concerning banks but RES was proved to be an essential effective factor for CS, so in this regard, the findings of the current research match with previous literature.

The hypothesis that EMP positively affects CS was also accepted for retail business in Kuwait. an earlier study has discovered a significant relationship between EMP and CS (Khan & Fasih, 2014). EMP is important for gaining customer loyalty(Al-Azzam, 2015). It enhances SQ, which accordingly leads to customer satisfaction and loyalty. EMP not only modifies customer behavior and attitude, but it also performs as a moderator among SQ and CS (Al-Azzam, 2015).

The hypothesis that ASSUR positively affects CS was also accepted in current research. ASSUR refers to the level of service courtesy provided by employees to customers (Loke et al., 2011). Several studies have found a strong linkage between ASSUR and CS (Khan &Fasih, 2014; Loke et al., 2011).

CS is a psychological condition. Customers are extremely satisfied when SQ exceeds their prospects (Paul, Mittal & Srivastav, 2016a). There's always a thought saying that the customers which classified as satisfied will maintain a long-lasting connection with the association by keeping on acquiring their services and products (Kashif, Suzana, Shukran & Rehman 2015). A number of studies have discovered that SQ has a significant impact on CS (Loke, Taiwo, Salim & Downe, 2011). High-quality service results in a competitive benefit, a base from satisfied customers, and an enhanced bottom-line of the

company. Parasuraman & Ziethaml (1988) drafted a model enclosing five SQ dimensions, i.e., TAN, REL, RES, EMP, and ASSUR.

This tool is identified as the SERVQUAL model of the five-factor that is frequently used for measuring the SQ (Paul, Mittal & Srivastav, 2016b) and examines the impact of SQ on CS in the sector of banking at Karachi. More particularly, it defines the effect of SQ dimensions, i.e., TAN, REL, RES, ASSUR, and EMP on CS. Positive correlations between SQ and CS are validated by other researchers (Al-Ababneh, 2013; Ekinci et al., 2008; González et al., 2007; Rojas & Camarero, 2009; Tuan, 2012). Consequently, it is reasonable to recognize the fact that the higher SQ will increase the satisfaction level between the customers.

Customer characteristics are the demographic variables, such as gender, age, education, and socioeconomic status. To a certain degree, customer characteristics are the significant key factors of consumer behaviors. Amongst these parameters, gender seems to be one of the few aspects that are simple to identify, assess and regard as a considerable sector enough to be profitable from the marketing strategy (Juwaheer, 2011; Mokhlis, 2012). Therefore, in the above-mentioned study, the author seeks to exploit gender differences to determine the level of satisfaction in response to SQ. For instance, another study done by (Hoyer and Maclnnis, 2010) showing that females pay interest to both the personal important information and the information important to others and mostly to be much liable to involve in a detail , comprehensive investigation of a message and make extended judgment based on product features (Hoyer & Maclnnis, 2010; Karatepe, 2011). However, only male concentrate on the personally related details (Hoyer and Maclnnis, 2010) and incline to use easy procedure information based upon a few information (Hoyer & Maclnnis, 2010; Karatepe, 2011).

Consequently, it can be claimed that females place more attention on quality as they are considering and evaluating detailed of every single facet of the obtained products and /or service, while the male customers evaluating the overall facets. Consequently, it is not a shock that the female's anticipation of the products or service for rational customers is

probably to be greater than male assess customers, as well as a lower perceptions, score reports than male customers, do (Juwaheer, 2011), that, in turn, effects on the satisfaction level. Sánchez-Hernández et al., (2010) reported that females and males vary in regard to the relational and functional dimensions of SQ with their loyalty and satisfaction based upon Mexican hotels study. The functional SQ was higher for male customers, while the relational SQ indicated larger predictive power for female customers. At the same time, the research performed by the public service organization revealed that male respondents ranked perceived SQ comparison was better than female respondents (Mokhlis, 2012). Karatepe (2011) also demonstrated that there's a moderating effect for gender in the relationship of SQ and CS in banking environments. The relationship between SQ and CS is well reviewed in the literature (Rojas and Camarero, 2009; Tuan, 2012) accordingly, and the positive relationship was supported. In contradiction to the above studies, the results of current research show that male and female has no significant difference toward the SQ dimensions in medical retail business in Kuwait. This contradictory result might be due to the medical retail sector's products natural, which was studied in current research.

Age has been defined as a crucial factor in current research as it possibly makes the retailers defining how wishes and demands change and grow when the person grows (Stafford, 1996). Findings have shown significant differences among the different age groups, either the variations are at the impression level or at the importance degree given to SQ. Regarding this study, there are no significant differences statistically were determined between age and all the SQ determinant. This finding indicates that the customer's ages did not change their opinions of SQ. As obvious from a study done by Gegziabher, (2015) the youth (18-25 years) were agreed that TAN, RES, and EMP issues influenced their opinion of SQ in hotels in Ethiopia. A similar example was noticed with their equivalents in the other age groups, except for the age 40-59 years group who were divided on the TAN determinant (Gegziabher, 2015). All the age groups, however, stated uncertainty concerning the REL and ASSUR determinant. The conclusions supported the statement made by (Siu & Mou, 2005; Lee & Chen, 2009) that customers' opinions of SQ do not change with age differences. However, this outcome does not concur with that of

(Tabassum, 2012) who found an existed significant difference between guests of different age groups regarding the REL dimension.

Furthermore, the current study implies that there are no differences that significantly existed among the education groups in relation to TAN, ASSUR, REL, RES, and EMP concerns expressed on SQ perceptions in medical retail business in Kuwait. According to the study done by Hagan, (2015) the outcomes show that customers holding the education of secondary/high school were agreed with all the determinants of SQ. These results imply that they had a high awareness of SQ regarding the TAN, REL, RES, ASSUR, and EMP dimensions (Hagan, 2015). In the same study, a similar statement was made with customers who were primary/basic school quitters, except for the REL determinant to which they were with the neutral value of mean indicating a moderate impression of SQ (Hagan, 2015). However, in the same study, there was an exemption of the ASSUR determinant to which customers with post-secondary education were unsure about their opinion of SQ concerning the other determinant (Hagan, 2015). The suggestion is that those with post-secondary education had a high opinion of SQ for only the ASSUR determinant, while their opinion for the other determinant could be defined as moderate. An equivalent trend was also noticed with the postgraduates despite the fact that they approved on two determinants, namely ASSUR and EMP (Hagan, 2015). These statements imply that customers were highly educated and, definitely, well informed had different opinions from those who were less educated. This conclusion is in conformity with Tabassum et al., (2012), who discovered a significant difference among the educational level and the REL determinant. In this respect, the conclusions of current research are unique, as it shows that there is no difference significantly in relation to different dimensions of SQ on the level of education basis in medical retail business in Kuwait. Again, this can be ascribed to the nature of products in the medical retail sector, which was studied in current research, which is different from the above researches.

The results of the current research reveal that there are no differences significantly were noticed for all the SQ determinants across the various income groups. This assumption validates that of Lee and Chen, (2009) who also discovered that there is no

difference significantly between customer's perceptions of SQ in hotels and their educational level. On issues concerning to the REL and RES characteristics of SQ, there was an express uncertainty among all the occupational groups. In spite of this, all the groups were in favor of issues concerning the ASSUR and EMP dimensions of SQ (Hagan, 2015). The results of current research are contradictory to the above results.

The above discussion shows that the SQ dimensions are considered the almost as same significance in all the sectors; however, some differences exist in terms of significant on the basis of demographic variables. Although the current research does not show any significant difference towards SQ dimensions and CS based on demographic groups, the point is how the socio-demographic variables impact customer behavior is an important issue that has to be examined (Kim & Chung, 2011). Mattila et al., (2003); Snipes et al., (2006) claim that gender differences existed in customer's opinions about SQ.

6.3 Implications of the Study

This study seems to have worked with the topic both in academics and business. The primary research objective was to test the relationship between CS and SQ with regard to SQ dimensions (SERVQUAL model). The secondary objective is to study the influence of SQ dimension and CS across different demographic groups in medical retail business in Kuwait. Therefore, the researcher aimed at putting theoretical and empirical foundations for further study on CS and SQ. The researcher utilized the SQ dimension to test its relationship with the CS, and this examination will assist the management in understanding better what these dimensions mean to the consumers and to the establishment.

This current study examined the relationship between TAN, EMP, REL, responsibility, and ASSUR with CS and, it was discovered that they had significant relationships somehow. Some of the SQ dimensions were more significantly related to CS in medical retail business in Kuwait; also, some of the dimensions were less significant in

this regard. The results of the current study indicate that SQ dimensions affect CS in medical retail business in Kuwait. Hence, the result of this research can be useful to managers in business and organizations in terms of explaining the way of dealing with customers, so the association will achieve the key objective of maximizing their profit and minimizing their cost. It provides results that could be useful to managers in business organizations for strategic planning. Management of organizations could examine those factors apart of SQ that the customers selected as reasons for satisfaction or dissatisfaction. In such a case, the organization could constantly adapt to those other elements to supply its customers with the greatest values and also determine the important dimension(s) to set more weight on with the aim of improving SQ and/or CS. The results of this study have relevance to the academic categories of the consumer, the employee, and marketing research. Additional knowledge of satisfaction consumer researches becomes very important because companies are attempting to succeed in gaining more consumers by maintaining the old consumers and drawing a new one. This can be achieved by delivering the standards that the consumers wish, and when that happens, they will win satisfied customers. Satisfying customers by ensuring they receive top quality services is the latest policy for companies in the business environment of today. That is why businesses are coming in for overall quality management to enhance quality because quality having a great influence on CS (Kotler et al., 2002, p. 8). The existing research provides to this area by proving or added value to the relationship that is involved between CS, SQ, and number the SQ dimensions by the model of SERVQUAL. The current study institutes the basis for presuming that SQ is not the only component determining CS in a medical retail area and also that an SQ dimension is an essential tool for evaluating SQ by the consumers.

Information on demographic factors is important for the explanation and understanding of perceptions of SQ however, there has been very little effort to test the relation of the sociodemographic factors of rational customers to their impression to SQ (Mensah, 2009) and even current research does not show any significant difference on the basis of demographic group characteristics.

6.4 Conclusion

The expected SQ is formed by past experiences, personal needs, and word-of-mouth of the customer; therefore, SQ is subjective. The expected service is also affected by the company's external communication to customers and the dimensions of SQ, which include access, communication, competence, courtesy, credibility, REL, RES, security, TAN, and understanding the customer. On the other hand, the perceived SQ is affected by the interactions between service sectors and customers and the technical and functional dimensions. The expected service and the perceived service together form the perceived SQ. SQ can be measured using a selected SQ measuring method. In this research, three different SQ tracking methods were presented – The (Grönroos, 2008) SQ model, the SERVQUAL model, and the Gap model, which each had their own pros and cons. Any of these methods would be an excellent tool, when aiming to measure the SQ, depending on the subject analyzed.

An elevated level of CS provides a competitive edge and can separate a company from its competitors. CS can make or break the company since satisfied customers buy more often and larger quantities, whereas unsatisfied customers can take their business elsewhere and spread negative word-of-mouth. Measuring CS through a survey is a standard and cost-effective way to measure satisfaction. It provides a proficient reading about points of improvement and helps to identify satisfied customers. A well-designed survey does not require extensive effort from customers to fill out. Using a rating scale in a CS survey allows the company to track their level of satisfaction over time and to repeat the survey after a certain period of time.

To sum up, findings from this research contribute to academic theory by creating a range of items to illustrate the SQ factors that affect the satisfaction of customers in the medical retail business in Kuwait. It also sheds light on the SQ dimensions and CS as perceived by people based on their demographics with special reference to medical retail business in Kuwait. However, the findings suggested that amongst various demographic groups, CS pertaining to medical retail do not differ. This could be different than the

review of researches on CS, SQ, and demographic variables, which illustrated in chapter two.

A researcher stands the primary reason it can be inferred that the business of medical retail business is associated with providing medical products that, regarded as a solution for the suffered and suffering, cannot be gender, age, education, or income-oriented. The fact is that when a person or a customer or one of his family is sick, irrespective of demographic characteristics, that suffers can be reduced or diminished via getting the right solution reflecting the right products through the right employee performing the right actions at the certain accurate time.

It helps the organizations to accomplish excellency and profitability. Corporations provide a high focus to CS as it is less costly to sustain the present customers than drawing the new ones (Hussain, Nasser, & Hussain, 2014). The profitability and survival of organizations rely on satisfied customers.

By providing high-quality services, businesses will be able to satisfy their customers, which will result in a lasting competitive benefit. The satisfied customers will not enhance profitability and market share only but will also lead to maintainable growth. (AlAzzam, 2015). According to the American CS Index, CS is greater quality-pull than price-pull and value pull." The study implies that satisfaction consequence of the optimistic customer manner towards the products and the services (Bharwana, Bashir, & Mohsin, 2013). Additionally, it also positively influences the perceived quality and strengthen customer organizational relationships. Consequently, both product and SQ help in appealing and maintaining customers (Al-Azzam, 2015).

The impact of the SQ being provided on the CS across different demographic variables within the Kuwait medical, the retail business, was the overriding concern of this research. Therefore, in this manner, it was critically assessed that there was a great significance of satisfaction of customers in the medical retail business of Kuwait, so the findings of the study have certain implications as well. Besides, it was also assessed in the

study that the role of CS was imperative for the success of medical retail business in Kuwait. Therefore, all the findings and recommendations of the study are related to the satisfaction across different demographic variables within the Kuwait medical retail business. The findings of the research will be quite significant for various stakeholders. For instance, the management and staff of a medical retail business will be able to employ these findings for the purpose of increasing CS. Besides, these findings will be helpful for the professionals of healthcare who can use this research to have quality healthcare. Besides, for future researchers who intend to conduct this sort of research, these findings of the study will help them in their future considerations and research works.

6.5 Limitations and Future Research Recommendations

Likewise, in other researches, this research is not without limitations. In fact, these limitations open the door for future recommendations. The limitation and recommendations are reviewed in the next paragraphs.

The first limitation is with respect to research methodology followed in current research. The current research adopted quantitative techniques as a part of the current research methods, and researcher uses a questionnaire to collect the data, From the perspective of future research, the author recommends to have interviews also as a part of qualitative studies. In this regard, the author suggests having a mixed methodology as a research method. This will enable the author to have a broad perspective of the current requirements or intentions of the customer in the medical retail business in Kuwait.

As far as the scale of the questionnaire is concerned, another limitation that the researcher would like to mention is with respect to the usage of the questionnaire scale. In the current research, the researcher used a Likert scale to measure items in the questionnaire. The researcher would like to recommend using one to seven scale rather than one to five scale. This will enable the researcher to get more and analyze the statistically significant difference.

The major limitation is a time constraint, and the researcher throughout the study had to face time constraints. The main reason behind this that every research is required to be done within a specific time framework. Therefore, the pressure of time is considered as one of the more important limitations that usually, the researchers have to face. If there had been more time available for the research, it would have been beneficial for the researcher in terms of data collection techniques and approaches.

Considering further research, the author believes that this topic has a lot of potential research options. CS surveys, in general, are a rather popular research choice, but while writing this dissertation, the author discovered that there are not many CS surveys that address the retail market specifically. One possible research option could be to expand this subject to cover the entire retail market in Kuwait.

Further, the researcher can use longitudinal studies to measure the impact of SQ dimensions on CS. This will really help the organizations and government of the country to formulate the regulations that will actually help in increasing CS.

The current research can be extended to relate customers' expectations and perceptions of SQ to CS and customer loyalty. This will determine how SQ translates to CS and retention. Another possible area for future research is to replicate the present study in other service industries in Kuwait, such as retailing, hotels, or health services.

Although there are limitations in the current study, yet the outcomes are helpful for the organizations and the policymakers to make decisions related to maintaining the SQ so that customers can be satisfied.

6.6 Recommendations for the Improvement of Health Services

There are the following recommendations have been provided in the study regarding the improvement of services healthcare to satisfy more customers:

The medical sector should employ a proactive approach to satisfy customers. The proactive approach can be employed by healthcare by increasing the engagement and retention of the patients at every stage of customer interaction. For this purpose, it is imperative for the medical sector to make sure that its patients are being updated via proactive notifications like a call about the confirmation, text messages, and emails. This will help the medical sector to keep their patients engage in the process of their treatment through the help of proactive notifications, which will eventually result in the increment of CS level.

The complaints and concerns of the people should be taken into account seriously by the healthcare sector to enhance the SQ and derived more satisfaction from the consumer. Because of the complaints of the customers are taken seriously by the medical sector, it will indulge the customers to show faith in the services of healthcare, which will eventually help to increase their satisfaction.

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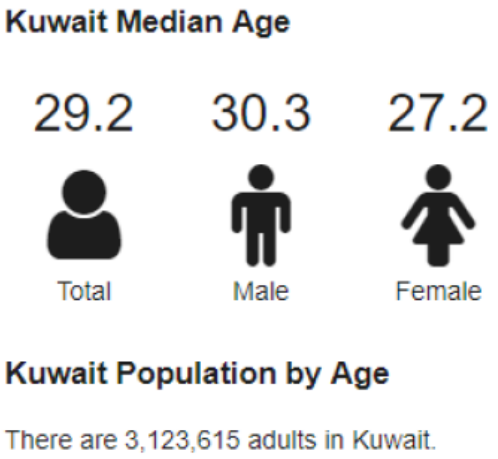
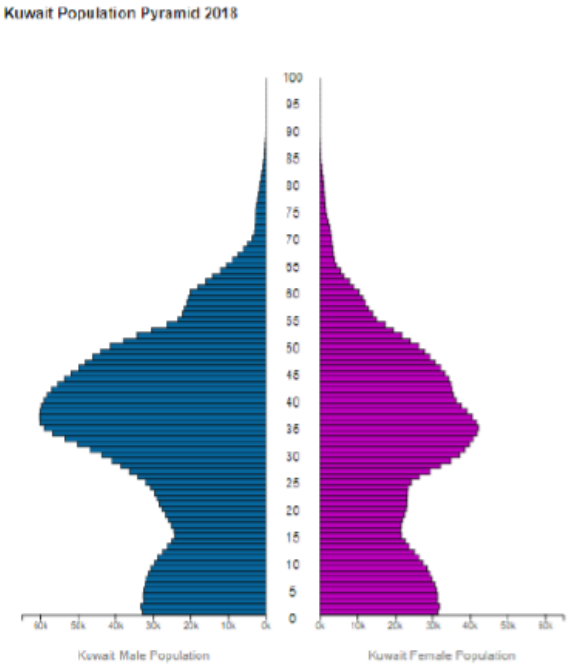
APPENDIX

APPENDIX-A: Age Demographics of Kuwait



APPENDIX-B: Population Pyramid of Kuwait



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APPENDIX-C: Survey Questionnaire And Cover Letter

Dear Sir/Madam:

I am currently pursuing my Doctoral in Business Administration from Swiss Business School. This dissertation is an integral part of my degree program . The topic of my research is “INFLUENCE OF SERVICE QUALITY ON CUSTOMER SATISFACTION ACROSS DIFFERENT DEMOGRAPHIC VARIABLES WITHIN KUWAIT MEDICAL RETAIL BUSINESS”. This survey is designed with the purpose of collecting data from the respondents. This survey will be helpful in completing my research study successfully. I would like to request you to dedicate a minute of your valuable time to complete the survey. Your responses will be strictly used for academic purposes only. I assure you that under no circumstance any of your information shared by you through this survey will be used for any other purpose .
While answering any of the questions, if you feel like not sharing any personal details, then you are free to do it.

You can contact me at the below address if you have any concerns regarding questions or about the study.

Thanks in advance for your cooperation.

Yours sincerely
Maha Magdy
mmgg94@yahoo.com

Gender Male Female

Age 18-25 26-40 41-65 over 65

Monthly Income (KWD- approximately)

Less than 500 500-999 1000-1999 above 2000

Education level

Not Graduated from high school

High school graduated

2-year Diploma degree

Bachelor degree

Master degree

Doctoral degree

		1- Strongly disagree	2- Disagree	3- Neutral	4- Agree	5 Strongly agree
	Tangibility					
1	The physical appearance of Medical Retail store is having nice and clean appealing looking?					
2	Medical retail store Employees were looking is neat appearing					
3	Equipment physical appearance is attractive at the medical retail store?					
4	Written materials and instructions on medical retail store and equipment are clear and appealing?					
5	Medical retail store Employee was able to perform promise in certain time.					
	Reliability					
6	- Medical retail store Employee was Able to perform the promise in certain given time.					
7	- Medical retail store Employee was able to Solve your problem with interest.					
8	-The service performed the service right from first time.					

9	-The medical retail store's employee insists on error free records					
	Responsiveness					
10	-You been Informed exactly with the time needed to perform the service?					
11	-Did you receive a prompt service?					
12	-Did the medical retail store employee was willing to help you?					
13	-The medical retail store employee was never being too busy in responding to your requests?					
	Assurance					
14	Medical retail store Employees behavior inspired confidence and trust in you?					
15	You were feeling safe in transactions at medical retail store?					
16	The medical retail store employee was being polite/courteous with you?					
17	The medical retail store employee was having enough knowledge to answer your concerns.					
	Empathy					
18	The medical retail store employee Provided you with an individual attention?					
19	Operating times for the medical retail store was suitable to you?					
20	The medical retail store Employee Understood the specific need for you?					
21	You were having easy access to medical retail store employees?					
22	The medical retail store employee provided you best interest at heart?					
	Customer Satisfaction					
23	You were satisfied with the medical retail store?					
24	The medical retail store matching your expectation?					
25	The medical retail store was like your ideal store?					

APPENDIX-D: Ethics form approval

Submitted By: Maha Ali, Student ID: 6425

Office use:	Reference Number	Date Received	L1 ❑	L2 ❑	L3 ❑

Human Research Ethics Committee
Ethics Approval for Research Involving Humans

INITIAL APPLICATION - EXPEDITED REVIEW

PART A – ELIGIBILITY FOR EXPEDITED ETHICAL REVIEW

Does your research involve the following?

		(insert X in box)			
A1	A focus on illegal activity or highly likely to discover illegal activity	Yes		No	X
A2	Access to personally identifiable information/records without specific consent from the individuals to whom the information/records relate	Yes		No	X
A3	A focus on Roma or minority peoples, groups, communities or issues	Yes		No	X
A4	A focus on women who are pregnant, and/or research involving the human foetus	Yes		No	X
A5	An innovation or intervention which is not standard practice in the study population	Yes		No	X
A6	A focus on people with a cognitive impairment, an intellectual disability, or a mental illness	Yes		No	X
A7	People highly dependent on medical care who may be unable to give consent, eg unconscious or too ill	Yes		No	X
A8	Access to human tissue samples without specific consent from the individuals from whom the tissue was collected (this includes cell lines other than those acquired commercially)	Yes		No	X
A9	Human genetic studies	Yes		No	X
A10	Human stem cells	Yes		No	X
A11	Use of drugs; alternative/complementary therapies or care; or surgical or other therapeutic or diagnostic procedures and devices	Yes		No	X
A12	Exposing participants to ionising radiation	Yes		No	X

If you have answered YES to any of the above, do not continue completing this form. Your research is not eligible for expedited review and must be submitted for L3 review. Please go direct to the NEAF application form.

If you have answered NO to all of A1 – A12, proceed to PART B. Please note, depending on your answers to the following sections you may still be directed to L3 review.

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PART B1 – PROJECT

Project Title	**Influence Of Service Quality On Customer Satisfaction Across Different Demographic Variables Within Kuwait Medical Retail Business**
Project Summary	Aim of following research was to assess the satisfaction level of customers within the medical retail business and the influencing factors of services quality among the different parameters of demographics in Kuwait. For this purpose, a survey was conducted on the medical retail customers over sample size of 385 in Kuwait.

PART B2 – CHIEF INVESTIGATOR *or* PROJECT SUPERVISOR *if student research*

Name *(Title / given name / family name)*	**Dr. Beenu Mago**
Qualifications	**PhD.**
SBS ID or Organisation if external	**Al Tareeqah Management Studies (ATMS)**
School & Faculty / Division	
Mailing address	**University Building, F-12 Street, RAKIA FZ, Al Jazeerah Al Hamra, Ras Al Khaimah, UAE.**
Contact Phone / Fax	**+971 7 2433055**
Email	**beenumago@gmail.com**

PART C – IDENTIFICATION OF ETHICAL ISSUES

C1	Will participants be identifiable, either directly or indirectly, in reporting of the research?	Yes Go to D1		No Go to C2	X
C2	Are adult participants who will not be competent to give consent expected to be recruited? NS2.2.12	Yes Go to D2		No Go to C3	X
C3	Will the research involve children, or young people < 18 years who are not higher education students? NS4.2	Yes Go to D3		No Go to C4	X
C4	Are the potential participants in an unequal relationship? NS4.3	Yes Go to D4		No Go to C5	X
C5	Will existing data sets, databanks or human tissue banks be accessed for the research? NS3.2	Yes Go to D5		No Go to C6	X
C6	Does the research involve physically invasive procedures? NS2.1	Yes Go to D19 then C7		No Go to C7	X
C7	Does the research involve collection, extraction or use of human tissue (including cell lines), blood or other body fluids? NS3.4	Yes Go to D19 then C8		No Go to C8	X

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Submitted By: Maha Ali, Student ID: 6425

C8	Is there a risk of physical injury to participants? NS2.1	Yes Go to D8	No Go to C9 X
C9	Might the research involve pain or discomfort for participants? NS2.1	Yes Go to D9	No Go to C10 X
C10	Might the research cause participants psychological or emotional stress?	Yes Go to D10	No Go to C11 X
C11	Could the research expose participants to civil, criminal or other proceedings	Yes Go to D11	No Go to C12 X
C12	Does the research involve the collection of sensitive personal information?	Yes Go to D12	No Go to C13 X
C13	Could the research expose participants to economic loss or damage to their reputation?	Yes Go to D13	No Go to C14 X
C14	Could the research have a negative impact on personal relationships?	Yes Go to D14	No Go to C15 X
C15	Will potential participants be offered inducements that could be considered coercive?	Yes Go to D19 then C16	No Go to C16 X
C16	Does the research involve covert observation?	Yes Go to D16	No Go to C17 X
C17	Does the research involve deception or limited disclosure to participants?	Yes Go to D17	No Go to C18 X
C18	Will the research be conducted in an overseas setting?	Yes Go to D18	No Go to C19 X

C19	If you answered No to all C1-18, the project appears to qualify for Expedited Review L1. Proceed to Part E. If you answered Yes to one or more C1-18, but were not advised that an L3 application was required by the corresponding questions in Part D, then your project appears to qualify for Expedited Review L2. Proceed to Part E.

PART D – ELIGIBILITY FOR EXPEDITED REVIEW L2

Only complete the questions in this part if instructed to do so on the basis of a response to a question in Part C.

D1	D1a	Is prior warning given to potential participants that they may be identifiable (either directly or indirectly)?	Yes Go to D1b	No Go to D21
	D1b	Will specific consent for use of identifying or potentially identifying information be obtained?	Yes Go to D1c	No Go to D21
	D1c	Are there strategies for participants to confirm their consent?	Yes Go to C2	No Go to D21
D2	D2a	Will consent be sought from a 'person responsible'?	Yes Go to C3	No Go to D19 then C3

SBS Human Research Ethics Committee – Initial Application - Expedited Review

Submitted By: Maha Ali, Student ID: 6425

D3	D3a	Will parental / carer consent be sought?	Yes Go to D3b	No Go to D19 then D3b
	D3b	Will the consent or assent of the children / young people be sought?	Yes Go to D3c	No Go to D19 then D3c
	D3c	Are children / young people a focus of the research?	Yes Go to D3d	No Go to D3d
	D3d	Is the research contrary to the best interests of the children / young people?	Yes Go to D21	No Go to C4
D4	D4a	Will the recruitment process address the issues with respect to the dependent relationship?	Yes Go to D4b	No Go to D21
	D4b	Is recruitment of people in the dependent relationship essential for the purposes of the research?	Yes Go to D4c	No Go to D19 Then D4c
	D4c	Is it a captive relationship?	Yes Go to D21	No Go to C5
D5	D5a	Is the data/tissue held in identifiable or potentially re-identifiable form?	Yes Go to D5b	No Go to C6
	D5b	Is there existing consent from the individuals that covers this research?	Yes Go to C6	No Go to D21
D8	D8a	Is prior warning given to potential participants?	Yes Go to D8b	No Go to D21
	D8b	Will there be appropriate screening of potential participants to identify those at higher risk?	Yes Go to D8c	No Go to D21
	D8c	Will procedures be conducted by experienced and appropriately licensed/accredited person(s)?	Yes Go to D8d	No Go to D21
	D8d	Will there be compliance with relevant safety procedures?	Yes Go to D19 then C9	No Go to D21
D9	D9a	Is prior warning given to potential participants?	Yes Go to D9b	No Go to D21
	D9b	Will there be appropriate screening of potential participants to identify those at higher risk?	Yes Go to D9c	No Go to D21
	D9c	Is the exposure likely to have a significant impact on participants or be potentially life threatening?	Yes Go to D21	No Go to D19 then C10
D10	D10a	Is prior warning given to potential participants?	Yes Go to D10b	No Go to D21
	D10b	Will there be appropriate screening of potential participants to identify those at higher risk?	Yes Go to D10c	No Go to D21
	D10c	Is the exposure likely to have a significant impact on participants or be potentially life threatening?	Yes Go to D21	No Go to D19 then C11
D11	D11a	Is prior warning given to potential participants?	Yes Go to D11b	No Go to D21
	D11b	Will researchers have a duty of disclosure?	Yes Go to D19 then C12	No Go to C12
D12	D12a	Is prior warning given to potential participants?	Yes Go to D12b	No Go to D21

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	D12b	Will the information be identified or re-identifiable?	Yes Go to D19 thenC13	No Go to C13
D13	D13a	Is prior warning given to potential participants?	Yes Go to C14	No Go to D19 then C14
D14	D14a	Is prior warning given to potential participants?	Yes Go to C15	No Go to D19 then C15
D16	D16a	Is the observed activity something which generally occurs in public?	Yes Go to D16b	No Go to D19 then D16b
	D16b	Will 'participants' be identifiable?	Yes Go to D19 then C17	No Go to C17
D17	D17a	Is the deception or limited disclosure likely to harm participants or compound the risks associated with the research?	Yes Go to D21	No Go to D17b
	D17b	Have alternatives involving full disclosure been considered?	Yes Go to D17c	No Go to D21
	D17c	Will participants be given full and prompt disclosure and debriefing after their participation?	Yes Go to D17d	No Go to D21
	D17d	Will participants have the option of withdrawing their data once the deception is disclosed?	Yes Go to D17e	No Go to D21
	D17e	Following debriefing are participants likely to regard the research as justified and acceptable conduct?	Yes Go to D19 then C18	No Go to D21
D18	D18a	Are there ethics or other approval processes in the overseas country?	Yes Go to D18b	No Go to D18b
	D18b	Will co-researchers be recruited in the overseas country?	Yes Go to D18c	No Go to D18c
	D18c	Are the proposed recruitment and consent methods, and remuneration (where used) acceptable to the local culture and its beliefs and practices?	Yes Go to D18d	No Go to D21
	D18d	Are there social, educational or others factors that may compromise free and informed consent?	Yes Go to D19 then D18e	No Go to D18e
	D18e	Will participants be given a local contact for questions or complaints?	Yes Go to D20	No Go to D19 then D20
D19		Can the risks be easily negated, minimised or managed?	Yes Continue	No Go to D21

Details	Question [insert number]:
Provide details for each Part C or Part D question that directed you to D19. Then return to that question and continue.	(max 500 words) Question [insert number]: (max 500 words)

Click on the question to return to: C6, C7, C15, D2, D3, D8, D9, D10, D11, D13, D14, D16, D17, D18

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D20	If you have completed questions in Part D but were not advised that an L3 application was required then your project appears to qualify for Expedited Review L2. Proceed to Part E.

D21	Your project requires full L3 ethical review. You should stop completing this form and go to Swiss Ethics

Submitted By: Maha Ali, Student ID: 6425

PART E – PROJECT DETAILS – Answer all questions

E1	Brief 'plain English' description of project NS1
Details (Max 1,000 words)	In today's contemporary business environment, the high-quality service delivery is the key to success for any business operating in the industry of services. Similarly, retail sector has also been a one of most competitive services sectors that intermediates sales process from manufacturers to consumers, and medical retail business has turned quite competitive over the course of years. Meanwhile, aim of following study was to assess the satisfaction level of customers within the medical retail business and the influencing factors of services quality among the different parameters of demographics in Kuwait. For this purpose, a survey will be conducted on the medical retail customers over sample size of 385 in Kuwait. Meanwhile, multiple statsitical tests will be conducted including One-way ANOVA, t-test, correlation, and multiple regression tests. practical and future implications will also be provided at the end of research.

E2	Experience and skills of researchers NS1.1
Details (Max 100 words per researcher)	• The researcher having 18+ experience work in Kuwait medical retail business . • Bachelor of Biochemistry, Alexandria University, 1992 • Researcher at Applied Biomedical Chemistry Department Medical Research Institute Alexandria, Alexandria 1993 • Master's Degree, Business and Management, Marketing Must University September 2012 • Master Degree, MOAR (Master of Applied Research) SBS SWISS Business School Oct.2018 • ICDL -Syllabus Version 4.0, License GCC 070 186993 February 2008, Kuwait • Training Course of Sales Management, Marketing & Customer Service BALANCED SCORE CENTER Kuwait 2006 • Developing the Capacity to think strategically February 2015, Kuwait • Problem Solving; Digging Deeper. February 2015, Kuwait • Recovering from business crises. February 2015, Kuwait • Responding to business crises, February 2015, Kuwait • Working with difficult people: Dealing with Micromanagers, February 2015, Kuwait • Working with difficult people: How to work with aggressive people, February 2015, Kuwait • Working with difficult people: How to work with Procrastinators, February 2015, Kuwait

E3	Participants

E3.1	The participants being sought for this research are: *(X all that apply)*	
	Adults ≥ 18 years of age	X
	Children or young people < 18 years	
	The general public	X

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Students or staff of SBS	
Students or staff of other universities / colleges	
School children, ie recruited through schools	
Volunteer registers or databases	
Members of particular community groups / organisations	
Employees of particular organisations	
Clients / patients of health service providers	
Hospital in-patients	
Clients of organisations / community services	
Prisoners or those held in detention	
People who have a sight or hearing impairment	
People with a specific health condition	
People in a dependent or unequal relationship with the researchers	
Records/information about people without contact with those people	
Human tissue collections without contact with the donors	
Other *(please specify in no more than 50 words)*	

E3.2	Identify the research sites, ie the communities / schools / hospitals / organisations etc from which participants will be sourced.
	Research site(s)
	Kuwait Population

E3.3	How, and by whom, will potential participants be selected, and (a) initially contacted, and (b) recruited? NS1.4; NS3.1
Details (Max 300 words)	**Probability sampling** will be chosen for that study, and the purpose of probability sampling method is to reduce bias since all members of the Kuwait population have an equal chance to be a sample . **The Survey method** is more suitable for the current research as its quantitative targeting large population & its examine attitude and behavior of the respondent as its measuring customer satisfaction. The researcher will conduct **market research company** who will contact the desired data using either telephone questionnaire or hand delivered questionnaire or mall interception personal interview, or combination method of either three & that can be classified as fast speed, good respondent cooperation & low nonresponse rate survey methods.

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E3.4	How many participants will be recruited and what is the rationale for that number?	
	Total number covered by this application:	385
	Rationale: (Max 300 words)	The sample has been calculated or Margin of Error (Confidence Interval) +/- 5 percent for a Confidence level of 95 percent. Confidence level has correspondent to a Z-score which has been a constant value needed for the sample equation. Hence, the process of sample selection is given below: Confidence level of 95% – Z Score = 1.96 Sample Size = (Z-score)2 * StdDev*(1-StdDev) / (margin of error)2 ((1.96)2 x .5(.5)) / (.05)2 (3.8416 x .25) / .0025 .9604 / .0025 384.16

E3.5	List the inclusion and exclusion criteria NS1.4	
	Details	With regards to the inclusion criteria, it will be make sure that the medical equipment retail shoppers living In Kuwait territory are included in the study. The fact that the study is related assessing the influence of service quality in the medical retail business of Kuwait, all the focus and attention has been put towards this particular sector. Furthermore, respondents over the age of 18 years have been approached and inculcated for the sample size ranging till the age of over 65. This large demographic range has been chosen for the study in order to again maximum insights and views regarding the study being carried out. Also, individuals from different educational backgrounds have also been included and used for the study and no limitation has been set in this regard. On the other hand the exclusion criteria will be the individuals under the age of 18 years as it will not be approached for this study and no questions have been asked to such individuals. Also, any responses from medical retail businesses outside Kuwait will be excluded to maintain the significance of the study and research area.

E3.6	What is required of participants?	
	Details (Max 300 words)	Respond to the questionnaire .

E3.7	What, if any, benefits might there be from the research for participants or others? NS1.6	
	Details (Max 300 words)	No direct benefit for the participants but we can share the research results in case they may be interest. The Research will have benefit for the following sectors: - Medical Equipment healthcare retailers. - To the organizations who are running Medical equipment retail business & for the new organization who's planning for having a retail business. - For Customer & Patients, the result of the research will increase their level of satisfaction when the perceptive increase their expectations. - For the Community, as it will push the people for getting updated with new health solutions will develop a better healthy lifestyle for

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	a productive community. - The Research will give a better understanding about Kuwaiti customers, preference, expectation, and satisfaction that will facilities further academic studies in Kuwait also if will help any organization looking to invest in Kuwait to understand the Kuwaiti customer's preference, classifications, and expectations. - The research also essential for the Government in saving a lot of health budget when people directed to the Medical equipment retail sector, for example when the patient got preventive, diagnostic equipment that will predict early the health condition, and that could save a lot of treatment budget for Government.

E3.8	Will participants receive any reimbursements / payments / rewards for participating in the research?	Yes			No	X
	Details (Max 300 words)	No rewards nor any incentives are there for participating in the survey.				

E3.9	Will participants be proficient in the English language? *If No, translations are to be attached to the application.*	Yes	X		No	
	Details (Max 300 words)	Yes as english Language is the second main language in Kuwait.				

E4	**Research methods / techniques**

E4.1	The research methods / techniques to be used in this research are: (*X all that apply*)	
	Computer based tests	
	Data linkage	
	Focus groups	
	Interview – face-to-face	
	Interview – telephone	
	Internet / web based research	
	Observation	
	Observation - covert	
	Photographs of people	
	Physical activities / tests/ exercises	
	Placebo	
	Psychological tests	
	Questionnaire / survey / diary - anonymous	X
	Questionnaire / survey / diary - identifying	
	Record / document analysis	
	Taping – audio / video	
	Case study	X
	Case-control study	
	Epidemiological research	

Submitted By: Maha Ali, **Student ID: 6425**

Intervention study	
Qualitative research	
Randomised controlled trial	
Other *(please specify in no more than 300 words)*	

E4.2	If any tests or procedures to be used are on the test, please identify by the registration number and title. Otherwise, provide details and ***attach*** a copy of questionnaires / surveys / interview scripts / tests / instruments or procedures that are not on the *Register*?
Details (Max 300 words)	The questionnaire attached

E5	**Analysis**
Details (Max 300 words)	Descriptive statistics ,Pearson r , ANOVA, Independent sample t-test, cluster analysis and Multiple linear regression will be applied to test the Hypotheses .

E6	**Informed consent** NS2.2

Consent method: *(X all that apply)*

Written informed consent	
Recorded informed consent	
Parent / Guardian / Carer consent	
Child's assent with parent / guardian consent	
Young person 16-17 years consent	
Child < 16 years consent	
Implied consent	
Retrospective consent	
Waiver of informed consent sought	
Waiver of parent / guardian consent sought	
Existing consent *(provide details below)*	
Other *(please specify below)*	

Details of process (Max 300 words)	**NA**

E7	**Communication of results/reporting** NS1.1; NS1.3; NS1.4; NS2.2.6; NS3.1.4; NS3.1.11
Details (Max 300 words)	The reporting will be via academic staff from Swiss Business School and Al Tareeqah Management as the research is part of the DBA program where both are providing the academic support with the assigned supervisor during the research phase.

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E8	Storage, access and disposal of data
	Details (Max 300 words): Anonymity and confidentiality of data and the use of results. Access of data will be limited to the researcher and supervisor for verification purpose & data will be stored & handle with care & secured.

E9	Duration of data collection / human research			
	From:	21/06/2019	To:	1/9/2019

E10	Has the research been approved, or is under consideration, by another Human Research Ethics Committee (HREC)? *If Yes, and approved, attach a copy of the approval(s).*	Yes Give details			No Go to E11	X

Name of HREC	*Reference No.*	*Decision*	*What, if any, amendments were required?*

E11	Is the research the subject of a contract / agreement, or an application for funding to an internal or external grants body, sponsor, etc? *If Yes, attach a copy of the contract /agreement /application(s).*	Yes Give details			No Go to E12	X

Organisation / Funding Body	
Project title on contract / agreement / funding application	
First named investigator	
Administering institution	
Research Office Reference (if applicable)	

Copy table and repeat for each contract / agreement / grant.

E11.1	Does the funding/support constitute a conflict of interest for either the researcher(s) or provider(s) of the support? NS5.4	Yes Give details			No Go to E12	X
	Details (Max 300 words)					

E12	Safety implications				
	Does the proposed research involve work on, use of, or exposure to any of the following?				
	Cash reimbursements / payments to research participants	Yes		No	X
	Fieldwork / off-campus activity, eg interviews	Yes		No	X

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Recombinant DNA	Yes		No	X
Genetically modified organisms	Yes		No	X
Biologically hazardous micro-organisms	Yes		No	X
Chemically hazardous materials	Yes		No	X
Human body fluids or tissue	Yes		No	X
Radioisotopes / unsealed sources	Yes		No	X
Ionising radiation	Yes		No	X
Non-ionising radiation	Yes		No	X
Any other potential safety hazard for either participants or researchers?	Yes		No	X

If 'Yes' to any of the above, you may need to submit a Safety Clearance application to the University's Health and Safety Team. Please refer to the *Safety in Research and Teaching* site for more information.

Submitted By: Maha Ali, Student ID: 6425

PART F1 – CO-INVESTIGATORS other than student researchers

List all co-investigators on the project who are not students conducting the research as a component of their studies. If students of the University are working on the project, eg as research assistants, but not using the research for their studies, they should be listed here.

Name *(Title / given name / family name)*	
Qualifications	
SBS ID	
Division	
Mailing address	
Contact phone / fax	
Email	

Name *(Title / given name / family name)*	
Qualifications	
SBS ID or Organization	
Division	
Mailing address	
Contact phone / fax	
Email	

Copy table and repeat for each additional co-investigator.

PART F2 – STUDENT RESEARCHERS

List all students working on the project who are conducting the research as a component of their studies.

Name *(Title / given name / family name)*	Maha Magdy Mohamed Ali
Qualifications	B.Sc of Biochemistry. MBA (Marketing) Master Of Applied Business School -SBS. DBA student - SBS
School	Swiss Business School
Mailing address	Kuwait-Ahmadi, Equila, Block 2, Street 220, House 41, Flat # 6 , P.O.Box : 366 Fintas 510000
Contact phone / fax	00-965-97175858
Email	mmgg94@yahoo.com, mmgg92@hotmail.com
Name of degree program	Doctorate of Business Administration (DBA) Batch 5 UAE
	Undergraduate [ ] Honours [ ] Postgraduate Coursework [ ] Postgraduate Research [ ]
SBS ?	Yes [X] Other *(please specify)*:
SBS ID	6425 –DBA
Principal supervisor	Dr.Beenu Mago

Copy table and repeat for each additional student.

Submitted By: Maha Ali, **Student ID: 6425**

PART G1 – DECLARATION BY APPLICANTS

All of the required signatures in this part must be provided before this application can be processed. (Refer to *Special Circumstances* in the *Appendix – How to submit your application.*)I declare that the information provided in this application is truthful and as complete as possible.

- In signing this application, I declare that the research protocol conforms to the *Swiss Ethical Standards*.
- I undertake to conduct the research in accordance with the approved protocol, the *National Statement*, relevant legislation and the policies and procedures of SBS Swiss Business School.
- Where I am the project supervisor for the research described herein which will be conducted by a student of SBS Swiss Business School, I declare that I have provided guidance to the student in the design, methodology and consideration of ethical issues of the proposed research.
- I make this application on the basis that the information it contains is confidential and will be used by SBS Swiss Business School for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

All investigators named at B2 , F1 and F2 are to sign this declaration.

	Name	*Signature*	*Date*
Chief investigator/ project supervisor	Dr. Beenu Mago	Beenu	
Investigator 2			
Investigator 3			
Investigator 4			
Investigator 5			
Investigator 6			

To be completed by the Chief Investigator / Project Supervisor

Level of Review
Having completed this application, I believe that this project qualifies for (X one box):

Expedited Ethical Review Level 1		or	Expedited Ethical Review Level 2	

Attachments:
I have **attached** the required documents as follows: *(please X)*

• *Participant Information Statement(s)*				
• *Verified translations of Participant Information Statement(s)*		N/A		
• *Participant Consent Form(s)*		N/A		
• *All recruitment material, eg advertisements, posters*		N/A		
• *Surveys / questionnaires*	X	N/A		
• *Focus group / Interview schedule(s)*		N/A		

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PART G2 – PEER REVIEW AND DEAN DECLARATION

STEP 1 – Peer review confirmation

The research proposal contained herein has been peer reviewed by (*please tick*):

☐ **The following competitive research grant body and given a positive review:**

In: *(year)*

OR

☐ **Reviewed by:**

On: *(date)*

and it is confirmed that:

- the proposal has been peer reviewed by an experienced researcher in the field of study who is independent of the research and the researchers;
- the aims of the research are clearly identified;
- the research proposal is well designed and methodologically sound;
- the research proposal is supported by an appropriate literature review;
- the research procedures are appropriate to the aims of the research;
- the proposed study sample is appropriate;
- if the research is conducted according to the protocol, it is expected to yield valid and useful data;
- the researcher(s) has the necessary expertise to conduct the research and perform the procedures/techniques required by the research; and
- where relevant, all methodological issues have been resolved to the satisfaction of the peer reviewer.

Title		*First name*	Hemant	*Last name*	Kumar
Signed				*Date*	
As:	*(eg Chair, … Review Committee/Panel)*				

STEP 2 – Dean Declaration

Where the SBS Academic Dean has a conflict of interest with the proposed research, eg an investigator on the project, a member of the research group, or a personal relationship to any member of the research team, this Declaration is to be completed by the Faculty

I declare that:

- I am satisfied that an adequate peer review has been conducted and that the research proposal is ready for submission for ethics approval;
- the resources required to undertake this project are available; and
- the researchers have the skill and expertise to undertake this project appropriately.

Title	Dr.	*First name*	BERT	*Last name*	WOLFS
Position	Dean of SBS SWISS BUSINESS SCHOOL				
Signature				*Date*	

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• *Participant Information Statement(s)*			
• *Verified translations of Participant Information Statement(s)*		N/A	
• *Participant Consent Form(s)*		N/A	
• *All recruitment material, eg advertisements, posters*		N/A	
• *Surveys / questionnaires*	X	N/A	
• *Focus group / Interview schedule(s)*		N/A	
• *Funding application(s) / Contract / Agreement*		N/A	
• *Approval(s) from other HRECs*		N/A	

Comments
You are invited to add comments to supplement your application if you think something has not been covered, or to provide feedback on this form.
•

APPENDIX-E: Changes have been made following the SBS Academic Dean Dr. Bert Wolfs's remarks

Page number	Changes	Status
ii	Capital letter for word Academic	Done
iii	Add plural S for word result	Done
iii	Remove the comma between medical and retail	Done
iv	Remove the S from content	Done
iv	Applied the TAB function so the page numbers are all on the same line	Done
1	Correct the APA	Done
1	Apply single paragraph indent	Done
3	Correct the APA	Done
13	Correct the APA	Done