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The effect of service recovery experience on patients' switching intentions and positive word of mouth in private hospitals in Kuwait: The mediation effect of patient commitment

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Abstract

Objectives: Touchpoints of the service recovery experience in private hospitals in Kuwait were identified and validated. Then, a research model was developed to study the effect of service recovery experience on patient's switching intentions and positive word of mouth with patient commitment as a mediator. **Method:** Service recovery touchpoints of patient experience were identified by focus group and a sample of private hospital patients in Kuwait was recruited using a snowballing sampling procedure with an online-survey platform. The proposed research model was validated via two-stage structural equation modeling in AMOS 27 statistical software. Path analysis examined the mediating effects of patient commitment in the examined relationships. A sample of 171 patients in private hospitals in Kuwait was recruited for the exploratory factor analysis [EFA] and a separate sample of 976 patients was recruited for the confirmatory factor analysis [CFA]. **Results:** The findings confirmed a significant direct effect of service recovery experience on patients' positive word of mouth and a significant indirect effect through patient commitment as a mediator. On contrary, service recovery experience was

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related to patients' switching intentions only through the indirect link of patient commitment, which provided support for the full mediation model. **Conclusion:** Private hospitals should pay much attention to service recovery experience and allocate resources across critical touchpoints to enhance patient relationship.

***Keywords*:** service recovery, patient experience, patient commitment, switching intentions, positive word-of-mouth

تأثير تجربة تعديل الخدمة على تغيير نيات المرضى وتناقل الكلام الإيجابي في المستشفيات الخاصة في الكويت: تأثير التزام المريض كمتغير وسيط

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ملخص

الأهداف: هدفت الدراسة إلى تحديد نقاط الاتصال الخاصة بتجربة تعديل الخدمة في المستشفيات الخاصة في الكويت ودراسة مدى تأثير تجربة تعديل الخدمة على تغيير نيات المريض وتناقل الكلام الإيجابي للمرضى مع الأخذ في الاعتبار تأثير التزام المرضى كمتغير وسيط. **المنهج:** حُدّدت نقاط الاتصال الخاصة بتجربة تعديل الخدمة بوساطة مجموعة التركيز وجمعت عينة ملائمة من مرضى المستشفيات الخاصة في الكويت باستخدام طريقة كرة الثلج لتعبئة استبانة الدراسة على منصة عبر الإنترنت. تم التحقق من صحة نموذج الدراسة من خلال نمذجة المعادلة الهيكلية ذات المرحلتين [SEM] في البرنامج الإحصائي [AMOS]. بالإضافة إلى ذلك، أجري تحليل المسار لاختبار مدى تأثير التزام المرضى كمتغير وسيط في العلاقات المقترحة في الدراسة. استخدمت عينة من 171 مريضاً في المستشفيات الخاصة في الكويت لاختبار التحليل العاملي الاستكشافي، واستخدمت عينة مستقلة من 976 مريضاً لاختبار التحليل العاملي التوكيدي. **النتائج:** أكدت النتائج أن هناك تأثيراً مباشراً ذا دلالة إحصائية لتجربة تعديل الخدمة على تناقل الكلام الإيجابي للمرضى وتأثيراً غير مباشر لالتزام المرضى كمتغير وسيط. في المقابل كانت تجربة تعديل الخدمة مرتبطة بتغيير نيات المريض من خلال التأثير غير المباشر لالتزام المرضى، الذي قدم الدعم الكامل لنموذج الوساطة الكامل. **الخاتمة:** يجب أن تولي المستشفيات الخاصة اهتماماً كبيراً لتجربة تعديل الخدمة وتخصيص الموارد عبر نقاط الاتصال المهمة لتعزيز العلاقة مع المرضى.

الكلمات المفتاحية: تجربة تعديل الخدمة، تجربة المريض، التزام المرضى، تغيير النيات، تناقل الكلام الإيجابي

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Introduction

Global competition among private hospitals is at its highest levels and people's living quality has changed considerably, demanding better healthcare experiences. Everyone is concerned about healthcare at some point of their life, making it essential for the wellbeing of society (Danaher & Gallan, 2016). The importance of well-designed healthcare services is directly aligned with the World Health Organization's [WHO] view that advocates for more patient-oriented health services. According to WHO (2015, p.7),

> People-centered health services is an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.

Thus, commoditized services are no longer differentiating factors for many customers (Gilmore & Pine, 2002). To distinguish themselves from competitors in a homogenous market, healthcare providers have begun focusing on patient experience and relationship marketing strategies to deliver the intended patient value (Ponsignon et al., 2018; Sadek & Willis, 2020). Healthcare leaders understand that patient experience is a key determinant to firm competitiveness and the fundamental basis for marketing management. As a result, many hospitals have dedicated their resources to serve customers' needs, wants, and demands to create memorable experiences, improve business performance, and enhance relational outcomes.

In Kuwait, there is a considerable demand for increasing the participation of private hospitals (Oxford Business Group, 2019), making patient experience an essential topic to differentiate hospitals in the local market. However, according to Servicehero (2020), customer satisfaction with private hospitals in Kuwait was lower than the national average indexed level for the last 5 years. Additionally, the net promoter score [NPS]of private hospitals in Kuwait had more

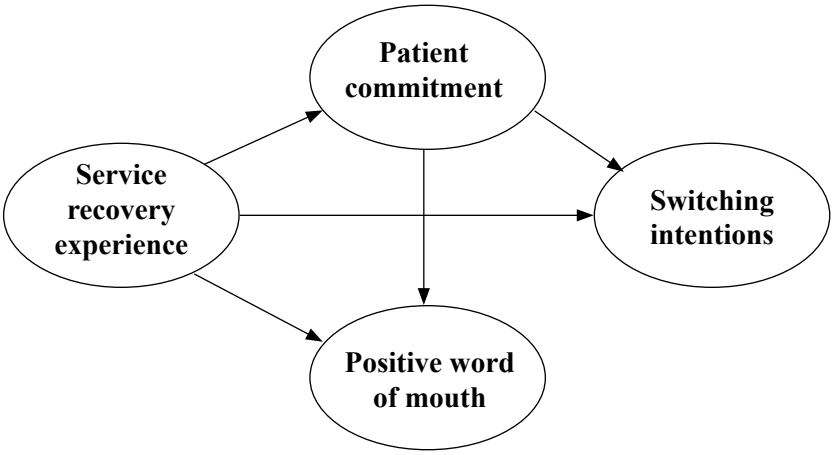
detractors than promoters (-10%) in 2020, while the national average was 13%. Most alarmingly, the overall complaint resolution score of private hospitals in Kuwait in 2020 barely made the national average score (69.7%). When evaluating private hospitals individually, the best performing hospitals in Kuwait are distinguished by their superior customer experience. Therefore, private hospital managers must understand the factors that influence patient experience in private hospitals, specifically during service failure and recovery, to enhance their positioning in the market and reduce churn rates.

Much research has demonstrated the importance of delivering customized experiences (Becker et al., 2020; Becker & Jaakkola, 2020; Sultan, 2019; 2018), but research on what represents a remarkable service recovery experience or how to design one is scant, especially in high contact services like healthcare (Grégoire & Mattila, 2020). Service failures in service sectors are inevitable, making it difficult for even excellent service providers to guarantee error-free service delivery (Bagherzadeh et al., 2020). However, in the event of service failures, companies must correct negative outcomes to compensate for customers' losses and avoid customers' complaints in private or in public to restore justice (Grégoire et al., 2019; Hsieh & Yeh, 2018). Otherwise, customers are likely to revenge through spreading negative word of mouth [WOM] (Grégoire et al., 2018) and switch to rivals (Singh & Rosengren, 2020). Previous research suggested that committed customers (compared with less committed customers) have higher expectations for service recovery following a service failure (Hess et al., 2003; Kelley & Davis, 1994). Therefore, hospitals must ensure a fair service delivery in accordance with patient expectations and, more importantly, make patients feel in control when a service failure occurs. Regardless of what is known about service failures, little research has examined how to deliver a service recovery that has the greatest effect on behavioral intentions (Bagherzadeh et al., 2020; Chen et al., 2018).

The present research contributes to the service recovery literature by a twofold: 1) developing and validating significant touchpoints of service recovery in private hospitals; 2) expanding the service recovery literature by making it easier to understand the importance of service recovery experience in relational outcomes such as patients' WOM and switching intentions, and patient commitment as a mediator as portrayed in Figure 1.

Figure 1

Research Framework



Literature review

Service recovery as an experience strategy

Customer experience was first recognized and conceptualized by Holbrook and Hirschman (1982) and received much attention in the marketing literature by Carbone and Haeckel (1994) and Pine and Gilmore (1998). An important premise in customer experience is the customer journey perspective, which has been discussed in multiple fields of practice and research (Følstad & Kvale, 2018).

Customer journeys are sequential touchpoints that customers encounter before, during, and after purchase, which are not isolated but connected to a holistic service experience (Becker et al., 2020). Aligned with this view, Sultan (2019, p.724) designed a research framework of the staged customer experience which included a series of touchpoints interconnected in stages that involve "pre-touch, in-touch, post-touch, and service failure". A significant stage is the service failure in which the customer could have desire for either revenge or reparation (Grégoire & Fisher, 2008) and both desires lead unsatisfied customers to complain (Weitzl & Hutzinger, 2019).

Service providers, like hospitals, face intense competition in which their success relies on their ability to consistently provide satisfying patient experience. However, service failures are inevitable due to the high contact nature of service context (Bagherzadeh et al, 2020). Service failure is defined as a situation in which "the employee failed to handle the situation in a way that could have satisfied the customer" (Bitner, 1990, p.80), which may trigger customer anger (Ting et al., 2019) and customer revenge (Grégoire et al., 2018). It is also defined as "any service-related mishaps or problems that occur during a consumer's experience with the firm" (Maxham, 2001, p.11). A service failure is a chance for service providers to rebuild customer trust and commitment by delivering a successful service recovery (Kozub et al., 2014). A fair service recovery is considered as a corrective action, taken by service providers to compensate for the service failure (Hsieh & Yeh, 2018). When customers receive a fair service recovery to compensate for the service failure, they will forgive (Joireman et al., 2016) and patronage the service provider (Hsieh & Yeh, 2018). As such, healthcare providers must evaluate different touchpoints and their effects on patients' responses when offering service recoveries to maximize the effectiveness of available resources.

Patient revenge and patronage through word of mouth

For businesses, the significance of word of mouth [WOM] arises because of its substantial impact on potential and actual purchases. It is the most powerful force that shapes consumer behaviors (Whyte, 1954). It is a customer's feedback on company's service/product experience in the form of a message that is positive, negative, mixed, or unknown (Siqueira et al., 2019). In a service sector, like hospitals, patients rely heavily on WOM from family and friends who have experienced the service (Martin, 2017). Information about the service usefulness, advantages, and features is easily spread through WOM by one customer to another. Hence, private hospitals must pay close attention on patients' needs, desires, and wants to make their experience memorable and engage them in spreading positive WOM.

Several researchers have found that satisfactory customer experience leads customers to spread positive WOM (Klaus & Maklan, 2013; Martin, 2017 Siqueira et al., 2019; Sultan, 2018), while customer dissatisfaction results in spreading negative WOM and online complaints (Almohaimmeed, 2021; Grégoire et al., 2019). Customers usually spread negative WOM when they perceive that the company performed in a highly inexcusable manner causing a service failure (Antonetti & Maklan, 2018). When a service failure happens, a business must deliver a suitable recovery to shift customer's anger to engagement in positive WOM (Akinci & Aksoy, 2019; Bagherzadeh et al., 2020; Jung & Seock, 2017). Customers behave more severely toward companies that cause them to suffer negative outcomes when they believe that these companies could have repaired the wrongdoing (Grégoire & Fisher, 2008).

More importantly, designing a service experience based on customer expectations is further emphasized when customers encounter a failed

service (Heidenreich et al., 2015). In a high contact service situation, it is crucial to design a fair service recovery that reflects on customer expectations to engage customers and provide them with a feeling of control. Aligned with the expectancy-disconfirmation theory (Oliver, 1981; Oliver & Swan, 1989), when patients are satisfied with the service recovery experience, positive disconfirmation will be developed toward the service failure leading to high satisfaction and favorable evaluations toward the healthcare provider. Therefore, the present researchers propose that positive evaluations of service recovery experience may increase patients' engagement in positive WOM, leading to the following hypotheses:

> **Hypothesis 1:** Positive evaluations of service recovery experience are positively related to patients' engagement in positive WOM.

Patients' switching intentions

Switching intention is described as customers' intentions to stop consuming the current brand and/or switch to rivals (Keaveney, 1995). According to Orsingher et al. (2009), customer satisfaction after a complaint has a significant impact on relational outcomes. Recently, Singh and Rosengren (2020) indicated that customers' switching intentions depend on negative outcomes of customer experience. In these situations, a fair service recovery is required to positively influence customers' evaluations of service experience (Kozub et al., 2014). It is also indicated by a stream of research that a successful service recovery after service failure results in a service recovery paradox in which exceptional service recovery can enhance customer satisfaction to a higher level compared to before the service failure took place (Kozub et al., 2014; Magnini et al., 2007; McCollough & Bharadwaj, 1992). For example, when a customer submits a complaint, service providers must handle customer complaints fairly to meet customers' expectations (Bergel & Brock,

2018). A personalized service recovery "turns the previously experienced negative event into a positive event that customers may feel obligated to reciprocate" (Lu et al., 2020, p.102), which in turn lowers customers' switching intentions. These findings emphasize the importance of service recovery efforts that not only compensate for the customer's loss, but also maintain the relationship with the customer. Since services have a high chance of failing, substantial benefits exist for hospitals that excel in service recovery experience to prevent switching intentions. Therefore, it is expected that patients' positive evaluations of service recovery experience will negatively influence patients' switching intentions, leading to the following hypothesis:

Hypothesis 2: Positive evaluations of service recovery experience are negatively related to patients' switching intentions.

Patient commitment as a mediator

The concept of commitment is one of the frequently examined constructs in marketing field (Keiningham et al., 2015). Prior research has demonstrated that, in service relationships, there are different types of commitment (Keiningham et al., 2015; Moorman et al., 1992), which are expected to have a crucial role in building mutual relationships between service providers and their customers (Tabrani et al., 2018). While some researchers conceptualized the term commitment as a unidimensional construct (i.e., Garbarino & Johnson, 1999; Klein et al., 2014; Moorman et al., 1992; Morgan & Hunt, 1994), others investigated the term commitment using multiple dimensions (Allen & Meyer, 1990). Allen & Meyer (1990) proposed that commitment consisted of three components, namely affective, normative, and calculative commitment.

Affective commitment reflects a psychological and emotional commitment; calculative commitment reflects perceived eco-

> nomic investments as well as the perceived lack of alternatives and; normative commitment is based on an individual's belief about his or her obligations due to relevant norms (Keiningham et al., 2015, p.435).

This model of commitment has been empirically approved in the organizational behavioral literature (Klein, C. et al., 2009; Klein, H. et al., 2014; Moliner et al., 2007). However, the three-component model of commitment was determined to be "inadequate for marketing and services contexts because it was developed for organizational psychology" (Keiningham et al., 2015, p.433). Therefore, the present study utilized the unidimensional commitment construct that was developed by Garbarino & Johnson (1999) for marketing contexts, which was shown to have associations with brand loyalty and repurchase behaviors (Iglesias et al., 2011).

Like Garbarino & Johnson (1999), research assessing a unidimensional construct of commitment exemplifies most of the commitment-related research in marketing, which theorizes the commitment construct as a positive emotion (Keiningham et al., 2015; 2017). Commitment is more emotional and developed through personal involvement with a company that drives retention and loyalty. Verhoef et al. (2003) and Moliner et al. (2007) demonstrated a direct relationship of affective commitment on retention and customer satisfaction was a positive antecedent. Gustafsson et al. (2005) showed both customer satisfaction and affective commitment are correlated, but distinct constructs. Based on their findings, customer satisfaction is an assessment of performance, while affective commitment evaluates the intensity of trust and reciprocity in relationships.

Numerus researchers indicated that affective commitment led to supportive customer behaviors for service providers such as WOM, referrals, and attitudinal loyalty (Verhoef et al., 2002). The instant

customers become pleased with the service provider, they become committed and eager to maintain the relationship with the service provider (Beatson et al., 2006). These customers show commitment by buying the same brand of product (Ballantyne & Warren, 2006). Thus, the creation of patient commitment may strengthen the relationship between patients and healthcare providers, as committed patients will visit the same healthcare providers for their future medical needs (Durmuş & Mahmut, 2020). In accordance with previous research (Garbarino & Johnson, 1999; Hennig-Thurau et al., 2002), the present research refers to patient commitment as an inner state of encouragement that directs patients to choose the same healthcare provider to fulfill their medical needs.

Keiningham et al. (2017) advocate the importance for more research regarding the most salient attributes of customer experience that enhance customer commitment. It is crucial to note that customer satisfaction is the accumulation of customer journeys, which include post purchase and post consumption evaluations (Oliver, 1981). Moreover, customer experience was found to be related to WOM (Sultan, 2018) and intentions to switch (Sultan, 2019). In terms of service failures, when customers become unhappy with a service provider after encountering a service failure, they are very likely to switch to rivals. Additionally, previous research suggested that committed customers develop higher expectations for service recovery after a service failure than less committed customers (Hess et al., 2003; Kelley & Davis, 1994). More recently, Matikiti et al. (2020) empirically found a positive influence of service recovery satisfaction on customer commitment. Based on the equity theory, customers judge the balance of input and output and thus a service failure leads to an imbalance between what customers put in the relationship and what they take during a service encounter, which elevates customers' expectations to receive a fair service recovery (Oliver & Swan, 1989).

In accordance with prospect theory and mental accounting principles, Smith et al. (1999, p.356) showed that "customers prefer to receive recovery resources that match the type of failure they experience in amounts that are commensurate with the magnitude of the failure that occurs". Thus, customer satisfaction will be contingent on the levels of perceived loss in the service failure and the amount of perceived gain in the service recovery. Additionally, in a high contact service, service failures generate greater negative disconfirmation of expectations, causing committed customers (compared with less committed customers) to increase their demand for a fair service recovery (Heidenreich et al., 2015). Therefore, the present research suggests that patient satisfaction in service recovery experience can increase patients' positive WOM and reduces patients' switching intentions through patient commitment, leading to the following hypotheses:

Hypothesis 3a: The positive relationship between patient evaluations of service recovery experience and patients' positive WOM is mediated by patient commitment.

Hypothesis 3b: The negative relationship between patient evaluations of service recovery experience and patients' intentions to switch is mediated by patient commitment.

Methodology

Pre-study: identification of service recovery touchpoints

For the generation of service recovery touchpoints in the private hospitals, three focus group sessions of private hospital customers were conducted. Each session had six to ten participants and lasted for 45 minutes. Twenty-two participants identified as private hospital customers were invited to participate in the sessions. The focus group discussion was moderated by a trained graduate student who used a pre-developed script with questions designed

to encourage participants' responses about their perceptions of the service recovery procedure in private hospitals. The participants were instructed to recall a complaint or service failure incidence with a private hospital and recite the process that they went through to receive a service recovery by the hospital. The participants spoke Arabic fluently, and hence the focus groups were administered in Arabic. The sessions were recorded and then coded by four graduate students as independent judges. The coded thoughts from the judges were then compared to find any agreements or disagreements. Thoughts that were unrecognized by the judges or found to be incomplete were omitted to get to a list of thoughts that the judges considered importance to the service recovery process in private hospitals. Then, the list was evaluated by an expert in the marketing field for content validity, reduction, and/or improvement. The final improved list consisted of six touchpoints for the service recovery experience, see Table 1.

Table 1

Research Constructs Items

Constructs
Service recovery experience
RECOVER1 Hospital procedures in dealing with complaints or inquiries.
RECOVER2 Ability to satisfy patients with the actions taken.
RECOVER3 Handling complaints raised to customer service.
RECOVER4 Speed of addressing complaints.
RECOVER5 Provide empathy and interaction with the patient.
RECOVER6 Provides information on frequent complaints in various channels.

Cont. Table 1
Research Constructs Items

Constructs
Patient commitment
COMMIT1 I am proud to belong to this hospital.
COMMIT2 I feel a sense of belonging to this hospital.
COMMIT3 I care about the long-term success of this hospital.
COMMIT4 I am a loyal patron of this hospital.
COMMIT5 I am planning to have a long-term relationship with this hospital.
Patients' positive word of mouth
PWOM1 I "talk up" about the hospital positively to people I know.
PWOM2 I bring up the hospital in a positive way in conversations I have with friends and acquaintances.
PWOM3 In social situation, I often speak favourably about the hospital.
Patients' switching intentions
SWITCH1 I might not consider returning to this hospital.
SWITCH2 I do not want to encourage my friends and relatives to come to this hospital.
SWITCH3 I do not believe this is the right hospital for my future stays.
SWITCH4 I would not recommend this hospital to others.
SWITCH5 I have some complaints and concerns about this hospital.

Main study: Validation of research model

The present research utilized a snowballing sampling procedure to distribute the research questionnaire using an online-survey platform. Graduate students were instructed to send a WhatsApp message with an online survey link to their contacts who are private hospital customers. Following Sultan's (2018; 2019) protocol, the participants were directed to indicate their satisfaction levels with

the service recovery touchpoints using a Likert-type response on a 5-point scale (Not at all satisfied/Extremely satisfied) and the importance of each touchpoint on a 5-point scale (Not at all important/ Extremely important). Then, the calculations of importance-weighted satisfaction measures of the service recovery touchpoints were determined by multiplying the satisfaction and importance levels for each touchpoint and dividing them by 5. The customer commitment construct consisted of five items measuring identification with the hospital, which was adapted from Garbarino & Johnson (1999). The switching intentions construct borrowed from Sim et al. (2006) and composed of five items measuring the degree to which a patient of a hospital plans to continue receiving services from the hospital. WOM was determined using three items that were adapted from Arnett et al. (2003) positive WOM scale. Table 1 summarizes the constructs used in the present research. In addition to the main research constructs, participants indicated their demographic information, including age, gender, nationality, and income level, and social status. All scale items in the survey required a response on a 5-point Likert-type scale (Strongly disagree/Strongly agree).

Results

Exploratory factor analysis [EFA]

An exploratory sample of 171 private hospital patients using snowball sampling procedure with graduate students from a large public university in Kuwait was recruited. The sample included 29 males and 142 females. The age was divided as follows: 18-25 (16.1%), 26-35 (63.7%), 36-45 (11.9%), 46-55 (4.8%), and >55 years of age (3.6%). The social status was distributed as follows: married (50.3%), widowed (2.3%), divorced (2.9%), separated (1.8%), and single (42.7%). The majority were local citizens (81.9%), and the remaining were expats who spoke the local language. The income

levels (1 K.D. is equivalent to 3.26 USD) were distributed as follows: <201 K.D. (5.8%), 201-800 K.D. (17%), 801-1,400 K.D. (33.9%), 1,401-2,000 K.D. (27.5%), 2,001-2,600 K.D. (8.8%), and >2,600 K.D. (7.0%).

The sample was used to perform EFA on the research measures using principal component analysis with promax rotation for all items. The Kaiser-Meyer-Olkin [KMO] statistic indicated a value of 0.88, and communalities greater than 0.59. The items of each construct loaded on a different factor with item loadings above 0.60 and cross loadings below 0.30. The variance explained by the constructs was 76.52%, and Cronbach's alpha reliability was 0.93, 0.92, 0.91, and 0.91 for service recovery experience, switching intentions, customer commitment, and positive WOM, respectively. The construct items were shown in Table 2.

Table 2

EFA of Research Constructs

Cronbach Alpha	Factor			
	0.93	**0.92**	**0.91**	**0.91**
RECOVERY1	0.94			
RECOVERY5	0.94			
RECOVERY2	0.91			
RECOVERY4	0.87			
RECOVERY3	0.81			
RECOVERY6	0.68			
SWITCH3		0.96		
SWITCH4		0.93		

Cont. Table 2

EFA of Research Constructs

Cronbach Alpha	Factor			
	0.93	**0.92**	**0.91**	**0.91**
SWITCH2		0.89		
SWITCH1		0.85		
SWITCH5		0.73		
COMMIT2			0.91	
COMMIT1			0.89	
COMMIT4			0.87	
COMMIT5			0.77	
COMMIT3			0.76	
PWOM1				0.92
PWOM2				0.90
PWOM3				0.86

Note. N=171, RECOVERY=Service recovery, SWITCH=Switching intentions, COMMIT=Patient commitment, and PWOM=Positive word of mouth. Sub-numbers indicate items for each contruct; refer to Table I. Extraction Method: Principal Component Analysis, Rotation Method: Promax with Kaiser Normalization, Rotation Converged in 5 Iterations.

Confirmatory factor analysis (CFA)

For CFA, an independent sample of 976 private hospital patients was recruited from the same population. The sample comprised of 214 males and 762 females. The age was distributed as follows: 18-25 (10.2%), 26-35 (45.3%), 36-45 (22.4%), 46-55 (13.5%), and >55 years of age (8.5%). The social status was distributed as follows: married (68.5%), widowed (1.2%), divorced (3.5%), separated (1.1%), and single (25.6%). Most participants were local citizens

(89.2%). The income levels (1 K.D. is equivalent to 3.26 USD) were distributed as follows: <201 K.D. (4.7%), 201-800 K.D. (12.7%), 801-1,400 K.D. (34.8%), 1,401-2,000 K.D. (24.6%), 2,001-2,600 K.D. (10.2%), and >2,600 K.D. (12.9%). Anderson & Gerbing's (1988) two-stage SEM procedure in AMOS 27 was employed to test the research hypotheses.

Measurement model

When examining the model fit of the proposed research model, the model fit was good (Chi-square=373, *df*=146, $p<0.01$, CFI=0.98, GFI=0.96, AGFI=0.95, SRMR=0.04, RMSEA=0.04). The measurement model items and corresponding standardized regression loadings were significant, with values ranging from 0.70 to 0.90; see Figure 2 for item loadings. In addition, the composite reliability values were greater than 0.70; see Table 3. Therefore, convergent validity was supported. The heterotrait-monotrait [HTMT] ratios of correlations for the constructs were below the recommended threshold of 0.85, as shown in Table 4. The correlations between all latent variables ranged from 0.32 to 0.75 in Table 3 and thus no multicollinearity issues.

Table 3

Validity Measures and Factor Correlation Matrix

	CR	AVE	Service recovery	Patient commitment	Switching intentions	Positive WOM
Service recovery	0.91	0.65	0.81			
Patient commitment	0.92	0.70	0.32	0.84		
Switching intentions	0.92	0.71	-0.13	-0.55	0.84	
Positive WOM	0.92	0.80	0.28	0.75	-0.66	0.89

Note. N=976; CR=Composite reliability, AVE=Average variance extracted; Values on diagnal are square roots of AVE.

Table 4

Discriminant Validity Assessment Using Heterotrait-Monotrait Ratio of Correlations (HTMT)

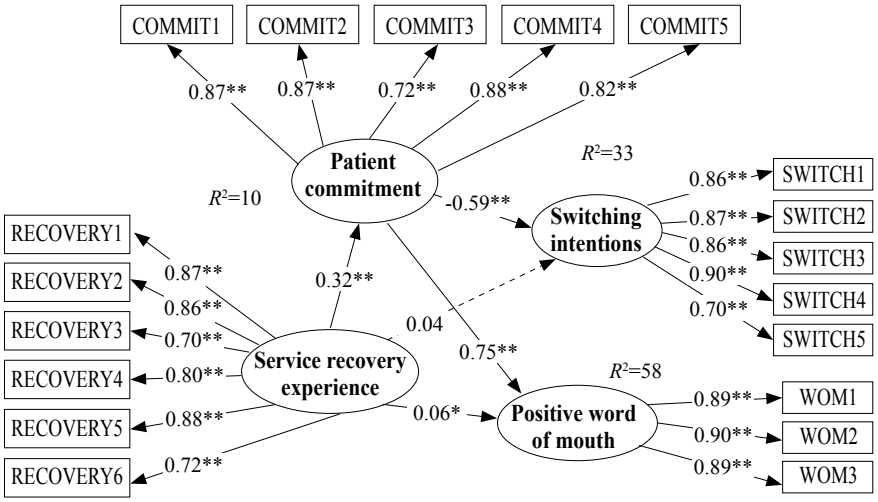
	Service recovery	Patient commitment	Positive WOM	Switching intentions
Service recovery				
Patient commitment	0.30			
Positive WOM	0.25	0.75		
Switching intentions	0.11	0.57	0.67	

Structural model

The structural model was assessed using AMOS 27 by means of bootstrapping (2,000 bootstrap subsamples) and bias-corrected confidence intervals with 95% confidence interval. The overall model fit was satisfactory (Chi-square=530, *df*=147, $p<0.001$, CFI=0.97, GFI=0.94, AGFI=0.93, SRMR=0.06, RMSEA=0.05); see Figure 2 for the path results.

Figure 2

Path Analysis of the Full Model



Note. *N*=976; Chi-square=530, *df*=147, $p<0.001$, CFI=0.97, GFI=0.94, AGFI=0.93, SRMR=0.06, RMSEA=0.05; All reported coefficients are standardized. *$p<0.05$, **$p<0.001$.

With respect to the direct effect of patient evaluations of service recovery experience on patients' positive WOM, the path was significant (β=0.06, p<0.05), supporting hypothesis 1. However, the direct effect of patient evaluations of service recovery experience on patients' switching intentions was non-significant (β=0.04, p>0.05), not supporting hypothesis 2. The mediation of patient commitment was confirmed by examining the significance of direct and indirect effects (Preacher & Hayes, 2004). Based on this approach, a full mediation must show a significant indirect effect and non-significant direct effect, while partial mediation must show that both the indirect and direct effects be significant. As indicated previously, the direct effect of patients' evaluations of service recovery experience was significant for patients' WOM, but non-significant for patients' switching intentions. Additionally, the indirect effect of patients' evaluations of service recovery experience through patient commitment was significant for WOM (β=0.14, p<0.01, 95% CI [0.11, 0.18]), supporting hypothesis 3a, and significant for switching intentions (β=-0.12, p<0.01, 95% CI [-0.15, -0.09]), supporting hypothesis 3b. Therefore, there is empirical support for the partial mediation of patient commitment on the relationship between patients' evaluations of service recovery experience and WOM and full mediation of patient commitment on the relationship between service recovery experience and patients' switching intentions.

General discussion and implications

Businesses, particularly service providers, operate in extremely competitive markets in which customer satisfaction and commitment become crucial factors for the long-term survival of a business (Bagherzadeh et al., 2020; Heidenreich et al., 2015). Despite business efforts, service failures are inevitable because customers feel better informed about products and services and better connected to

the Internet in the information age (Matikiti et al., 2020). In some cases, patients face negative outcomes stemming from their personal medical circumstances. These tensions when combined with the hardships associated with the hospital processes and procedures to cope with patient encounters are clear burdens to patient-hospital relationships. Within the healthcare sector, there is a heightened effort to focus on the concept of "patient experience". Thereby, patient evaluation of the quality of healthcare experience has been the topic of several studies (Ponsignon et al., 2018; Sadek & Willis 2020). Healthcare providers have the potential to turn patient experience upside down. Thus, they should not limit themselves to addressing medical services, but direct their attentions toward remedying patients' hardships at every available opportunity. Outstanding healthcare providers will never overlook the totality of burdens faced by their customers to enhance customer satisfaction. Past research has shown that patient experience not only influences satisfaction and loyalty (Russel et al., 2015), but also affects clinical effectiveness, overall wellbeing, and quality of life (Ryan et al., 2014; Ponsignon et al., 2015). Considering the increasingly recognized role of the service failure and recovery in contributing to patient experience (Bagherzadeh et al., 2020; Grégoire & Mattila, 2020; Heidenreich et al., 2015), assessing patients' perceptions of such a domain becomes essential.

The current research findings extend the service recovery literature, where a tool was developed, explored, and tested to measure patients' evaluations of the service recovery in private hospitals in Kuwait through patients' perspectives. In support of hypothesis 1, the results suggested that there was a significant relationship between positive evaluations of the service recovery experience and WOM. This finding reflects the current practice of the patient experience in Kuwait private hospitals as successful service recoveries usually

result in customer loyalty and positive WOM. Moreover, this finding is in line with previous stream of research signifying that service providers must deliver an appropriate recovery to compensate for the customer's loss due to the occurrence of the service failure that impacts WOM (Jung & Seock, 2017; Swanson & Kelley, 2001). On contrary, the results did not support hypothesis 2 in which patients' evaluations of the service recovery experience were not significant. One reason to explain this unexpected finding is due to switching costs associated with changing doctors. Usually, patients develop trusting relationships with their doctors, which in turn becomes very burdensome to switch to another one. Therefore, when doctors move to other hospitals or have their own clinics, their patients will follow them, and this is the current practice of the patient-doctor relationship in private hospitals in Kuwait. The patient-doctor relationship is an important part in the daily routine of treatment as it involves 2-way communication between doctors and their patients. This dyadic relationship is referred to as a relationship of mutual respect, trust, and confidence (Birkhäuer et al., 2017; Petrocchi et al., 2020). Therefore, patient forgiveness is crucial when patients experience a service recovery in the situation of a strong patient-doctor relationship (cf., Joireman et al., 2016). Last, in the present research, patient commitment was found to have a mediating role in the examined relationships. When patients' evaluations of the service recovery were favorable and patients felt committed to the hospital relationship, they became more likely to engage in positive WOM (hypothesis 3a) and less likely to switch to another hospital (hypothesis 3b). Based on Heidenreich et al. (2015), in a high contact service, service failures generate greater negative disconfirmation of expectations, causing committed customers (compared with less committed customers) to increase their demand for a fair service recovery. Therefore, positive WOM is contingent on the levels of

perceived loss in the service failure and the amount of perceived gain in the service recovery. In sum, this research advocates for a better understanding of the relationship between healthcare professionals, patients, and even healthcare systems. As recommended by WHO (2015), patient-centered care model must be adopted, especially during service failures and recoveries, to reduce patient's switching intentions and increase patient's engagement in positive WOM.

From managerial perspectives, the identification of service recovery touchpoints may guide service providers in the private healthcare sector to understand patient's demands, desires, and wants and allocate resources effectively. The present research indicated that private hospitals should pay much attention to the service recovery concept as it may impact patients' positive WOM and switching intentions. Private hospitals must handle complaints in a good manner to increase satisfaction with the service recovery experience and as a result increase patients' engagement in positive WOM and patronage. Patients usually have low tolerance levels in relation to failed services and require hospitals to take accountability and rectify wrong doings. Once a service failure happens, hospitals must take an effective attempt in tackling the problem with acceptable recovery steps. Despite policies enforced by hospitals to regulate service operations, discrepancies in patient treatments among staff and doctors exist because of individual differences. In such contexts, it is essential to train hospital's staff and doctors to create memorable patient experiences that are reactive to different situations. When service recoveries are performed in a higher level of personalization, patients often assume that the service provider is responsive to their needs, which can help diffuse negative reactions (Lu et al., 2020).

Additionally, the research findings suggested that the effect of service recovery evaluations on switching intentions was not signifi-

cant, which was justified by patients' switching costs due to patient-doctor relationship.This finding suggests that private hospitals must employ qualified doctors with great reputation to maintain high levels of patients' switching costs and decrease switching intentions. On the other hand, this finding might also give healthcare providers some guarantees that no matter whether service recoveries meet patient satisfaction or not, patients may not switch to another hospital because of patient-doctor relationship.However, unsatisfied service recoveries may lead patients to seek revenge in public via spreading negative WOM to restore justice (Grégoire, 2019; Grégoire et al., 2018). While hospitals allocate resources on brand building strategies that communicate quality, standards, and consistency to strengthen customer trust and commitment, they also acknowledge that service failures are inevitable. Therefore, as shown in the present research findings, healthcare providers may be able to delay negative impacts on patient relationship by improving the identified service recovery touchpoints to intervene and prevent switching.

Limitation and future research

Like other studies, the present study has some limitations that create opportunities for future research. For one thing, this research focused only on hospitals. To provide more robustness for the findings, future research should expand the population to include other service sectors to validate the findings such as hotels and restaurants. Additionally, the present study relied on a small number of hospital customers in focus group sessions to gather information and formulate the service recovery touchpoints. Thus, the data of the focus group are only based on these participants' judgments and perceptions. Perhaps, including hospitals' staff and physicians when conducting the focus group might add new perspectives to understand patient experience at private hospitals. Furthermore, future research

should examine potential moderating variables between service recovery experience and patients' switching intentions to explain the non-significant finding. As explained earlier, one possible reason for the non-significant finding of this relationship is the patient-doctor relationship, which suggests that patient-doctor relationship quality as a moderator. It is also suggested to explore the effects of demographics on the relationships as they might influence patients' judgments and evaluations. Additionally, future researchers should examine the relationships across private and public hospitals and determine if there are discrepancies in the findings. One of the main problems that face public hospitals in Kuwait is the poor service experience and thus it is recommended to study the effect of service recovery experience on patients' responses. Last, more research is required to investigate the impact of service recovery dimensions (i.e., distributive justice, procedural justice, and interactive justice) on the examined relationships.

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