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The Role of Satisfaction Predictors in Determining Revisit Intentions of Patients in Private Health Institutions of Pakistan

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Abstract

This study is conducted to investigate the relationship of patient satisfaction with service quality and revisit intention of patients in private hospitals of Pakistan. The research was conducted by quantitative and cross sectional survey-based method, where 334 responses were collected through convinience sampling technique from patients and attendants visiting the private hospitals in Pakistan. The data was analysed using SEM-PLS. Results revealed that patient satisfaction levels mediate the realtionship between service quality parameters and revisit intentions of patients in private healthcare sector of Pakistan. This study contributes in helping the healthcare policy makers in adopting patient centeric structures for betterment of their service quality and enhancing patient satisfaction eventually increasing the revisit intentions.

Key Words: Patient Satisfaction, Revisit Intention, Service Quality, Healthcare sector of Pakistan, SERVQUAL Model.

Introduction

Among the fastest growing service industries, whether in developed or developing countries, healthcare is securing the top of list (Dey, Hariharan, & Brookes, 2006; Mousa & Othman, 2020). The ways of the healthcare system have changed in the last decade; the thoughts and delivery method of healthcare have been changing with patients becoming the core of process modeling organizations such that the services are more patient oriented (Hawrysz, Gierszewska & Bitkowska, 2021). It is now not merely about meeting the healthcare needs of the population but has expanded to meet the patient's expectation of service quality offered by healthcare providers. Since then, there has been a continuous quest to develop strategies to meet the goals of healthcare, specifically focusing on service quality (Zaid et al., 2020).

A direct insight into patient expectation for service quality of healthcare facilities is taken through the patient's feedback, which is an important source for evaluation purposes. It is understandable to recognize patient satisfaction and service quality as a critical factor to bring improvement in strategies being practiced for satisfaction of patients (Girma, 2008). Developing countries continuously engage in taking measures to improve the quality of their healthcare facilities in order to reduce the spread of diseases; which in turn contributes to attain healthcare goals significantly (Zaid et al., 2020). Therefore, In healthcare systems, patients and their attendants are the ones who make the choice of service and healthcare providers intend to meet their needs and expectations through outstanding and timely services

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(Afrashtehfar, Assery & Bryant, 2020). This narrows down to service quality of healthcare facilities and patient satisfaction being two important factors of quality assessment (Zineldin, 2006).

Researchers such as Mandagi et al. (2023) have suggested the empirical investigation of the role of patient satisfaction in the revisit intention in the particular hospitals, as antecedents of the patient satisfaction help in enhancing it and in turn inculcating the revisit intentions in the patients. Similarly, researchers have suggested that not many prior studies have addressed the patient satisfaction and behavioral revisit intention, which should be investigated empirically (Karsana & Murhadi, 2021). Similarly, Damayanti and Kusumawardani (2020) while presenting the analysis of the revisit intentions of patients in relation to the service quality suggested that future studies may take into account private and public hospitals from various regions of the world.

It has also been seen that there is a relationship between the quality of services offered by the hospital and patient satisfaction. Understanding and measuring patient satisfaction levels is one way that hospital administration may improve the quality of services provided, which should be considered by researchers for analysis to draw conclusions from emerging economies (Yanti, Ghafar & Salim, 2024). Also, the analysis of the model of the study that is SERVQUAL along with the gaps which exist about service quality of private hospitals is not significantly addressed in the literature (AlOmari, 2021).

Similarly, considering the contextual analysis and gap, many scientific studies are focusing on the factors that affect patients' satisfaction with the services provided by healthcare providers. Meeting the needs and expectations of patients requires ensuring the quality of services provided, which is now getting critical in the healthcare system (Ferreira et al., 2023). Healthcare systems are dynamic and ever-evolving, so it's imperative to learn how to track results and evaluate the satisfaction of service recipients—in this case, patients (Miao et al., 2020). Patient satisfaction researches can yield important information on the standard of care and treatments offered in hospitals as well as the patient's intention to revisit. Thus, patient satisfaction, after being disregarded and ignored for a long time, is starting to gain momentum in research (Kurti, Kalaja & Myshketa, 2023).

Analyzing the gaps in the prior literature, firstly researchers have suggested that there are limited researches and analyses available on the patient care and satisfaction in the Pakistani context, which should be an increasing concern for the prospect researchers (Sarfraz et al., 2020). Considering the significance of service quality and patient satisfaction, there is a growing need for measurement of service quality in the healthcare sector of Pakistan (Khoso et al., 2022), which is why this study is focused on predictors of patient satisfaction in private hospitals of Pakistan. Specially in context to hospitals in Pakistan, according to researchers, there is a need to promote research in service quality using SERVQUAL in different socio-cultural and demographic regions (Ali et al., 2023).

However, the lack of interest in research work in the healthcare sector of Pakistan is evident from scarce literature on service quality in hospitals of Pakistan, both public and private. This study is based on study of relationship of predictors of patient satisfaction such as reliability, assurance, empathy, affordability, responsiveness, waiting time and physical environment with dependent patient satisfaction on the private Healthcare facilities of Pakistan. It further intends to study how patient satisfaction can affect revisit intention of patient in response to service quality of private hospitals. The focus for obtaining responses for the research is kept at patients so as to help achieve the research objectives.

This Study intends to provide a measurement and understanding of patients' expectation and predictors of service quality which will contribute to practical scope of this study. This measurement of patient satisfaction predictors will help the authorities to design patient centric policies in their attempt to enhance satisfactory and quality service. The research questions will guide decision makers and policy developers to improve patient satisfaction.

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Service Quality

Quality is a core contributor to satisfactory service and revisit of patients to a healthcare facility. (Anderson & Zeithaml, 1984). Service providers especially in healthcare are considering service quality as an important part of their planning to increase patient satisfaction, retention and revisit (Spreng & Mackoy, 1996) and overall performance quality (Kang & James, 2004a). As a result of resources, service quality is termed as a measurement of the gap that exists in between a patient's perceived experience and actual experience from a service. According to Heskett (1986) it is the ways of wanting the patients or employees to have clear understanding. Parasuraman et al. (1985) stated it as the difference between expectation and perception of service provider where the intensions of service provider and his mission can reflect in the quality of service. McNamara, Collier, Mayor and Jensen (1994) stated service quality as a packaging which benefits patients and offers value to which is why majority of service industry is relying on existing relationships with their patients for meeting their expected service quality and maintaining patient loyalty (Ali et al., 2023). Service quality hence is known to be of great significance and needs to be researched upon in public and private healthcare institutions specially because that form the patient's intentions to revisit the hospital. Researchers have found a causal relationship between the two (Woo & Choi, 2021)

Patient Satisfaction and Revisit Intenton

Patient satisfaction is how much positive a person may feel or the disappointment for actual experience of a product or service in comparison to expectations associated with it (Woo & Choi, 2021). It is the judgement of a patient that a product or services feature results in consumption related fulfillment (Ibrahim, Chompikul, & Isaranurug, 2008). The model of SERVQUAL was given by Parasuraman et al. (1985; 1993) in result of research conducted in series assuming that patient expectation affects service quality. Its basic model is 5 dimensional; tangibles, reliability, responsiveness, empathy and assurance. All the physical aspects of health care service such as appearance and facilities are the tangibles. The output of service is called reliability. Assurance is competence of staff which is essential to trust and confidence (Pollack, 2008). The literature available in regards to the developing world links factors of service quality model with patient satisfaction (Rao, Peters, & Bandeen-Roche, 2006). The SERVQUAL model can therefore aid healthcare service providers in understanding important contributors to patient satisfaction. Irfan and Ijaz (2011) found no positive change in patient satisfaction in public hospitals and the studied model of service quality only had significant effect on assurance. However, researchers such as Zarei, Arab, Froushani, Rashidian and Tabatabaei (2012) studied service quality in patients of private hospitals in Iran indicating highest expectations in tangibility and lowest in empathy. Yousapronpaiboon and Johnson (2013) studied patient satisfaction in out-patients of a Thai private hospital finding that assurance was most strongly related to service quality followed by empathy.

Measurement of Service Quality
Reliability

Reliability has been seen as one of the basic elements of the SERVQUAL model. Parasuraman et al.(1985) defined reliability as an organization's ability to deliver services accurately at first time, provide what was guaranteed, and strictly adhere to outcomes. Most significant factor of service quality is reliability by service providers. Wilson and Hollensen (2010) consisting of consistency in delivering promising services. Thangaraj and Chandrasekar (2016) stated reliability as capacity of health care providers in consistent facilities with accomplishment of planned tasks within promised time period. Reliability is providing promising quality with precision repeatedly meeting patient's expectations and assurance to patients of reliable care within the provider's ability to remain error free. Law, Ennew and Mitussis (2013) coined reliability as consistent delivery of facilities while answering professionally queries of patients. The reason for this importance in research to reliability is influx of patients and revisit to those facilities where patients are sure to receive quality care within their limited resources. Thus, it is important to consider reliability in assessment of patient satisfaction and the intention to revisit a hospital

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creating a causal relationship (Park et al., 2021). Through the synthesis of the existing literature available on the variables of reliability, patient satisfaction and revisit intention, this study aims to address the research question; "Is there any relationship between reliability, patient satisfaction and revisit intention?". Researchers have poised that the reliability was one of the major factors impacting the patient satisfaction and eventually the revisit intention of the patients. Therefore, to address the research questions, it has been hypothesized that;

H₁: Patient Satisfaction has a positive mediating relationship between reliability and Revisit Intention

Responsiveness

According to (Parasuraman et al., 1985) responsiveness of employees include assisting the patients regarding the service and their details such as the timings, undivided attention, promoting the service offered and being responsive to their request and it was the third dimension in SERVQUAL 1994. The responsiveness in service quality is also a component of willingness of organization and the capability of helping patient by provision of services in timely manner (Parasuraman et al., 1985).There is an impact of the responsiveness of employees and their willingness to provide required service without causing inconvenience for the patient on their level of satisfaction. Krishnamurthy, Mani, SivaKumar and Sellamuthu (2010) stated that responsiveness reflects on how service providers are providing and how determined they are for provision of quality services with help of their personnel. It includes paying individual attention to patients for their satisfaction and undivided attention by the employees so that there is shift in their satisfaction and expectations exceed experience. Therefore, responsiveness is seen to have an impact on patient satisfaction that ultimately forms the patient's intention to revisit any healthcare facility (Siripipatthanakul, 2021). Therefore, to address the research question; "Is there any relationship between responsiveness, patient satisfaction and revisit intention?", the following hypothesis has been deducted;

H₂: Patient Satisfaction has a positive mediating relationship between responsiveness and Revisit Intention

Empathy

Empathy in healthcare service has a different understanding than its usual meaning (Hojat et al., 2011), described empathy as an ability to consider and comprehend patients' experiences, queries, and expectations, with an ability to transfer this indulgence through communication with an aim to facilitate without any emotional attachment with patient. Siripipatthanakul (2021) considered empathy as better understanding of patient's demand than the opponents and provision of them accordingly, where such courtesy has positive effect on patient's satisfaction level. Woo and Choi (2021) noted that empathy is responsible for patients negative or positive response towards healthcare facility and towards revisit intention because of behaviors of healthcare providers. Considering the importance of empathy in service quality, this study will discuss empathy in terms of affective and cognitive attributed of healthcare providers for patient satisfaction. Mandagi et al. (2023) also considered that the hospital staff's empathetic gestures towards the patients increase their satisfaction and ultimately serve as a significant factor in determining the revisit intention of a patient. Through the essence of the prior literature available on the variables of empathy, patient satisfaction and revisit intention, this study aims to address the research question; "Is there any relationship between empathy, patient satisfaction and revisit intention?". Therefore, to address the research questions, it has been hypothesized that;

H₃: Patient Satisfaction has a positive mediating relationship between empathy and Revisit Intention

Assurance

Assurance is explained as the attitude of service provider and their competency to provide pleasant, confidential, courteous, proficient and skilled services (Alan, Zeithaml, Bitner, & Gremler, 2016).

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Assurance as a basis of building patient trust and retention by using it as a dimension of service quality. This element is of great importance when patients themselves are unable to evaluate quality of service or perceive high risks with certain healthcare service facility (Ali et al., 2023). In numerous research literature, it is considered service providers' knowledge and expertise, and their ability to transmit faith and confidence to their patients. Grönroos (2001) ranked assurance on top of the list among other attributes of service quality models while some research scholars listed it fourth keeping reliability at top. Parasuraman et al. (1985) further explained that assurance is the ability of service provider to build faith and respect with their competencies directly impacting patient satisfaction. Yousapronpaiboon and Johnson (2013) also found assurance as strong indicator of service quality concluding its positive impact on patient satisfaction. Similar relationship has also been advocated by Khoso et al. (2022). However, this study aims to address the research question; "Is there any relationship between assurance, patient satisfaction and revisit intention?" specifically in the Pakistani context. Therefore, to address the research questions, it has been deduced that;

H4: Patient Satisfaction has a positive mediating relationship between assurance and Revisit Intention

Waiting Time

Waiting time here means the time taken by the healthcare facility in terms of appointments or at the payment counters for the patient to reach desired area before the actual services start. This waiting time has an impact on patient satisfaction within the care facility which has effect on clinical results and revisit intention of patients (Prakash, 2010) Waiting time and patient satisfaction have negative relationship. It is recommended by Institute of Medicine (IOM) for medical care within 30 minutes of promised time to at least 90% of patients (O'Malley, Fletcher, Fletcher, & Earp, 1983). This negative relationship between patient's satisfaction and waiting time is due to lack of willingness to return to the facility in case of prolonged waiting time which results in lack of compliance to care (Lai, Yuen and Chong, 2020). Reduction in waiting time increase willingness of patients towards service of the same healthcare facility (Camacho, Anderson, Safrit, Jones, & Hoffmann, 2006) where prolonged waiting time leads to lack of patient satisfaction. Through the synthesis of the theoretical lens available on the association of waiting time, patient satisfaction and revisit intention, this study aims to address the research question; "Is there any relationship between waiting, patient satisfaction and revisit intention?" in the Pakistani Healthcare industry, and hence to address the research questions, and contribute to the body of knowledge through the empirical findings, it has been hypothesized that;

H5: Patient Satisfaction has a positive mediating relationship between waiting time and Revisit Intention

Physical Environment

The physical environment is misunderstood as something which does not require specialized knowledge. However, in a hospital which in actual is the first thing noticed by the patients and rest is assumed from there such as equipment, physical facilities, and visual appeal including well maintained, electronic billing and record-keeping facilities, well-organized, arranged and hygienic laboratories, rooms etc. Subsequently, it is not limited to factors stated in preceding texts but also extends to hygiene, cleanliness; up-to-date equipment; quality labs, operational theaters and the good physical condition of the hospital, all sound professed then leads to rise in patient satisfaction (Andaleeb, 2001). Parasuraman et al. (1985) stated that physical environment have gained similar significance as of empathy. Vandamme and Leunis (1993) described physical environment as a tool to measure quality of services for hospitals. Sohail (2003), suggests high patient expectations related to physical environment and cleanliness of the service facility. It has been seen by researchers that the physical environment does have a positive impact on the patient due to which he decides to come back or revisit again (Lacap & Alfonso, 2022).

Through the analyses of the literature and the gap with respect to the association of the physical environment in the Pakistani Healthcare context, this study aims to address the research question; "Is there

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any relationship between physical environment, patient satisfaction and revisit intention?" and to investigate and present findings for theoretical and managerial contributions, it has been deduced that;

H₆: Patient Satisfaction has a positive mediating relationship between physical environment and Revisit Intention
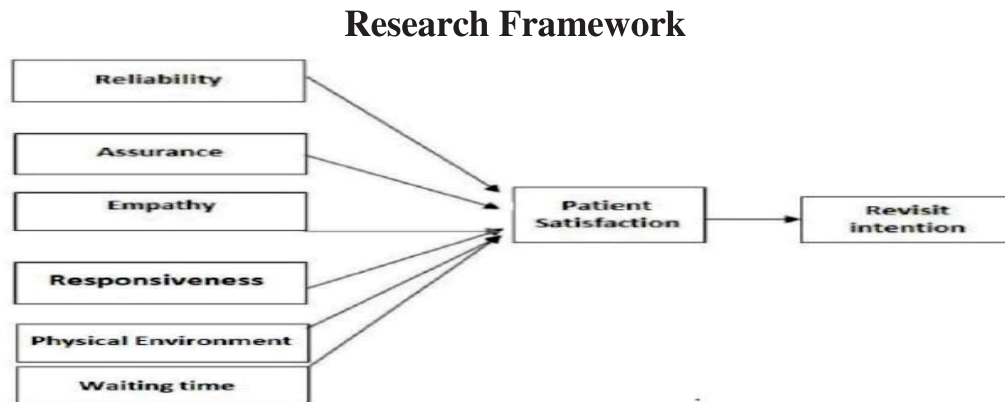
Research Framework

Figure 1: Research framework

Method

This study examines relationship between predictors of patient satisfaction and patient satisfaction. Moreover, it intends to investigate the mediating effect that patient satisfaction has on revisit intention of patients in private hospitals of Pakistan. This is a causal and cross-sectional study for being executed at one-time period. The population of the study included the patients or their attendants in private hospitals in Pakistan's healthcare sector. Sample of 344 respondents was selected through the convenience sampling and unit of analysis was patients who experienced the hospital services. Self-administered surveys have been used in this study to obtain primary data to achieve the objectives of the study.

Research Instrument

Questionnaire has been used for gathering information for data analysis adopted from Parasuraman model (Parasuraman et al., 1993) also known as SERVQUAL scale questionnaire, based on five-point Likert scale (1) "strongly disagree" - (5) "strongly agree") to score the level of service quality. The data has been analyzed using SPSS-AMOS.

Table 1
Operationalization

Variable	Items	Source of Scale
Responsiveness	3	(Meesala & Paul, 2018)
Empathy	5	(Parasuraman et al., 1991)
Assurance	4	(Meesala & Paul, 2018)
Physical environment	3	(Meesala & Paul, 2018)
Waiting time	1	(Farrokhi et al., 2022)
Patient Satisfaction	3	(Meesala & Paul, 2018)
Revisit intention	4	(Meesala & Paul, 2018)

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Techniques of Data Analysis

This study employed PLS-SEM tool for analyzing data. Gathered data from the survey was put to analysis using the software known as Statistical Package for Social Science (SPSS). Partial Least Squares Structural Equation Modeling (PLS-SEM) was used in addition to SPSS-AMOS for interpretation of collected data which is a second-generation multivariate data analysis technique.

Results
Demographic Profile of Participants
Table 2 reflects the entire demographic profiles of the respondents.

Table 2
Demographic Profile of Respondents

Demographic Variable	Category	Frequency	Percent
Gender	Male	145	42.2
	Female	199	57.8
Marital Status	Single	209	60.8
	Married	135	39.2
Age Group	Below 25	45	13.1
	25 – 30	238	69.2
	31 – 40	49	14.2
	41 – 50	12	3.5

Analyzing Measurement Model

Reliability and Validity

Evaluation of Measurement Model is required to assess the connection among latent variables used in the study. Hair et al. (2012) explained the need of analyzing measurement model as per which the assessment of model is done to determine the construct reliability and validity i.e. composite reliability, convergent validity and average variance extracted (AVE), where the Cronbach's alpha and composite reliability should not be less than 0.7 ($\alpha > 0.7$), while the average variance extracted (AVE) should not be less than 0.5 (Fornell & Larcker, 1981).

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Table 3

construct reliability and validity

	Cronbach's Alpha	Outer Loadings	CR	AVE
Assurance	0.77		0.87	0.69
A1		0.83		
A2		0.84		
A3		0.82		
Empathy	0.82		0.88	0.64
E1		0.76		
E3		0.81		
E4		0.82		
E5		0.82		
Revisit Intention	0.84		0.89	0.68
RV1		0.86		
RV2		0.81		
RV3		0.78		
RV4		0.85		
Patient Satisfaction	0.83		0.89	0.74
PS1		0.85		
PS2		0.86		
PS3		0.88		
Reliability	0.84		0.89	0.67
R1		0.82		
R2		0.83		
R3		0.85		
R4		0.78		
Responsiveness	0.79		0.88	0.70
Rp1		0.84		
Rp2		0.88		
Rp3		0.79		
Physical environment	0.82		0.89	0.73
PE1		0.87		
PE2		0.85		
PE3		0.85		
Waiting Time	1		1	1
WT1		1		

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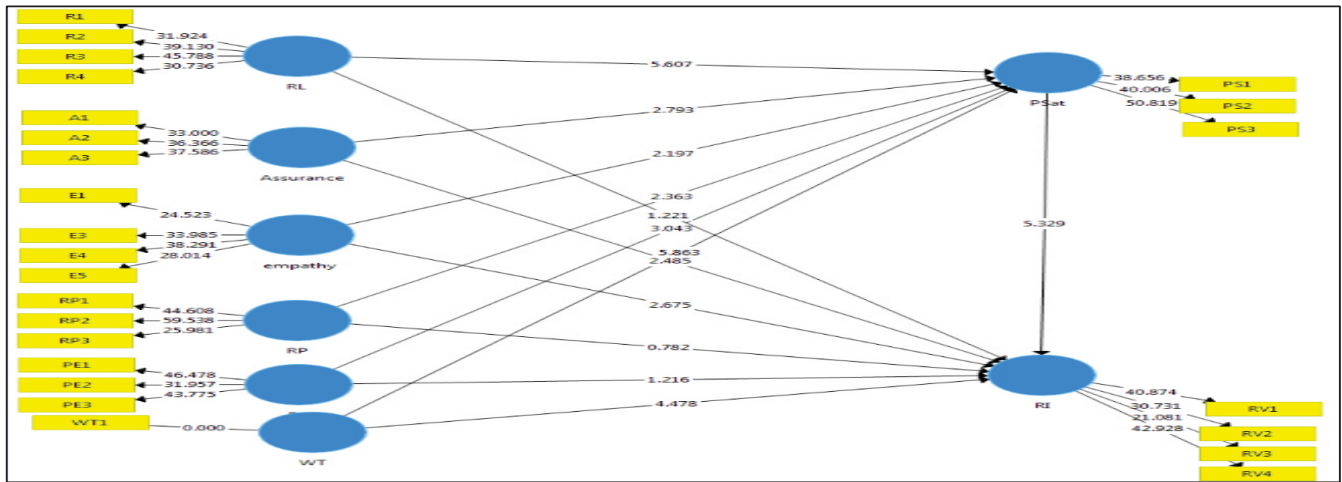
Structural Model

Figure 2: *Results of measurement model (PLS-Algorithm)*

Note: *R = Reliability, RP = Responsive; E = Empathy; A = Assurance; PE = Physical environment; PSat = Patient Satisfaction; RI = Revisit Intention*

Figure 2 Structural Model

Structural Model with Mediation

After analyzing direct relationships, we then run mediation test to assessed the mediating effect of mediator and also the indirect effects of independent variables on dependent variable. This test was again done through bootstrapping because is known to be appropriate tool for analyzing small sized sample. Table 4 shows all the 6 variables have significant relationships with patient satisfaction and patient loyalty because the p-values for all relationships lies under the acceptable limit 0.05.

Table 4

Mediation Analysis

	Relationships	β	S.E.	T	P*	Decision
H1	Reliability -> Patient Satisfaction -> Revisit Intention	0.13	0.03	4.01	0.00	Supported
H2	Responsiveness -> Patient Satisfaction -> Revisit Intention	0.05	0.02	2.06	0.04	Supported
H3	Empathy -> Patient Satisfaction -> Revisit Intention	0.05	0.03	1.90	0.05	Supported
H4	Assurance -> Patient Satisfaction -> Revisit Intention	0.06	0.02	2.65	0.01	Supported
H5	Waiting Time -> Patient Satisfaction -> Revisit Intention	0.08	0.02	3.90	0.00	Supported
H6	Physical Environment -> Patient Satisfaction -> Revisit Intention	0.05	0.02	2.57	0.01	Supported

*p<0.05

Discussion and Conclusion

Through the analyses of the findings, it was seen that revisit intention of patients and patient satisfaction can only be attain with the quality of services provided to them. As the study is founded on expectancy disconfirmation theory, means the satisfaction is achieved when the observed performance is equals to expected performance, it shows people have expectations when they come to hospital, and their satisfaction could only be possible when the quality of services meets their expectations as advocated by Ferreira et al., (2023) and Ali et al., (2023). The model of the current study assessed the mediating effects, all the hypotheses stating the indirect and causal effects of independent variables with dependent variable through the mediation effect of patient satisfaction were supported. It can be seen that p-values, t-values

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and beta values are in the acceptance range, as shown in table 4 above. Therefore, indicating Patient satisfaction mediates the relationships of Reliability, Responsiveness, Empathy, Assurance, Physical Environment and waiting time with revisit intention, exclusively (Lai, Yuen, & Chong, 2020). Thus, comprehending the fact that patient satisfaction is a strong mediator between service quality dimensions and revisit intention factor. The patient satisfaction experience is the major precursor for the recommendation of hospital. Either recommended to others or for future treatment for themselves.

Considering the fact that Pakistan is estimating 2.83 % of the world's population, these services are still not adequate. The healthcare system of Pakistan is diverse with primary care centers to tertiary care but the quality is not up to standards because of negligence on patient satisfaction and resources. Service industry is always in competition and that too applies to the healthcare service industry where revisit intention of patients depends on standards of facilities provided, however there is a lack of findings because of lack of research data in Pakistan. The economical and socio-political needs of the public are met and be synchronized with the developments around the world which is only possible with innovation. This need of innovation creates the need of identifying factors that contribute to better healthcare facilities and in turn patient satisfaction in healthcare sector of Pakistan which is why it's important to research in this domain, gap analysis and implementation of policies suited to these gaps. Through the findings it can be seen that Among the factors that influence patient satisfaction in Pakistan, service quality tops the list which is mostly left unnoticed in the developing countries. Therefore, this study is centered on significance of key contributors to patient satisfaction and their individual impact on patient satisfaction and revisit intention of patients for the industry.

Theoretical Implications

The increasing demand for improvement in healthcare service quality has increased pressure on supply that is on service providers. This is specifically a challenge for researchers, hospital administration and the policymakers to meet standards of patient satisfaction to ensure revisit intention. Researchers have suggested that there is need for research and theoretical contribution in the domain of patient satisfaction specially in the developing countries (Siripipatthanakul, 2021). Thus, the findings of the study contribute to the prior available literature from research conducted in developing countries and specifically Pakistan by focusing on different aspects of service quality. Thus, this study has contributed theoretically in the contexts that it also focuses on how waiting time also influences patient loyalty in private hospitals of Pakistan. The previous studies examined service quality in relation with patient satisfaction and loyalty in various service sectors while this study focused on the healthcare service quality of private hospitals especially in context to Pakistan, opening avenues for future research and contribution to existing literature.

Industrial/ Managerial Implications

The findings of this study supported the mediation impact of Patient Satisfaction between Reliability, Physical Environment and Responsiveness on revisit intention of patients and revisit intention. The results were found to be further aligned with the study carried out by Woo and Choi (2021), in the context of Korea. Through the findings it can be concluded that the service providers in healthcare industry need to develop strong structures of service quality for patient satisfaction and increasing revisit of patients which could be only possible with patient-oriented services in private hospitals of Pakistan. This is particularly important keeping in view the intense competition that exists in the health care sector, where particularly private hospitals are striving hard to find ways which can lead them to be better that their rivals (Lacap & Alfonso 2022). Adding more, differentiation strategy is an important tool to develop distinctive competencies particularly by focusing more on physical environment of the hospitals and making their services more reliable and responsive. In the context of this study the physical environment leading to patient satisfaction shall focus on ambiance, lighting, aesthetics, and layout as well and these factors mostly get neglected since health care provider focus more on health services their primary product.

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In-line with the findings of this study, health care service providers need to realize that these three factors, reliability, physical environment and responsiveness play an important role in increasing patient satisfaction and this leads to not only increasing revisit intentions but also helps in increasing the propensity to generate a positive image of the facility by being carriers of positive word of mouth. Therefore, by differentiating through Reliability, Physical Environment and Responsiveness health care providers can play their part in sustainable and exceptional medical treatment and services leading to not only higher market share through revisit intentions but also much improved and higher health care standards for public at large.

Limitations and Future Research

The study had a few limitations as the data was collected cross-sectionally, Future studies can use longitudinal data for understanding of whether the patient intentions to revisit were also reflected in their behavior. Furthermore, the study uses data from Pakistan, however a cross cultural analysis can be conducted as well as incorporation of moderating variables such as past experience, destination image, trust etc. can be empirically analyzed in future research.

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