TEST Engineering & Management

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

# DOES EXPERIENCE HAVE A POSITIVE PATIENT SATISFACTION DURING THE COVID 19 PANDEMIC?

**Stewart Karembo and Jilson Zimuto**

***Article Info***
***Volume 83***
***Page Number: 4275 - 4282***
***Publication Issue:***
***July-August 2020***

***Article History***
***Article Received:*** *25 April 2020*
***Revised:*** *29 May 2020*
***Accepted:*** *20 June 2020*
***Publication:*** *10 August 2020*

***Abstract***

This study was conducted with an aim to have an in-depth understanding of the effect of customer experience on patient satisfaction in government district hospitals in Manicaland Province, Zimbabwe. The province has four government district hospitals in Manicaland Province namely Rusape General Hospital, Chipinge District Hospital, Hauna District Hospital and Nyanga District Hospital. Data were collected from these hospitals using face to face interviews and self-administered questionnaire. Three hundred and seventy-nine (379) participants were surveyed. More than half of the participants had positive emotional experiences and felt better even before taking their medications. The majority had positive social experiences with at least 70% reported that staff members were friendly, and would interact and explain procedures to patients before and during service delivery. Positive cognitive experiences were reported by the majority with 66.9% of the participants saying the services they received were impressive. Despite having favourable physical experiences, almost half of the participants were displeased by shortages of medicines and medical supplies, and 44.6% also said the waiting time for services was too long. Overall, more than three quarters of the participants were satisfied with the service provision and said they would definitely come back for services when the need arises in future. In conclusion, positive patient experiences led to patient satisfaction whilst negative or unfavourable patient experiences caused dissatisfaction.

***Keywords:*** *Customer experience, patient satisfaction, Covid 19 pandemic;*

## INTRODUCTION

Customer experience is the internal, subjective response of customers as a result of direct or indirect contact with a company, its products and services or personnel. It is replacing quality as the source of competitive advantage for firms (Johnston and Kong, 2011). The increase in the number of customer touch points in today's businesses has necessitated the need to be upbeat with customer care such that the customer is subjected to an experience meeting or exceeding their expectation in order to create sustainable competitive advantage for the firm (Kranzbühler et al., 2018),. It has been noted that positive customer experience opens an opportunity for businesses to enjoy long-term competitive advantage over their rivals. Customer experience takes a multidimensional orientation with five constructs including cognitive (think), physical (act), sensory (sense), social identity (relate) and affective (feel) experiences (Lemon & Verhoef, 2016).

Globally, patient experiences continue to emerge as important areas of focus in healthcare services



*Published by: The Mattingley Publishing Co., Inc.*

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

delivery. Patient experiences are events or occurrences which happen during the continuum of care or independently. There is a strong tie between patient's experience and their expectation (Jason, 2014; Coulter et al., 2009; LaVela & Gallan, 2014). Studies on customer experience in hospitals, both private and public, were found to be limited though numerous studies on patient satisfaction have been done. The African continent has been lagging behind with regards to marketing research in hospitals. The available studies largely identified patient satisfaction as a positive outcome of service quality with SERVQUAL as the standard measuring instrument. There is a dearth in research linking customer experience to patient satisfaction. Available literature is limited on customer experience studies in Zimbabwean hospitals despite there being a number of studies on patient satisfaction. Hence, this study seeks to pacify the effect of customer experience on patient satisfaction in government district hospitals in Manicaland Province, Zimbabwe. The study would add to the existing body of knowledge in the area of customer experience particularly in the healthcare services sector considering that this is a relatively new phenomenon with limited research to date.

## THEORY AND LITERATURE REVIEW

### THE EXPECTANCY DISCONFIRMATION THEORY (EDT)

The Expectancy Disconfirmation Theory (EDT) is built on the base of the Cognitive Dissonance Theory (CDT) which was introduced by Leon Festinger in 1957. CDT is a theory for matching a person's expectation of something or a performance with what they will experience in the real world (Elkhani et al., 2012). The EDT was originated by Oliver (1980). This theory involves a customer behavior model which is commonly used to predict and define client satisfaction and repurchase intention. Oliver (1980) argued that repurchase intentions are greatly dependent on prior satisfaction. Satisfaction is obtained from expectation and disconfirmation for the services or products. Disconfirmation has the strongest direct influence upon satisfaction. Disconfirmation includes:

1) Confirmation when the actual performance is able to meet the client's expected standard;
2) Negative disconfirmation - The actual performance fails to meet the client's expected standard; and
3) Positive disconfirmation - The actual performance exceeds the expected standard. Both expectations and perceived performance have an influence on disconfirmation (Chen et al., 2010). Lankton and McKnight (2012) said that expectations, disconfirmation, and performance influence customer satisfaction.

Figure 1 below shows the Expectation Confirmation Theory Model:



*Published by: The Mattingley Publishing Co., Inc.*

July-August 2020
ISSN: 0193-4120 Page No. 4275 - 4282

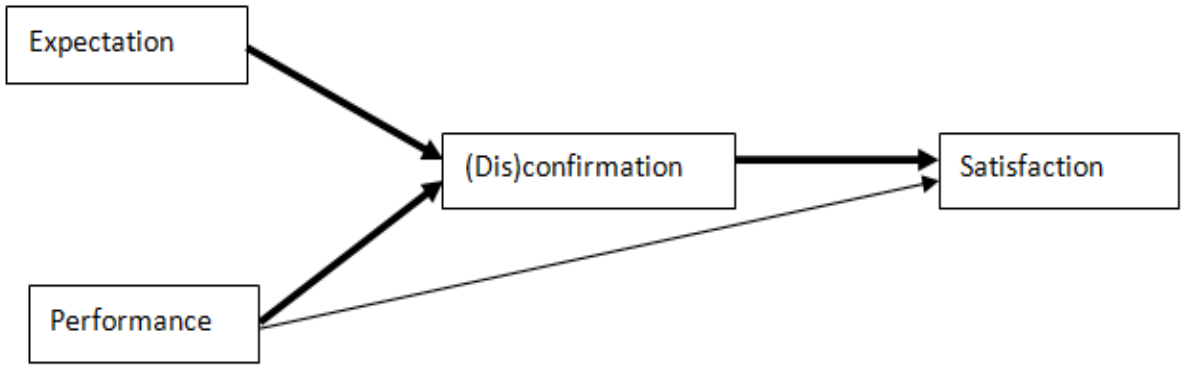


Figure 1: The Expectation Confirmation Theory Model (Jiang and Klein, 2009)

The four main constructs in the model are expectation, performance, (dis)confirmation and satisfaction. Expectations serve as the comparison anchor in EDT which consumers use for the evaluation of performance and form a disconfirmation judgment. Expectations reflect anticipation. They are predictive over product attributes at some point in the future. Performance is an evaluation by the individual after the event, such as a perception of product quality. If a product meets or outperforms expectations (confirmation) post-purchase satisfaction will result. If a product falls short of expectations (disconfirmation) the consumer is likely to be dissatisfied. Typically, disconfirmation is often measured directly, or as a difference score between expectation and performance components (Jiang and Klein, 2009). Hence, it was assumed that patients seeking medical services at government district hospitals in Manicaland Province had their expectations of the health service delivery system. If their expectations were met or exceeded (confirmation), the patient would be satisfied with the service rendered. But if their expectations were not met (disconfirmation), the patient would be dissatisfied with the service rendered.

## RESEARCH MODEL AND HYPOTHESES

Customer experience has been described as a multidimensional construct and identified five types of experiences which include sensory (sense), cognitive (think), affective (feel), social-identity (relate) and physical (act) experiences. The Figure overfeaf shows a conceptual framework for the study:



Published by: The Mattingley Publishing Co., Inc.

July-August 2020
ISSN: 0193-4120 Page No. 4275 - 4282

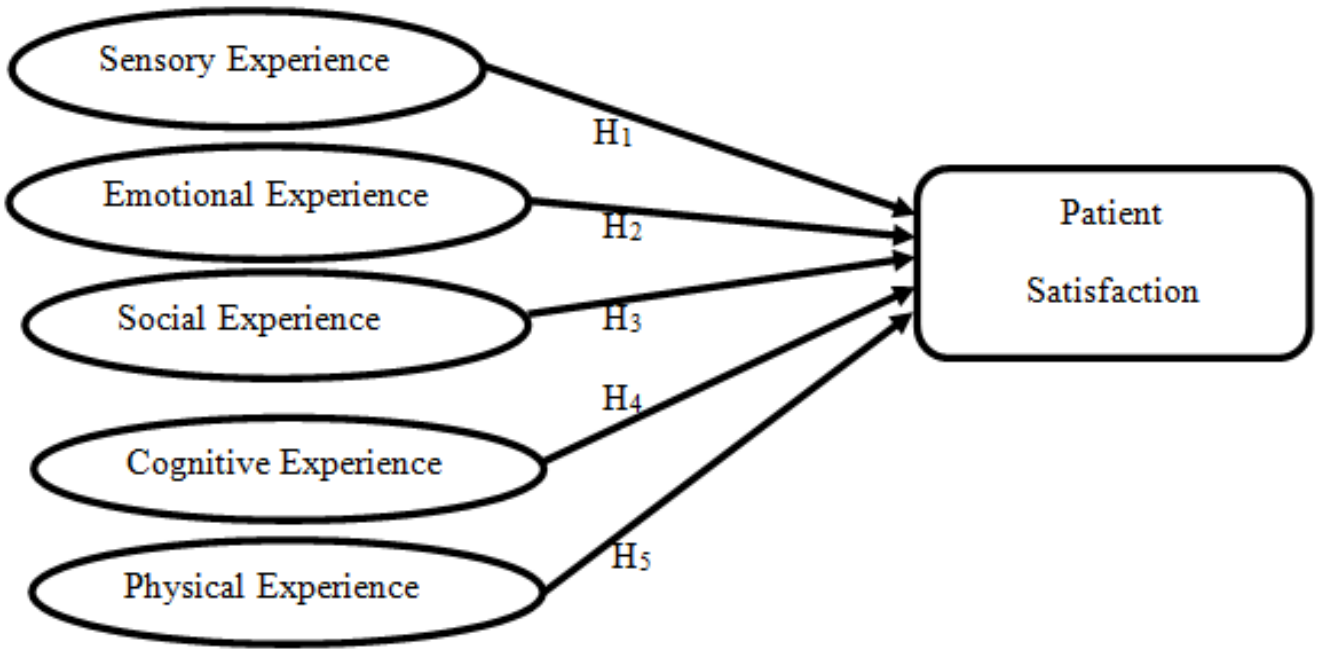


Figure 2: Researchers' own compilation (2020)

Table 1: Customer Experience Constructs

| CUSTOMER EXPERIENCE CONSTRUCTS | AUTHORS |
|---|---|
| Cognitive, affective, emotional, social and physical responses | McColl-Kennedy et al.(2015) |
| Emotional, rational, physical, spiritual and sensorial | Garg and Rahman (2013), Gentile et al. (2007) |
| Think (cognitive) , feel (emotional/affective), act (physical), sense (sensorial), and relate (social) | Srivastava and Kaul (2014), Yang and He (2011), Lemon and Verhoof (2016), Nasermoadeli et al.(2013) |

**SENSORY EXPERIENCE**

Sensory experience can be defined as the aesthetics and sensory perceptions about the products, services, atmosphere and shopping environment, atmosphere. Each of the five human senses including smell, sight, touch, taste and sound contribute to the establishment of an experience. The interaction of all senses forms the foundation of sensory experience (Nasermoadeli et al., 2013). Iglesias et al. (2019) argue that a competitive position of a brand is strengthened by building a favourable sensory brand experience. Ren



Published by: The Mattingley Publishing Co., Inc.

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

et al. (2016) also revealed that sensorial experience is among factors that positively influence customer satisfaction. Drawing on their assertions, it can be hypothesised that:

**$H_1$: Sensory experience positively influences patient satisfaction**

**EMOTIONAL EXPERIENCE**

Emotional experiences are the moods and emotions that are generated during a shopping trip. Emotional experience generates effects ranging from little positive moods to strong emotions related to the brand leading to brand loyalty when customers are satisfied (Nasermoadeli et al., 2013). This implies that emotional attachment to a company by consumers is a good determinant of repeat purchase. Customers who are emotionally bonded to the company invest more than customers lacking effective commitment. Yang and He (2011) found that emotional experience has a positive effect on repeat purchase. This can be concluded that if emotional experience positively affects repeat purchase, it follows that this emanates from satisfaction. Hence it can be argued that:

**$H_2$: Emotional experience has a positive effect on patient satisfaction**

**SOCIAL EXPERIENCE**

Social experience has been defined in simple terms as the relationship with others and society (Nasermoadeli et al., 2013). Social experience makes an impact and each social impact has the power to influence an individual's activities, feelings or thoughts. Srivastava et al. (2014) posit that the quality of interpersonal interaction between the company employees and the customers influence customer satisfaction. A study conducted by Yang and He (2011) on customer experience and purchase intentions in a retail business in China found that social experience has a positive effect on purchase intention. This implies that social experience could equally affect satisfaction. Therefore it is hypothesised that:

**$H_3$: Social experience has a positive effect on patient satisfaction**

**COGNITIVE EXPERIENCE**

Cognition and affect have been consistently identified as influential components of customer behaviour and customer experience (Rose et al., 2012). Olsson et al. (2012) said that favourable customer service experiences are essential for a company's offering success, and that cognitive experience is part of the multidimensional constructs of service experience. López-Mosquera et al. (2014) support that positive affective and cognitive experiences increase satisfaction in visitors and increase the likelihood of a prompt return visit. Hence it can be assumed that:

**$H_4$: Cognitive experience has a positive effect on satisfaction of patients visiting government district hospitals.**

**PHYSICAL EXPERIENCE**

Han et al. (2009) argue that the physical environment had a strong influence on how customers perceived price. Ali et al. (2018) said that the physical setting, interaction between customers with staff members and interaction with other customers has a significant impact on both customer delight and satisfaction. Andrade et al. (2013) said that environmental quality affects customer satisfaction. Therefore, a holistic approach to customer experience brings about customer satisfaction in the clients of a particular organisation. Therefore it can be hypothesised that:

**$H_5$: Physical experience has a positive effect on the satisfaction of patients visiting government district hospitals.**

**CUSTOMER SATISFACTION**



*Published by: The Mattingley Publishing Co., Inc.*

TEST Engineering & Management

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

Customer satisfaction is the state of fulfilment of consumer consumption goals as described and experienced by the consumers. Customer satisfaction can be formed irrespective of the number of encounters with the service provider (Srivastava et al., 2014). Customer satisfaction has been primarily visualised as resulting from comparing the actual performance by the firm with expectations of the customer (Lemon and Verhoef, 2016). Satisfaction is a form of a statement from the consumer that they have received enough reward in buying a situation for the costs they have undergone (Zena and Hadisumarto, 2013). Higher customer retention rate, increased profits and positive word of mouth have been enabled through increased customer satisfaction ( Pappas et al., 2014).

## METHODOLOGY

This study was conducted as a descriptive study (single cross –sectional survey) with the aim to seek understanding of the effect of customer experience on patient satisfaction at government district hospitals in Manicaland Province, Zimbabwe. A descriptive study was used because the study intended to describe the relationship between customer experience and patient satisfaction as well as to allow for generalisability of the results. Manicaland Province has 7 districts and only four have government district hospitals. These include Rusape General Hospital in Makoni District, Nyanga District Hospital in Nyanga District, Chipinge District Hospital in Chipinge and Hauna District Hospital in Mutasa District. Mutare, Chimanimani and Buhera have no district hospitals. The study was conducted in government district hospitals' out-patient departments in Manicaland Province. The hospitals included Nyanga District Hospital, Hauna District Hospital, Chipinge District Hospital and Rusape General Hospital. Children below 18 years of age were only enrolled in the presence of a guardian. The deaf and dumb were not enrolled due to the inability of the researchers to use sign language. Customer experience was measured using five variables including sensory experience, emotional (affective) experience, social (relational) experience, cognitive (intellectual) and physical experiences. Data collection was done using a mixture of self-administered questionnaire and face-to-face interview to allow for completeness in data collection.

Based on Marczyk et al. (2017) the population of patients attending out-patient services in the government district hospitals in Manicaland Province was as follows in the table overleaf.

**Table 2: Study population**

| District | District Hospital | Outpatient Department Attendance 2018 | |
|---|---|---|---|
| | | Annual | Average Monthly |
| Makoni | Rusape General Hospital | 24279 | 2024 |
| Nyanga | Nyanga District Hospital | 18667 | 1556 |
| Chipinge | Chipinge District Hospital | 14309 | 1193 |
| Mutasa | Hauna District Hospital | 15663 | 1306 |
| | **Total** | **72918** | **6079** |

Studying a population is very difficult, hence a sample was needed. Probability sampling was used for this study since the study is a quantitative study intended to produce results that could be generalised to similar

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

district hospitals in other provinces. Each hospital out-patient department was treated as a stratum. Proportionate representation of each stratum was done based on the out-patient department attendance for each district hospital for the year 2018. The number of participants from each stratum depended on the proportion of the population represented by each stratum. Communication barriers led to the exclusion of the deaf and dumb.

According to Singh et al. (2014), Glenn (1992) presented two tables for selection of sample size. Using these tables at precision levels of +/- 5% where confidence level 95% and P = 0.05, the sample size was 378 as shown in table below:

**Table 3: Sample Distribution**

| District Hospital | Proportion | Sample size |
|---|---|---|
| Rusape General Hospital | 0.3330 | 126 |
| Nyanga District Hospital | 0.2560 | 97 |
| Chipinge District Hospital | 0.1962 | 74 |
| Hauna District Hospital | 0.2148 | 82 |
| **Total** | **1.0000** | **379** |

The questionnaire was used for data collection in this descriptive cross-sectional survey (Dörnyei and Taguchi (2009). The questionnaire was administered through face-to-face interviews with patients in the out patients departments of the hospitals. But the questionnaire pre-test was done a few days before the commencement of the study. This allowed the researcher to modify some of the contents of the questionnaire.

## DATA ANALYSIS AND PROCEDURE

The response to the research was overwhelming. The response rate was 100%. The study had a sample size of 379. 369 copies of the questionnaire were sufficiently filled in with a few areas having some missing information. 10 of the copies were grossly incomplete with some having only demographic data filled in whilst others had a lot of missing information in Section B which was made up of the 5 variables of customer experience (sensory, emotional, social, cognitive and physical). Validity of the questionnaire was tested using Cronbach's alpha and hypothesis testing was done using Pearson's correlation coefficient. The composite Cronbach alpha for this research was 0.723.

The data were analysed using Statistical Package for Social Sciences. 96.5% of patients who participated in the study were adults above the legal age of 18 years. 40.3% of the participants were males whilst 59.7% were females. The majority were married making up 54.8% of the study participants. 82% of participants were literate people who had attained at least Ordinary Level education. More than 65% were members of the economically active age group. 60.8% of the participants said the hospitals made strong impressions on their visual and other senses while 19.3% of the participants disagreed. 68.4% of the participants disagreed with the assertion that that there is nothing interesting in a sensory way in the district hospitals in Manicaland Province. The majority of the participants had positive sensory experiences. Using a two-tailed test with a p-value of less than 0.01, the Pearson Correlation Coefficient showed a strong positive correlation between sensory experience and



*Published by: The Mattingley Publishing Co., Inc.*

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

patient satisfaction whilst lack of sensory appeal led to patient dissatisfaction at p-values of less than 0.05.
In addition, the majority of the participants making up 64.7% were delighted with the level of service delivery while 15.5% of participants were not delighted. 52% of the participants said that their experiences at the district hospitals made them feel better before they even started taking their medications. However, 26% were neutral. On whether the service delivery process in the public health institutions under study was emotionally distressing, 20.7% agreed while 62.9% disagreed. Again, 15.9% said their experiences at the district hospitals induced negative sentiments about the work ethic of people working in public health institutions while the majority of participants (62.5%) disagreed. The majority of the patients who participated in the study had positive emotional experiences following healthcare services delivery at their district hospitals. Using the Pearson Correlation Coefficient, there was a strong positive correlation between positive emotional experiences and patient satisfaction at a p-value of less than 0.01. Also, there was a strong negative correlation between negative emotional experiences and patient satisfaction at p-values less than 0.01 and 0.05.

More than three quarters of research participants said staff members at the government district hospitals were generally friendly whilst 8.7% of the participants said the staff members were not friendly. 72.6% of the participants agreed that the medical team interacts with patients and explains procedures to be followed in the hospitals. While 71% said that the staff members made it easier for patients to express themselves during consultations but 11% disagreed. Moreover, 62.2% of the participants said they were able to start a conversation with other patients in the waiting queue while 22.7% found it difficult to do so. Generally, more than 70% of the patients who participated in this study had favourable social experiences.

Patients who were able to make conversations with strangers in the waiting queue strongly regarded the staff members working in the district hospitals as generally friendly and the Pearson Correlation Coefficient showed strong positive correlation between their social experiences and patient satisfaction at p-values less than 0.01. However, the patients who were unable to start conversations with strangers in the waiting queues could not see the friendliness in the staff members, neither was it easy for them to express themselves in the consulting rooms at p-values less than 0.01 1nd 0.05. The majority of the participants, making up 66.9% agreed that they had an impressive experience at the district hospitals where they received healthcare services .18% of the patients who participated in the study were neutral. 63.5% of the participants said their experiences made them more health conscious but 12.3% of patients said there was no stimulus for being health conscious in the experiences they had in the different district hospitals in Manicaland. Almost one in every four was indifferent. While 57.1% of the participants agreed that their experiences at the district hospitals appealed to their creative thinking skills, almost one third of patients could neither ascertain that their experiences appealed to their creative thinking skills nor dispute this assertion. More than 60% of the patients said they did not lose confidence in public health institutions. A quarter of the participants said their experiences made them lose confidence in public healthcare institutions. From these results, the majority of the patients who participated had positive cognitive experiences.

Patients, who had an impressive experience at the hospitals during service delivery, also had experiences that significantly made them more health conscious and had their creative thinking skills stimulated significantly at p-value less than 0.01. Therefore,



*Published by: The Mattingley Publishing Co., Inc.*

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

positive cognitive experiences were strongly correlated with patient satisfaction at p-values less than 0.01. However, there was no significant association between negative patient experiences and appeal to creative thinking. One third of the participants were able to get their prescribed medicines from the hospital pharmacy, almost half were not able to get their prescribed medications from the hospital pharmacies and one in every five participants was able to get some of the prescribed medicines. 73.8% of the participants said staff members explained the patients' disease conditions using words that were easily understandable while 11.7% disagreed. Patient waiting times for services was a topical issue as 42.6% of the participants said the waiting time was too long. More than one third of the patients said the waiting time for services was reasonable while 16.1% were neutral. 240 of the 369 participants said the services were affordable while 69 said the services were out of their reach as the cost was a deterrent. More than 70% of the patients who participated in the study said the hospitals were easily accessible during times of need. Generally, the majority of the patients who participated in this study had positive physical experiences.

The Pearson Correlation Coefficient, two tailed test, p-value of less than 0.01 revealed a strong positive correlation between physical experience and patient satisfaction. A strong negative correlation at p-value of less than 0.01 between physical experience and patient satisfaction was seen in patients citing the waiting time to be too long. These patients also said they are not able to get their prescribed medications from the hospital pharmacy and also said the services were not affordable. 72% of the patients who participated in the study agreed that the service delivery at the district hospitals was commendable. 72.9% of the participants said they were willing to come back for services at these hospitals whilst 7.6% said if they had adequate resources to seek for services in the private sector, they would. Generally patients were satisfied with the services they received at the government district hospitals in Manicaland Province.

## CONCLUSION

The results from this study showed that positive sensory experiences led to patient satisfaction and negative or unfavourable sensory experiences caused patient dissatisfaction. Positive emotional experiences caused patient satisfaction whilst distressing emotional experiences caused dissatisfaction. Participants who had positive social experiences were satisfied with the services they received despite having shortages of some medicines and medical supplies. Patients who had bad social experiences were dissatisfied. The study results revealed that positive cognitive experiences were experienced by the majority of the patients. It is prudent to conclude that positive cognitive experiences led to patient satisfaction. The study results showed that positive physical experiences caused patient satisfaction whilst negative physical experiences caused dissatisfaction.

## References

1. ACHARYA, A. S., PRAKASH, A., SAXENA, P. & NIGAM, A. J. I. J. O. M. S. 2013. Sampling: Why and how of it. 4, 330-333.
2. ALI, F., KIM, W. G., LI, J., JEON, H.-M. J. J. O. D. M. & MANAGEMENT 2018. Make it delightful: Customers' experience, satisfaction and loyalty in Malaysian theme parks. 7, 1-11.
3. ANDRADE, C. C., LIMA, M. L., PEREIRA, C. R., FORNARA, F., BONAIUTO, M. J. H. & PLACE 2013. Inpatients' and outpatients' satisfaction: The mediating role of perceived quality of physical and social environment. 21, 122-132.
4. CHEN, Y.-Y., HUANG, H.-L., HSU, Y.-C., TSENG, H.-C., LEE, Y.-C. J. C. & SCIENCE, I. 2010. Confirmation of expectations and



*Published by: The Mattingley Publishing Co., Inc.*

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

satisfaction with the Internet shopping: The Role of Internet self-efficacy. 3, 14.
5. COULTER, A., FITZPATRICK, R. & CORNWELL, J. 2009. Measures of patients' experience in hospital: purpose, methods and uses, King's Fund London.
6. DÖRNYEI, Z. & TAGUCHI, T. 2009. Questionnaires in second language research: Construction, administration, and processing, Routledge.
7. DROST, E. A. J. E. R. & PERSPECTIVES 2011. Validity and reliability in social science research. 38, 105.
8. ELKHANI, N., BAKRI, A. J. J. O. I. S. R. & INNOVATION 2012. Review on "expectancy disconfirmation theory"(EDT) Model in B2C E-Commerce. 2, 95-102.
9. GARG, R., RAHMAN, Z. & QURESHI, M. J. J. O. M. I. M. 2014. Measuring customer experience in banks: scale development and validation. 9, 87-117.
10. HAN, H., RYU, K. J. J. O. H. & RESEARCH, T. 2009. The roles of the physical environment, price perception, and customer satisfaction in determining customer loyalty in the restaurant industry. 33, 487-510.
11. HEALE, R. & TWYCROSS, A. J. E.-B. N. 2015. Validity and reliability in quantitative studies. 18, 66-67.
12. IGLESIAS, O., MARKOVIC, S. & RIALP, J. J. J. O. B. R. 2019. How does sensory brand experience influence brand equity? Considering the roles of customer satisfaction, customer affective commitment, and employee empathy. 96, 343-354.
13. JASON, A. J. P. E. J. 2014. Defining patient experience. 1, 7-19.
14. JIANG, J. J. & KLEIN, G. 2009. Expectation-confirmation theory: Capitalizing on descriptive power. Handbook of research on contemporary theoretical models in information systems. IGI Global.
15. JOHNSTON, R. & KONG, X. J. M. S. Q. A. I. J. 2011. The customer experience: a road-map for improvement. 21, 5-24.
16. KRANZBÜHLER, A. M., KLEIJNEN, M. H., MORGAN, R. E. & TEERLING, M. J. I. J. O. M. R. 2018. The multilevel nature of customer experience research: an integrative review and research agenda. 20, 433-456.
17. LANKTON, N. K. & MCKNIGHT, H. D. J. J. O. T. A. F. I. S. 2012. Examining two expectation disconfirmation theory models: assimilation and asymmetry effects. 13, 1.
18. LAVELA, S. L. & GALLAN, A. J. P. E. J. 2014. Evaluation and measurement of patient experience. 1, 28-36.
19. LEMON, K. N. & VERHOEF, P. C. J. J. O. M. 2016. Understanding customer experience throughout the customer journey. 80, 69-96.
20. LÓPEZ-MOSQUERA, N., SÁNCHEZ, M. J. U. F. & GREENING, U. 2014. Cognitive and affective determinants of satisfaction, willingness to pay, and loyalty in suburban parks. 13, 375-384.
21. MARCZYK, G., DEMATTEO, D. & FESTINGER, D. 2017. Essentials of research design and methodology, John Wiley.
22. MCCOLL-KENNEDY, J. R., GUSTAFSSON, A., JAAKKOLA, E., KLAUS, P., RADNOR, Z. J., PERKS, H. & FRIMAN, M. J. J. O. S. M. 2015. Fresh perspectives on customer experience. 29, 430-435.
23. NASERMOADELI, A., LING, K. C., MAGHNATI, F. J. I. J. O. B. & MANAGEMENT 2013. Evaluating the impacts of customer experience on purchase intention. 8, 128.
24. NOBLE, H. & SMITH, J. J. E.-B. N. 2015. Issues of validity and reliability in qualitative research. 18, 34-35.



*Published by: The Mattingley Publishing Co., Inc.*

*July-August 2020*
*ISSN: 0193-4120 Page No. 4275 - 4282*

25. O. PAPPAS, I., G. PATELI, A., N. GIANNAKOS, M., CHRISSIKOPOULOS, V. J. I. J. O. R. & MANAGEMENT, D. 2014. Moderating effects of online shopping experience on customer satisfaction and repurchase intentions. 42, 187-204.
26. OLSSON, L. E., FRIMAN, M., PAREIGIS, J., EDVARDSSON, B. J. J. O. R. & SERVICES, C. 2012. Measuring service experience: Applying the satisfaction with travel scale in public transport. 19, 413-418.
27. REN, L., QIU, H., WANG, P. & LIN, P. M. J. I. J. O. H. M. 2016. Exploring customer experience with budget hotels: Dimensionality and satisfaction. 52, 13-23.
28. ROSE, S., CLARK, M., SAMOUEL, P. & HAIR, N. J. J. O. R. 2012. Online customer experience in e-retailing: an empirical model of antecedents and outcomes. 88, 308-322.
29. SINGH, A. S., MASUKU, M. B. J. I. J. O. E., COMMERCE & MANAGEMENT 2014. Sampling techniques & determination of sample size in applied statistics research: An overview. 2, 1-22.
30. SRIVASTAVA, M., KAUL, D. J. J. O. R. & SERVICES, C. 2014. Social interaction, convenience and customer satisfaction: The mediating effect of customer experience. 21, 1028-1037.
31. YANG, Z.-Y. & HE, L.-Y. J. A. J. O. B. M. 2011. Goal, customer experience and purchase intention in a retail context in China: An empirical study. 5, 6738-6746.
32. ZENA, P. A. & HADISUMARTO, A. D. J. A. M. J. 2013. The study of relationship among experiential marketing, service quality, customer satisfaction, and customer loyalty.



*Published by: The Mattingley Publishing Co., Inc.*