

Study of factors affecting customer patronage: engagement model of health insurance

Factors affecting customer patronage

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Abstract

Purpose – Improving health outcomes requires a robust health-care service model that delivers cost-efficient services and increase customer patronage. The purpose of this study is to examine how service quality and convenience influence perceived value, satisfaction and customer patronage of health insurance policyholders. Based on contemporary research, this study further investigates the moderating role of trust, inertia, insurer type and word-of-mouth (WOM) on relationship between satisfaction and customer patronage.

Design/methodology/approach – This study conceptualized the dimensions of SERVQUAL and SERVCON as drivers of perceived value leading to satisfaction and finally customer patronage in presence of four moderators. To test the hypotheses, data from 500 consumers who had a running health insurance policy was collected and analyzed using partial least square path modeling.

Findings – The results of this study showed service quality and convenience dimensions significantly affected perceived value. Perceived value strongly influenced satisfaction and customer patronage intentions. Satisfaction had a significant positive effect on patronage. WOM and trust moderated the satisfaction–patronage relationship for recommendation intention but not repurchase intention. The moderators had an indirect bearing on customer patronage.

Social implications – Such an engagement ecosystem can be considered to be a revolution, as it will change the way businesses are conducted and how stakeholders interact with one another.

Originality/value – This study adapts and integrates the SERVQUAL and SERVCON models to health insurance domain. Second, this study conceptualizes a modified view of post-benefit convenience relevant for health insurance as policy renewal intention rather than returns/exchanges. This addresses a gap in the SERVCON scale's applicability to insurance services. This study also makes a novel attempt of examining implication of WOM and trust in health insurance domain.

Keywords Health insurance, Ecosystem, Service quality, Service convenience, Customer engagement, Inertia, Trust, Word-of-mouth

Paper type Research paper



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1. Introduction

India aims to achieve universal health coverage for all citizens by 2030, as part of the United Nations Sustainable Development Goals. However, India is currently ranked 135th in the Human Development Index, indicating significant scope for improving health-care access and outcomes (Margan, 2017). As intermediaries between patients and the health-care system, health insurers are uniquely positioned to promote wellness and preventive care, rather than just providing coverage for illnesses. However, existing research shows insurers continue to focus predominantly on hospitalization coverage (Nawani, 2017). Bridging this gap requires a robust health-care financing model that provides cost-efficient services in a scalable manner (Nawani, 2017). Available research in the broader context of service quality and other parameters affecting satisfaction, patronage, etc. in the health insurance sector is mostly concentrated in countries like Malaysia, the Philippines, Yemen, Mongolia, etc. (Abdelfattah *et al.*, 2015; Hanaysha *et al.*, 2023; Rahman *et al.*, 2018).

Despite extensive research on service quality in health care and insurance globally (e.g. Malaysia and Philippines), limited attention has focused on India. Studies confirm service convenience affects satisfaction and repurchase intention (Mathur *et al.*, 2016). However, service convenience remains understudied in growing Indian health insurance markets amid private sector innovation (Bhogal and Basu, 2022). Researchers have studied the relationship between service convenience and perceived quality on perceived value, satisfaction and client loyalty in many sectors (García-Fernández *et al.*, 2018). While studying convenience, satisfaction and post-purchase behavior in the Lucknow health insurance market, Mathur *et al.* (2016) confirmed the effect of service convenience on consumer satisfaction. The enhanced importance of service convenience in the context of the growing health insurance market and the innovativeness of private sector players needs to be examined (Bhogal and Basu, 2022).

Reports from different global consultancy organizations also discuss the same issues (“Customer experience digital claims transformation | Mindtree”, 2022; EY- Ernst and Young Global Limited, 2015). The original SERVCON scale (Seiders *et al.*, 2007) discusses post-benefit as re-establishing subsequent contact with the firm while requiring returns and exchanges. Post-benefit convenience becomes salient after the service exchange – responses to defective products or services, transaction errors or a customer’s change of mind. However, in the case of health insurance, the construct post-benefit needs modification, as this is not a product or service that can be returned or exchanged. For this research, post-benefit refers to the benefits accrued to the consumer when the consumer decides to stick to the same company at the time of policy renewal. This research fills this gap in the conceptualization of post-benefit relevant to health insurance. The research gap is identified from the literature (Nawani, 2017; Margan, 2017). In the context of health insurance in India, this specific concept of post-benefit has not been explored justifying the need for this research.

The change in the concept of post-benefit requires keeping pace with changes in time and era; however, the basic premise that this item measures aspects which have happened after the initial product/service combination is delivered remains intact. The SERVCON scale is robust enough to stay relevant in the modern era also with the above modification in conceptualization. While studying health insurance, Kautish *et al.* (2022) found that customer inertia would moderate the relationship between negative affect and customer retention. However, their other hypothesis that customer inertia would moderate the relationship between positive affect and customer retention was rejected. As research shows that trust and word-of-mouth (WOM) have a moderating effect on service products, a need was felt to study the moderating effect of trust, inertia and WOM in the health insurance

sector (Alam *et al.*, 2021; Amoroso *et al.*, 2018; Qalati *et al.*, 2021). Therefore, our research can contribute to the existing literature.

Results from a consumer experience survey across industries conducted by Mckinsey Company (2015) showed that the prospect of customers reporting their policy renewal was five times more probable in customers satisfied with the service than customers who were not. The question to be probed here is whether the perceived value for the health insurance customer leads to satisfaction and then, after being moderated by trust, inertia, WOM, etc., leads to customer patronage. This is where this research can contribute.

The objectives of the study are:

- to determine the effect of service quality and service convenience on perceived value in the health insurance sector;
- to determine the effect of perceived value on customer satisfaction in the health insurance sector;
- to determine the moderating role of trust, inertia and WOM on customer patronage in the health insurance sector; and
- to determine the role of customer satisfaction on customer patronage in the health insurance sector.

The philosophical foundations of this research recognize the complexity of health behaviors and decision-making. As noted by Margan (2017), purchasing health insurance involves emotional and psychological factors that shape individual experiences and perceptions. While positivist methods can identify trends, interpretivist approaches are also needed to fully understand personal motivations (Sale *et al.*, 2002). The research takes an axiological view that health and financial security are fundamental human values (Patton, 2015). Therefore, the goal is to promote greater access, quality and affordability in alignment with universal health coverage initiatives (United Nations, 2015). The research uses a pragmatist approach to generate objective data about relationships as well as subjective insights about meanings (Feilzer, 2010). Both individual and collective responsibilities are considered, reflecting ongoing debates about health care as a private good versus a social justice issue (Daniels, 2001). Ultimately, the aim is to produce practical relevant knowledge that can lead to positive reforms in health insurance policies and experiences.

2. Literature review and hypotheses development

SERVQUAL developed by Parasuraman *et al.* (1988) have been modified by different researchers, namely, WebQual (Longstreet *et al.*, 2022), CouQual (Valaei *et al.*, 2016), e-GovQual (Papadomichelaki and Mentzas, 2012) and GovQual (Batini *et al.*, 2009). Service quality in the health insurance and health-care sector have been studied by earlier researchers (Rahman *et al.*, 2018). Zeithaml *et al.* (2023) and other researchers, while studying the relationship between service quality and perceived value, have shown that if the marketer pushes customer expectations too high, then the buyer is likely to be disappointed after encountering the service. However, if the expectations are set too low, then there may not be any buyers of that service. So it works as a double-edged sword.

Nair (2022) confirms that the original five dimensions of the SERVQUAL scale are key antecedents for health insurance service quality of general insurance companies (with the tangibles dimension showing a low relationship in correlation analysis). Nair (2022) also found that empathy has the highest impact on the overall satisfaction of health insurance policyholders in public sector general insurance companies, and responsiveness has the highest impact on the overall satisfaction of health insurance policyholders in private sector

general insurance companies. Based on the above, the following hypothesis have been developed:

H1. Determinants of service quality (SQ) significantly affect perceived value (PVAL) in the context of health insurance products.

Research by [Mathur et al. \(2016\)](#) validated that service convenience affects consumer satisfaction, which in turn plays both a direct and mediating role in influencing consumers' repurchase intention. Other researchers have studied the relationship between service convenience and perceived quality on perceived value, satisfaction and client loyalty in various sectors. Similar studies examining these relationships have been replicated in health care ([Tuzovic and Kuppelwieser, 2016](#)), educational trips ([Gallarza and Gil, 2006](#)), restaurants ([Chang et al., 2010](#)), service clients ([Martín-Ruiz and Rondán-Cataluña, 2008](#)), shopping centers ([Lloyd et al., 2014](#)), hotels ([Martín-Ruiz et al., 2012](#)) and health insurance ([Fattah et al., 2021](#); [Tan et al., 2019](#)). In extrapolating these findings to the health insurance context, we hypothesized that:

H2. Determinants of service convenience (SC) significantly affect perceived value (PVAL) in the context of health insurance products.

[Wang and Chiu \(2023\)](#), [Cronin et al. \(2000\)](#) and [Nguyen and Nagase \(2021\)](#) have assessed the effect of perceived value, service quality and satisfaction on the behavioral intention of consumers in service encounters. According to these studies, when all these variables were taken collectively and cohesively, service value, service quality and satisfaction may be considered related to behavioral intentions. These studies also noted that the indirect effects of quality and value significantly strengthen their effect on behavioral intention. We developed *H3 (H3)* along the same lines:

H3. Perceived value (PVAL) significantly affects customer patronage decision (CPD) in the context of health insurance products.

Perceived value, as enumerated above, also influences satisfaction. Because of its potential influence on consumer satisfaction, perceived value has received significant attention in the literature ([Bitner and Hubbert, 1994](#); [Yasar and Özdemir, 2022](#)). Satisfaction as a construct have been studied extensively in various contexts over the past three to four decades because the interest of marketers and researchers. [Bhagal and Basu \(2022\)](#) found that in Kolkata, the satisfaction level is high for private sector policyholders, and the satisfaction level is higher for group insurance policyholders than for individual policyholders. Based on the above views regarding the relationship between satisfaction and perceived value, we propose the following hypothesis:

H4. Perceived value (PVAL) significantly affects satisfaction in the context of health insurance products.

Researchers have consistently found that satisfaction and repurchase intention are linked ([Ali et al., 2023](#); [Bolton and Lemon, 1999](#); [Patterson and Spreng, 1997](#); [Selnes, 1998](#); [Yıldırım et al., 2022](#)). Based on the notion that consumer satisfaction is a necessary but insufficient condition for future intention, [Bolton and Drew \(1991\)](#) proposed that the consumer's assessment of service value influences purchase intention and behavior. Marketers have long maintained that the process of customer satisfaction should lead to customer patronage. Once customers attain the level of customer advocacy, companies only strive to retain that level.

A consumer experience survey across industries conducted by Mckinsey Company (2015) showed that the possibility of consumers renewing their health insurance policy gradually escalated with their satisfaction level. The possibility of customers staying with the same insurer, even when changing segments, gradually escalates with higher satisfaction levels. Based on these views regarding the relationship between satisfaction and customer patronage, we propose the following hypothesis:

- H5.* Satisfaction significantly affects customer patronage decision (CPD) in the context of health insurance products.

Inertia is described as an unconscious emotional state characterized by “passive service patronage without true loyalty” (Huang and Yu, 1999). According to Samuelson and Zeckhauser (1988), consumers naturally tend to remain inactive because switching costs for changing service providers and risks associated with alternatives. Hu *et al.* (2016) studied the relationship between patient satisfaction, relationship inertia and loyalty. Amoroso and Ogawa (2013) suggested in their study that loyalty and repeat customer patronage resulting from satisfaction are heavily influenced by inertia. Similarly, marketing literature conceptualizes trust as occurring when one partner has confidence in the integrity and reliability of the other partners (Al-Ekam *et al.*, 2012; Hu *et al.*, 2022; Morgan and Hunt, 1994; Ranaweera and Prabhu, 2003). These studies concur that trust cannot develop quickly but relies on interactions between the entities over time.

WOM communication depends on factors like the relationship between sender and receiver, message content, context of delivery and more (Alarefi, 2023; Sweeney *et al.*, 2008). It has become especially important for consumers to express satisfaction or dissatisfaction with products/ services. Nowadays, specialized marketing communication strategies focus on building WOM endorsements. Researchers claim that WOM significantly influences consumers’ decisions to choose products and service providers. As the type of company (public sector vs private sector) may influence the research outcomes, we propose studying its moderating effect on the relationship between satisfaction and customer patronage regarding health insurance.

Based on the discussion, the following hypothesis is proposed:

- H6.* Trust, inertia, word-of-mouth and organization type significantly moderate the relationship between satisfaction and customer patronage decisions in health insurance.

In summary, while research exists on various aspects of health care and insurance, no efforts connect them through SERVQUAL and SERVCON frameworks. The moderating effects of trust and WOM have not been extensively studied either. The role of health insurance in enabling health-care access have been underexplored. This study’s proposed conceptual model is presented in Figure 1.

3. Research method

The research design of this study was constrained by limitations on accessing respondents during the COVID-19 pandemic, as data was collected during this period. The research sample consisted of friends, acquaintances and relatives who could be approached through social media (groups and individuals). COVID-19 restrictions prevented the original planned sampling approaches of snowball and convenience sampling. The only viable option was convenience sampling through the researcher’s networks. Of over 1,000 people approached on social media, mainly WhatsApp, not all were personally known to the researchers. Significant effort through reminders was required to gather responses. A limitation with

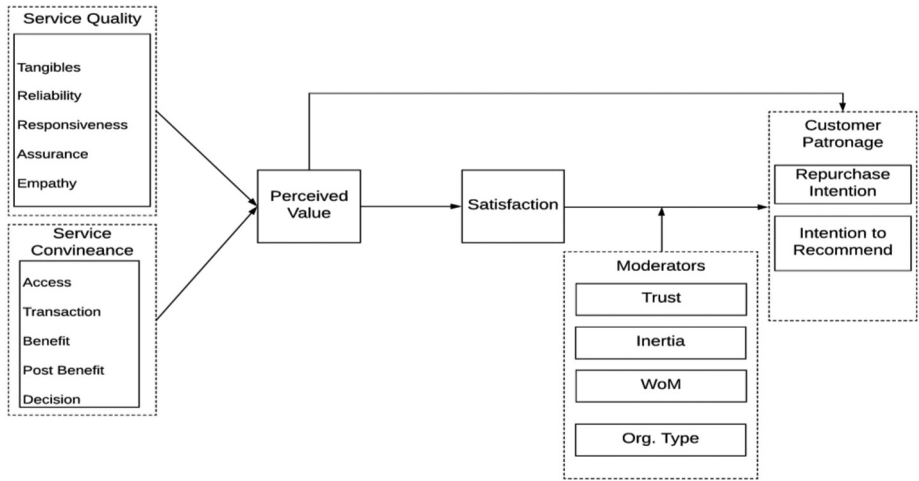


Figure 1.
Conceptual
framework

Source: Authors’ own work

this respondent recruitment methodology is the possibility of similarities in respondents’ backgrounds, ages, geographical areas, knowledge levels, etc.

However, respondents likely purchased insurance policies from diverse providers, made purchase decisions independently and had distinct experiences. Data was collected via Google Forms then compiled into Excel data files for analysis using SmartPLS software. A study of state-wise insurance premium distribution in 2020–2021 (IRDA) shows Maharashtra and Delhi account for around 40% of the market (Table 1). Because the COVID-19 situation, the survey questionnaire was distributed online. The target population comprised consumers who purchased a health insurance policy within the past 12 months. Using convenience sampling, respondents were selected from Mumbai and Delhi. In total, 530 responses were collected. After excluding incomplete responses, 500 complete survey responses were retained for analysis. Data smoothing and aggregation ensured data accuracy and consistency for analysis. The survey included two sections – measurement constructs related to the study concepts and demographic questions.

3.1 Development of research instrument

Items for measuring service quality (23 items) and service convenience (25 items) were adapted from SERVQUAL and SERVCON instruments based on prior research (García-Fernández *et al.*, 2018; Rahman, 2014; Rahman *et al.*, 2018; Seiders *et al.*, 2007). Perceived value (five items) and satisfaction (five items) items were adapted after reviewing relevant research (García-Fernández *et al.*, 2018; Wu *et al.*, 2016). The moderator section had three subsections – trust (five items),

Table 1.
Share of top five
states in health
insurance premium
2020–2021

State	Maharashtra	Tamil Nadu	Karnataka	Delhi	Gujrat	Rest of India	Total
Total premium	18,354	4,669	3,654	2,971	2,133	11,789	43,570
All India share (%)	32	12	10	8	6	32	100

Source: Authors’ own work

inertia (four items) and WOM (four items). These items were adapted from prior studies (Amoroso *et al.*, 2018). Customer patronage was measured through repurchase intention (five items) and intention to recommend (four items). These items were based on previous research works (García-Fernández *et al.*, 2018). After an initial pilot study, two additional items were added to the assurance construct based on industry expert feedback. The pilot study was conducted after collecting 150 responses, exceeding 10% of the final sample size as recommended for pilot tests (Bajpai, 2011; Connell *et al.*, 2018).

4. Results and discussion

The sample was skewed toward males, with only 24% female respondents. Over half (52%) were aged 46–55 years. About 24% were between 35 and 45 years old. In terms of income, 56% reported an annual income between 5 and 15 lacs INR. Respondents were equally distributed regarding public versus private sector health insurance providers. As all measurement constructs were well-established in prior research, exploratory factor analysis was deemed unnecessary. Confirmatory factor analysis verified theoretical assumptions, after which hypothesized relationships were tested using PLS-SEM path analysis in SmartPLS 3.3.5 software.

Values for both composite reliability and Cronbach's alpha exceeded 0.7 across constructs, indicating no internal consistency or reliability issues. Average variance extracted also surpassed 0.5, confirming convergent validity. Before test for discriminant validity, Hair *et al.* (2021) suggest that the constructs of the measurement model must be free from redundant items and the identified item must be deleted before running the measurement model. Our analysis found that the diagonal values (square roots of average variance extracted) are higher than the values of its row and column, and thus, the discriminant validity for all constructs is achieved.

4.1 Structural model

In Figure 2, structural model is represented, while the path coefficients along with their *t*-values are in Table 5. It has been found that the relation of perceived value is significant with all measures of service value and service convenience. Another dimension of customer patronage, that is, satisfaction have been found to have a significant relation with perceived value. In the context of coefficient of determination (R^2) in the current study, the inner path model has the following values: 0.585 for intention to recommend, 0.546 for perceived value, 0.628 for repurchase intention and 0.676 for satisfaction (Table 3). Hair *et al.* (2019) and Henseler *et al.* (2015) mentioned that R^2 values of 0.67, 0.33 and 0.19 express strong, moderate and weak relations. It have been found from Table 2 that satisfaction has the highest variance, the R^2 value is 0.676 or 67.60% followed by the repurchase intention with $R^2 = 0.628$ or 62.8% and intention to recommend with $R^2 = 0.585$ or 58.5%.

The goodness of fit value must be between 0 and 1, and as values increase, it indicates a better fit (Tenenhaus *et al.*, 2005). Our findings (Table 4) show the value of goodness of fit as 0.505, which is accepted as strong, and hence, the model is a strong fit for the evaluation.

4.1.1 *Path analysis and hypotheses testing in PLS-SEM.* The hypotheses test results are presented in Table 5. PLS-SEM results for path coefficients (β), *t*-statistics and *p*-values, service quality and service convenience determinants have been found to have a significant relationship with perceived value. As suggested by the empirical data of path coefficients (β), *t*-statistics and *p*-values, we fail to reject the hypotheses *H3*, *H4* and *H5*.

4.1.2 *Moderation analysis.* The moderating effect of WOM has come significant as shown in Table 6.

The moderating effect of trust has shown mixed results (Table 7). In the case of the relationship between satisfaction and intention to recommend, the moderating effect has

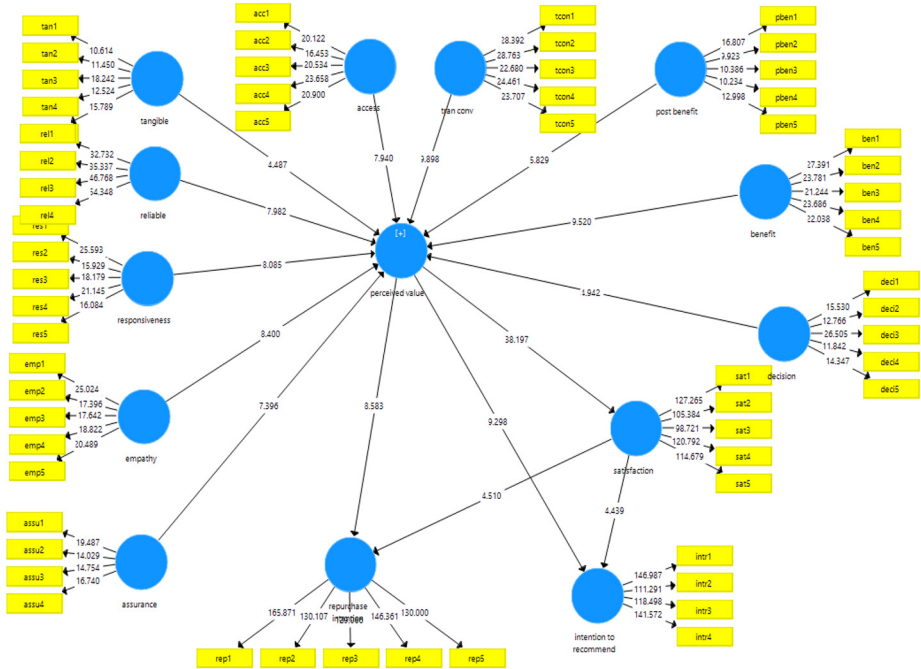


Figure 2. Structural model

Source: Authors' own work

come significant. However, in the case of the relationship between satisfaction and repurchase intention, the moderating effect has come nonsignificant.

As shown in Table 8, the moderating effect on inertia on both counts, that is, on the relationship between satisfaction and intention to recommend and also with repurchase intention has come nonsignificant.

The moderating effect of the type of organization, that is, the type of company issuing the insurance policy (public sector or private sector) has come as nonsignificant (Table 9).

4.1.3 Slope analysis. Further to understand the interaction pattern between satisfaction and customer patronage, interaction plot is formed using (Aiken and West, 1991) standard practice of estimating slopes one standard deviation below and above the mean of moderating variable.

Figure 3 shows that with high WOM score respondents, with the increase in satisfaction of consumers, their intention to recommend goes up at a rate higher than for consumers with medium or low WOM scores. For medium WOM score consumers, the relationship between satisfaction and intention to recommend is almost flat. For low WOM score consumers also, there is a slight negative slope.

Figure 4 shows that at a higher satisfaction level, for high-trust consumers, the effect of the increase in satisfaction on intention to recommend is more compared with consumers of medium or low trust.

4.1.4 Cluster analysis and multigroup analysis of word-of-mouth. Cluster analysis using SPSS for the respondents about their responses to WOM items suggested the formation of two groups, designated as high WOM ($n = 260$) and low WOM ($n = 240$) respondents. The

Construct	Service quality	Item code	Factor loading
Tangibles (0.805)*	I find the insurance company uses modern technology in infrastructure and communication	tan1	0.715
	Physical facilities of the insurance company are visually appealing to me	tan2	0.707
	I find the employees and agents neat and professional appearances	tan3	0.818
	I find the insurance company and people associated are having modern equipment	tan4	0.732
	I find the physical facility of the insurance company is in keeping with the type of service provided	tan5	0.763
Reliability (0.796)	The insurance company has given me the service right at the first time	rel1	0.792
	Employees and agent were able to understand my need	rel2	0.811
	The insurance company was informing me exactly when the services will be performed	rel3	0.843
	I find my health insurance company dependable	rel4	0.865
	It was easy for me to contact this service provider.	acc1	0.746
Access (0.796)	It did not take me much time to reach this insurance company	acc2	0.701
	I can easily figure out the location /website of this company.	acc3	0.75
	I was quickly able to connect with the insurer's sales representative.	acc4	0.773
	The insurer offered convenient hours to interact	acc5	0.737
	This insurance company allowed me diversified methods of payment	tcon1	0.764
Transaction convenience (0.802)	The method of payment provided by this company is convenient	tcon2	0.774
	I was able to complete my purchase quickly in this company	tcon3	0.726
	I did not have to make much effort to make the payment	tcon4	0.731
	The insurer made it easy for me to conclude the payment transaction	tcon5	0.736
	I could easily obtain benefits from the services provided in this company	ben1	0.79
Benefit (experiencing the core benefit of the offering) 0.792	I found that the services in this company were easy to use	ben2	0.738
	The speed of providing services in this company met my requirements	ben3	0.715
	It is easy to get policy clarity from the insurer	ben4	0.731
	The policy was delivered to me at the appropriate time by the insurer	ben5	0.718
	When I had a problem, company resolved my problem quickly	pben1	0.79
Post benefit (re-establishing subsequent contract with the firm) 0.803	The company extended reward to me based on my performance through the policy.	pben2	0.718
	The company enabled me to arrange renewal of policy with minimal effort	pben3	0.715
	I feel the company has a good channel to handle complaints and recommendations	pben4	0.736

Table 2.
Construct measurement and factor loadings

Table 2.

Construct	Service quality	Item code	Factor loading
Perceived value (0.949)	It takes little effort to arrange for follow-up service	pbent5	0.768
	The policies and services of this company have a great value for me	pval1	0.927
	I think the policy and services of this company deserve what they cost	pval2	0.903
	Compared to the cost/fees for this service I feel this offers value for the money	pval3	0.91
	Compared to the time away from leisure that this service requires, this is worthwhile for me	pval4	0.894
Satisfaction (0.947)	I find in general the value of the policy and the services provided by this company is high	pval5	0.922
	I am satisfied with the policy terms of this company	sat1	0.922
	I am happy with the services of this company	sat2	0.904
	I am pleased to have taken the decision to take a policy of this company	sat3	0.897
	My decision to be a policy holder of this company was not a mistake	sat4	0.912
Intention to recommend (ITR)	My choice to use the current health care insurance was a wise one	sat5	0.91
	I will make positive comments to a friend about the policies and services of this company	intr1	0.923
	If you ask me, I will recommend this company	intr2	0.91
	I shall encourage my friends and relatives to utilize service of this company	intr3	0.913
	Whenever I get the opportunity I tell my friends and relatives how satisfied I am with this firm's service	intr4	0.923
Repurchase intention	I will continue to participate in the policies and services of this company.	rep1	0.936
	I would sign up for this company if I unsubscribe.	rep2	0.923
	I intend to purchase at least the same health care insurance policy over the next 12 months	rep3	0.925
	If I have to upgrade my policy or add new member I shall approach this company	rep4	0.929
	I intend to contribute at least the same amount to health care over next 12 months	rep5	0.921

Note: *Numbers inside parenthesis are Cronbach's alpha values for the constructs

Source: Authors' own work

	Cronbach's alpha	CR	AVE	R ²	Q-square	Factors affecting customer patronage
Access	0.796	0.859	0.550		0.124	
Assurance	0.728	0.830	0.550		0.122	
Benefit	0.792	0.857	0.546		0.179	
Decision	0.838	0.885	0.608		0.053	
Empathy	0.778	0.849	0.530		0.147	
Intention to recommendation	0.937	0.955	0.841	0.585		
Perceived value	0.949	0.961	0.830	0.546	2.096	
Post benefit	0.803	0.862	0.557		0.057	
Reliability	0.847	0.897	0.686		0.160	
Repurchase intention	0.959	0.968	0.859	0.628		
Responsiveness	0.791	0.856	0.543		0.137	
Satisfaction	0.947	0.960	0.826	0.676	1.695	
Tangibles	0.805	0.864	0.560		0.043	
Transaction	0.802	0.863	0.557		0.215	
Average				0.609	0.419	
Goodness of fit (GoF)				0.505076		

Source: Authors' own work

Table 3.
Results table

	Model fit summary	
	Saturated model	Estimated model
SRMR	0.029	0.045
d_ ULS	1.953	4.592
d_ G	0.576	0.740
Chi-Square	1693.768	2023.340
NFI	0.911	0.893

Note: SRMR should be < 0.1 and NFI should be > 0.9
Source: Authors' own work

Table 4.
Model fit

Hypotheses	Path	β	STDEV	t-statistics	p-value
H1	Tangible → perceived value	0.138	0.032	4.328	0.000
	Reliable → perceived value	0.267	0.032	8.234	0.000
	Responsiveness → perceived value	0.247	0.032	7.803	0.000
	Assurance → perceived value	0.233	0.033	7.100	0.000
	Empathy → perceived value	0.256	0.031	8.258	0.000
H2	Access → perceived value	0.236	0.032	7.461	0.000
	Tran conv → perceived value	0.310	0.032	9.629	0.000
	Benefit → perceived value	0.283	0.029	9.634	0.000
	Post benefit → perceived value	0.160	0.027	5.848	0.000
	Decision → perceived value	0.153	0.031	4.929	0.000
H3	Perceived value → intention to recommend	0.582	0.063	9.298	0.000
	Perceived value → repurchase intention	0.584	0.068	8.583	0.000
H4	Perceived value → satisfaction	0.823	0.020	41.311	0.000
H5	Satisfaction → intention to recommend	0.765	0.020	38.990	0.000
	Satisfaction → repurchase intention	0.793	0.018	43.412	0.000

Source: Authors' own work

Table 5.
Path analysis for hypotheses testing

multigroup analysis shows that the difference in path coefficient for the moderation effect of WOM on the relationship between satisfaction and intention to recommend between high WOM and low WOM responses is significant. However, similar response in the case of repurchase intention is not significant.

4.1.5 Cluster analysis and multigroup analysis of trust. Cluster analysis using SPSS for the respondents about their responses to trust items suggests the formation of two groups, designated as high trust ($n = 248$) and low trust ($n = 252$) respondents. The multigroup analysis shows that the difference in path coefficient for the moderation effect of trust on the relationship between satisfaction and intention to recommend and repurchase intention between high trust and low trust responses is not significant.

Table 6.
Path coefficients
showing moderating
effect results for
word-of-mouth

Path	STDEV	<i>t</i> -statistics	<i>p</i> -value
SAT_WOM_ITR -> intention to recommend	0.016	3.547	0.000
SAT_WOM_REP -> repurchase intention	0.015	3.325	0.000
WOM -> intention to recommend	0.034	24.881	0.000
WOM -> repurchase intention	0.036	21.471	0.000

Source: Authors' own work

Table 7.
Path coefficients
showing moderating
effect results for trust

Path	STDEV	<i>t</i> -statistics	<i>p</i> -values
Sat*Trust-Intr -> intention to recommend	0.022	2.056	0.040
Sat*trust-RPi -> repurchase intention	0.019	1.843	0.066
Trust -> intention to recommend	0.026	2.415	0.016
Trust -> repurchase intention	0.023	2.500	0.013

Source: Authors' own work

Table 8.
Path coefficients
showing moderating
effect results for
inertia

Path	STDEV	<i>t</i> -statistics	<i>p</i> -value
Sat_inertia-intr -> intention to recommend	0.023	0.571	0.284
Sat_intr_rep -> repurchase intention	0.024	0.508	0.306
Inertia -> intention to recommend	0.029	0.583	0.280
Inertia -> repurchase intention	0.030	0.528	0.299

Source: Authors' own work

Table 9.
Path coefficients
showing a
moderating effect for
type of organization

Path	STDEV	<i>t</i> -statistics	<i>p</i> -values
Sat_type_RPI -> repurchase intention	0.026	0.063	0.950
Sat_type_intr -> intention to recommend	0.025	0.531	0.596
Type of Org. -> intention to recommend	0.026	0.808	0.420
Type of Org. -> repurchase intention	0.023	0.117	0.907

Source: Authors' own work

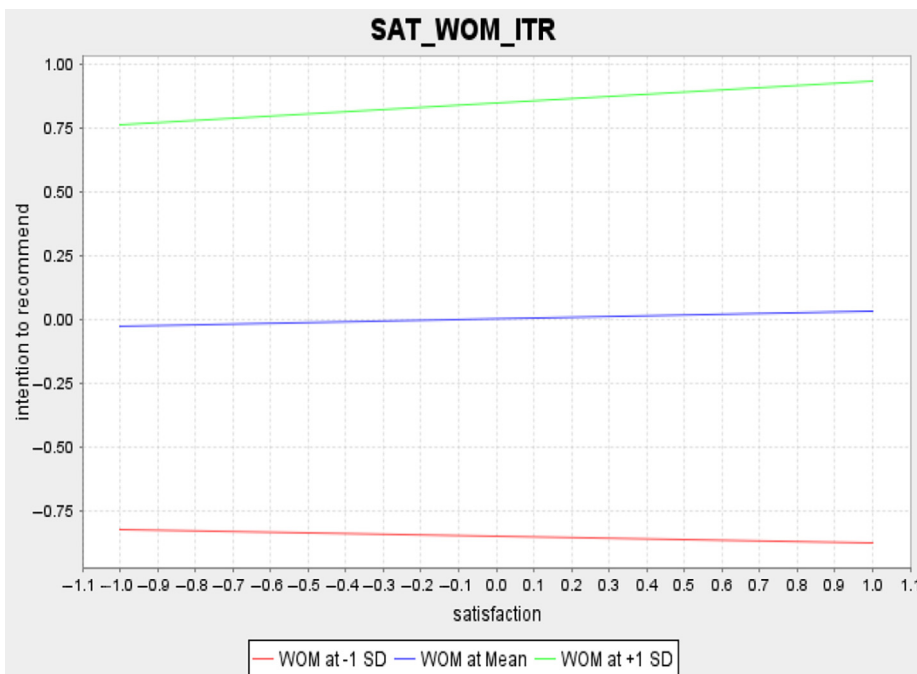


Figure 3. Slope analysis of word-of-mouth moderation between satisfaction and intention to recommend at different standard deviation

Source: Authors' own work

4.1.6 Cluster analysis and multigroup analysis of inertia. To verify whether there is any significant difference between their moderating effects, a multigroup analysis was done, and the results are as shown in Table 9. The multigroup analysis shows that the difference in path coefficient for the moderation effect of inertia on the relationship between satisfaction and intention to recommend and repurchase intention between high inertia and low inertia responses is not significant.

5. Discussion of results

This research further validates the strong effect of service quality on perceived value leading to satisfaction in health insurance, notwithstanding the current pandemic (Cooil et al., 2007; Homburg et al., 2005). Though less studied in this context, our results confirm the significant relationship between service convenience and perceived value affecting satisfaction. Among service convenience dimensions, transaction convenience ($\beta = 0.310$) was most impactful, followed by benefit convenience ($\beta = 0.283$). This aligns with the logic that acquiring a policy initially depends most on transaction convenience. Once enrolled, benefit convenience becomes salient. Still, perceived value's indirect effect on behavioral intentions remained substantial (intention to recommend $\beta = 0.582$; repurchase intention $\beta = 0.584$).

We emphasize that customer satisfaction, while important, is not the final objective in the Indian health insurance context. With low market penetration currently, many providers focus on new customer acquisition through generic products/services. They may sustain modest business serving the huge population and growing health awareness amid the pandemic.

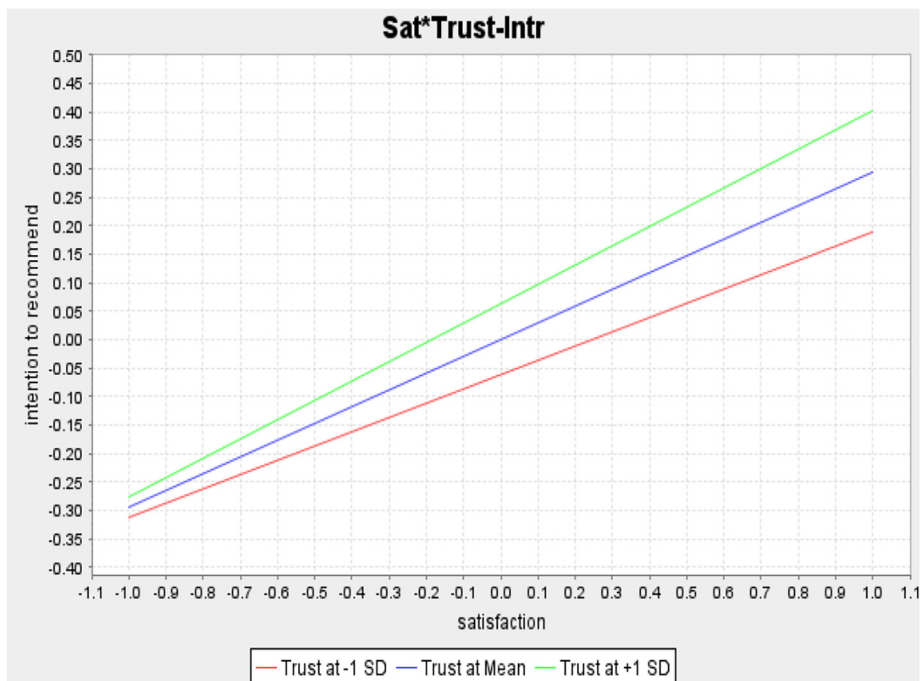


Figure 4. Slope analysis of trust moderation between satisfaction and intention to recommend at different standard deviation

Source: Authors' own work

However, innovation and differentiation will become imperative as more providers enter a maturing market. The concept of customer patronage grows in relevance hereafter.

Unlike [Kautish et al. \(2022\)](#) who found inertia's moderating role given pre-existing negative provider perceptions, our unrestrained sample showed nonsignificant effects for inertia. The insignificant moderating group analysis reinforces this result. With no deviation because high or low inertia opinions, inertia did not influence relationships significantly. Our work provides further understanding of boundary conditions. Among high WOM recipients, the tendency to recommend an experienced provider significantly exceeded the low WOM group. However, repurchase intention differences based on WOM volume were nonsignificant.

According to the summarized results of moderation analyses ([Table 10](#)), trust showed an insignificant moderating effect for repurchase intentions and minimal significance for recommendation intentions. The nonsignificant moderating group analysis reinforces no major differences based on high or low trust levels. Potentially, trust acts as an antecedent to satisfaction, with satisfaction fully mediating any effect of trust on patronage intentions. No health insurance research presents contrary evidence currently.

Organization type also did not moderate the studied relationships significantly. Consumers may not yet differentiate between public and private providers for health insurance. If policy terms, especially premiums, meet their needs, then the company type does not sway decisions. The insurance regulator IRDA's attention may instill confidence regardless of organization type. As the market evolves, this variable may exhibit greater effects.

Moderating variable	Dependent variable	Moderating effect	Theory back up in health insurance	Multi group analysis
Word-of-mouth	Repurchase intention	IL		Diff between high/low group nonsignificant
	Intention to recommend	IL		<i>Diff between high/low group significant</i>
Trust	Repurchase intention	IL		Diff between high/low group nonsignificant
	Intention to recommend	IL		Diff between high/low group nonsignificant
Inertia	Repurchase intention	Nonsignificant	No moderation during positive effect	Diff between high/low group nonsignificant
	Intention to recommend	Nonsignificant	Moderation during negative effect	Diff between high/low group nonsignificant

Table 10. Summary of moderation results

Source: Authors' own work

6. Conclusions, suggestions and limitations

The validated post-benefit concept suggests creating an ecosystem with medical providers, diagnostic centers, gyms, etc. Insurers must pivotally facilitate this ecosystem. “Benefit” holds varied meanings for different customers – beyond premiums, awareness of hospital networks, key clauses, dos/don’ts, etc., is imperative, accessible 24 × 7 via social media nowadays.

Perceived value’s significant indirect effect indicates single variable/direct effect models provide incomplete consumer decision insights. Buying health insurance indeed involves a complex, holistic process. Nonsignificant inertia effects potentially signal that in this context, trust and WOM eclipse inertia. If positive WOM and trust in a provider exist, then inertia may not obstruct sound decisions, useful guidance for practice.

As WOM holds moderating capacity, health insurers must strategize to generate positive recommendations. However, complaints propagate negative WOM with severe detrimental impacts. While satisfied customers may not necessarily offer positive referrals, dissatisfied ones frequently voice negatives and exaggerate unfavorably. Still, positive WOM can increase purchase/repurchase; vocal advocates tend to remain loyal (Ennew *et al.*, 2000; Gremler and Brown, 1996). As traditional advertising pales in comparison, insurers must actively encourage WOM (Mazzarol *et al.*, 2007). Trust’s moderating role in recommendations highlights the need for insurers to build confidence via communication, flexibility, etc. However, trust potentially serves as a direct antecedent, not moderator, for repurchase intentions – contrasting other services. Insurers should shape offerings to directly foster trust and retention.

6.1 Managerial implications/recommendations

Insurers should incentivize healthy lifestyles, connecting wellness benefits to policies for mutually reinforcing affordable health-care access. Commoditization and disintermediation trends make this imperative – social media and e-commerce have raised consumer transparency demands regarding care, understanding needs, etc.

Research Implications: This study elucidates service quality and convenience’s relationships with perceived value, satisfaction and patronage intentions in health insurance.

Business Implications: Diagnostic/medical/fitness providers can pursue insurance tie-ups for win-win ecosystems.

Policy Implications: Officials must prioritize service convenience and positive WOM generation. As trust moderates recommendations, improving transparency around policy terms can build confidence. With limited health consciousness and inhibition toward insurance, competitive premiums remain pivotal for price-sensitive Indian consumers.

6.2 Limitations and future scope

Several external factors beyond those studied may have contributed to the nonsignificant moderating effects of trust and inertia. While age, income and gender data were gathered, their potential impacts were unexplored. India's evolving health insurance landscape with increasing penetration and new entrants offering differentiated policies also introduces complexity, further compounded by the COVID-19 pandemic conditions under which data was predominantly collected. Longitudinal designs could provide comparative insights before/after pandemic. In addition, WOM was not delineated by valence into positive and negative. Future research should address this limitation. Interrelationships among the moderators and their combined effects on patronage intentions also remain unclear.

Exciting avenues exist to build on this research foundation. As insurers facilitate wellness ecosystems, scholars can incorporate associated constructs like diagnostics, medical providers, gyms etc., and assess new ways to reduce consumer health expenditures. This would inform governments' health budgeting challenges. Emergent moderators and mediators along the customer patronage journey present additional areas for inquiry. Specifically, elucidating how trust affects inertia and WOM in combination, and subsequently patronage, would advance understanding.

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