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A value-based study on service quality, demographic variables, and customer satisfaction in Kuwait's Medical retail sector

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Abstract
The study focuses on the depiction of the relation between the generation and promotion of customer satisfaction for retail businesses through the integration of effective service quality. The demographic variability,being one of the core factors for the determination of the success of a product or service in the target market is also investigated as per the individualistic consumer attributes, such as gender, age, education, and income. This could help in the development of the potential organisational infrastructures catering to the needs and preferences of consumers. In this manner, the research findings could be implemented such that organisations profit from the incorporation of various consumer retention and loyalty strategies, which have been explored in this study. The Kuwaiti medical retail sector has been selected as the target market as per the variables of the study. Variables of the present study areservice quality, demographic variables, and customer satisfaction.A sample size of 385 customers of Kuwaiti medical retail customers has been taken and assessed.For this purpose, a diverse set of contributory factors have been analysed, in order to extrapolate the tendency of customer satisfaction to be built upon and promoted through the manipulation and assessment of different organisational aspects. These include personal consumer variablesand corporate culture practices. The resultshave been obtained from the quantitative and descriptive analysis of the available Kuwaiti data on customer satisfaction and relevant business practices. These conclude that the consumer-based demographic variables of age, gender, education, and income are directly impactful to the determination of their experiences in the case of Kuwaiti medical retail businesses. Furthermore, the service quality provided by the Kuwaiti customersalso differs on the basis of these demographic attributes. Therefore, in order to ensure customer satisfaction, it is essential to take these variables into account for the formation of effective production and marketing processing for all companies in general. This may result in the cultivation of consumer loyalty, increasing customer retention rates, and the consequent profitability for the firms.
Keywords: Kuwaiti medical retail sector, service quality (SQ), customer satisfaction (CS), demographic variables, age, gender, education, income, marketing strategies, feedback.

Introduction

As per the current market trends and modifications, as well as the fluctuating tendencies of the market demands, it is essential to maintain a competitive advantage for companies to ensure a strong position within the target market. For this purpose, various sectors have been observed to incorporate different business strategies, specifically centralising around the concept of increasing customer satisfaction (CS) for the increment in demand for their products and services in the target markets(Hussain, 2015).

As per the recent trends, considering the prioritisation of efficient and satisfactory services to consumers by companies, this approach has been reported to bring forth a new and highly effective business tactic to promote business growth and competitiveness. The importance of good service quality has been emphasised in multiple studies and contexts, so much so, that high-grade service provision has been depicted to be the key to success in the current global market. However, demographic variables associated with consumers are also necessary to be included for the formation of effective business strategies for the promotion of products or services and the general growth of companies within the relevant industry(Al-Azzam, 2015). A similar case is presented in the Kuwaiti medical retail sector, where good service quality is essential in determining the potential of medical products in terms of their demand and purchase(Abdullah, 2017). Considering the fact that customers for Kuwaiti medical retail businesses are mostly patients, service provision becomes s significant and high priority aspect on an elevated level. This highlights the need for appropriate CS tactics through which the medical companies could form and retain a large group of loyal consumers. In this regard, demographic variables are also required to be explored, in order to establish their individual relations to service quality and positive customer feedback(Kaura, 2015).

Therefore, this research aims to explore the contribution of service quality towards the development of CSin the Kuwaiti medical retail business setting. For this purpose, different dimensions and determinants of CS are to be identified and assessed, which may be influenced by service quality levels and demographic attributes. The study will thus follow a quantitative approach to establishing the required relations by incorporating the experiences of 385 consumers of the Kuwaiti medical retail sector. Collectively, the research findings could be incorporated on a generalised scale, through the integration of the recommendations presented in this investigation within different business sectors practically, and business research theoretically.

Literature Review

Festinger's Theory of Dissonance

Festinger's theory of cognitive dissonance was introduced in 1957,entails the promotion of harmony within a group and the efforts made to avoid dissonance in behaviour. This portrays the actions of the general population in case of the creation of dissonance; they tend to make additional

efforts in order to eliminate or minimise any aspect which may be causative for the generation of disequilibrium within their attitudes and behaviours. Applying this theory to the market environment, consumer behaviour could thus be analysed and predicted on the concept of their need to satisfy their desires to create an equilibrium through the elimination of the dissonance created due to the lack of possession of a product or service(Hinojosa, 2017).

Contrastingly, this theory is also applicable in terms of perspectives such as difference in the service quality, expectation, deliverance and creating a disequilibrium. Thus, all these differences are reduced or eradicated by customers.As the deliverance of the service quality is comprised of multiple organisational stages and processes, the only feasible method of minimising the inequality in the customer expectations and delivered services is through the consumers adjusting their perceptions. Analysing this theory through an organisational perspective, companies are also obligated to improve their service quality in order to avoid disappointment for customers and their inexorable rejection of the product or service. Due to the oversaturation of the global market in terms of all types of products, consumers could easily be diverted to other companies and brands offering similar products or services, but in higher quality. Therefore, in order to promote CS and retention, it is imperative for companies to actively pursue enhancement in their service quality as well. In this manner, the "dissonance" created due to unsatisfied customers could be eradicated(Harmon-Jones, 2019).

Theory of Service Gaps

The gap model is designed on the basis of the theory of service quality gaps, which provides a CS framework on the basis of five major gaps identified to be instrumental to the potential decrease incustomer levels of satisfaction. The first gap is generated due to differences in the expectations of consumers and the perception of managers as per consumer expectations. This allows for the procurement of organisational objectiveson the basis of misguided motives, creating a gap in products or services delivered, and requirements of consumers.This is mostly due to the lack of research on the target market, consumer perceptions, and the recent trends relevant to the type of products or services being offered. The second gap is formed when the perception of the organisational management does not align with the actual specification of consumer experience. Similarly, the third type of gap is generated within the consumer experience specifications and the organisational delivery, whereasthe fourth gap addresses differences in the delivery and what is being communicated to consumers. Finally, the fifth gap is observed between consumer perceptions and experiences regarding services being utilised(Kong, 2011). All in all, these gaps trigger a decline in the CS rates, due to the formation of a dissimilarity in the services delivered by companies, and what consumers expected. Therefore, in order to ensure that these gaps are to undergo abridgement, it is essential for

companiesto need to work upon these gaps individually, through various methods and business strategies, mostly involving effective management(Meier, 2015).

Assimilation Contrast Theory

In a business context, the assimilation contrast theory imposes that the satisfaction levels of rational consumers are determinable by means of the magnitude of differences in the perceived and identified inequalities between the expected and delivered service quality. This hence supports the above-mentioned theory of service gaps, highlighting the direct relation between SQ and CS. Thus, this further strengthens the case for the establishment of a sound organisational management structure in order to remove the possibility for the creation of dissonance within the service delivery processes, so as to ensure optimum CS(Lankton, 2012). Other such theoretical structures which support this approach are the confirmation model, and the expectancy-value model(Trautwein, 2012).

Customer Satisfaction and Service Quality Models

The SERVQUAL model is operated and implemented as per the parameters set, and relations identified, by the various business theories, as previously discussed. This model acts as an instrument for the measurement of the way consumers perceive and grade service quality (Wang, 2015). Through this method, different determinants of SQ and CS are examined, along with the definition of the comparative implications between expectations of consumers in terms of how they may perceive services to be delivered, and how they are delivered in reality.The dimensions for SQ, as determined and assessed through this model, are diverse in nature. Out of these, a total of five variables have been considered to be highly impactful and fundamental to the process of achieving up to standard service quality by different organisations. The variables arereliability, responsiveness, empathy, assurance, and tangibles;through their analysis on the basis of statistical data gathered through a demographic perspective. Furthermore,differences between the expected and received services could be showcased, which ultimately points towards the service quality perceived by the consumers versus their expectations. This relation, consequently, portrays the level of satisfaction that consumers experience(Carrillat, 2009).

In a similar context, the RSQS model serves as a strategic tool mostly implemented by retailers. Retail services require an efficiently effective provision of products or services by means of a positive consumer experience.This model thus addresses the CS and SQ dimensions for the retail business settings, in order to estimate the potential of existent business structures being implemented, as well as requirements for further improvement within service quality specifically(Chernetskaya, 2010).

Research Methodology

The variables selected for the study are customer satisfaction, service quality, and demographic variables. On this basis, the research has been conducted through a quantitatively descriptive approach, through the conduction of several statistical tests for

datasets collected by means of surveys. These surveys have been conducted for the Kuwaiti consumers of the medical retail sector as participants in order to instigate an in-depth exploration of the integrative capacities of better service quality and the resultant customer satisfaction through the incorporation of demographic patterns. These patterns will thus be identified within the primary data collected, utilising the pre-existent business models and theories,about the significance and use of service quality and customer satisfaction,as the foundation. Therefore, this research has been initiated on the basis of the pre-established business strategies and ideas, through the analysis of the available literature. The market of Kuwait has been established as the basis for regional applicability and practicality of the implied results. Previous studies conducted on the Kuwaiti market have thus been utilised and assessed for the estimation of the integrity level of demographic variables within the Kuwaiti medical retail sector. Furthermore, the relevant business theories and models have been determined and analysed, on a comparative scale, for the formation of the structure of the research findings to be built upon and supported. In this manner, through the deductive approach and a positivist research philosophy, the research has been designed to provide a thorough and impactful insight into the business activities in the Kuwaiti medical retail sector. In this regard, the research findings supported by theories and models, and the first-hand experiences of consumers could be implemented on a more generalised scale for future research and the process of organising business.

The method of probability sampling has been adopted for the selection of participants for the demographic survey of the Kuwaiti medical retail sector. This method serves as an unbiased approach to the assurance that the overall Kuwaiti population may be involved in the research on an equivalent basis (Taylor, 2015). The sample size, n=385, has been decided on the foundation of the level of confidence and margin error in valuation to the parameter of the population. The calculation for the sample size is as follows:

Confidence level of 95% - Z score = 1.96

$$\text{Sample Size} = (\text{Z-score})^2 \times (\text{StdDev})(1-\text{StdDev}) / (\text{margin of error})^2$$

$$= [(1.96)^2 \times 0.5(0.5)] / (0.05)^2$$

$$= (3.8416 \times 0.25) / 0.0025$$

$$= 0.9604 / 0.0025 = 384.16$$

Sample Profile

The sample size was selected to be 385 as per the calculations, out of which, 297 acted as active respondents for the survey. These participants have been categorised as per the demographic variables preferred for the study: gender, age, education, and income. Out of these, 57.6% were male (n=171), and 42.4% were female (n=126). The participants were divided into three age groups of 18-25 years, 26-40 years, and 41-65 years. According to the data, 64% (n=192) wereof the 26-40 age group, 20.9% (n=62) belonged to the 18-25 group, and only 14.5% (n=43) were of the age range of

41-65. As per the third demographic variable of income, the groups were selected to be less than 500, 500-999, 1000-1999, and above 2000.In this case, 43.4% (n=129) respondents earned less than 500, 41.4% (n=123) earned in the range of 500-999, 14.5% (n=43) earned between 1000-1999, while only 0.7% (n=2) with salaries of over 2000(Central Statistical Bureau, 2019). Similarly, as per the educational levels of participants, the following statistics were observed: 11.1% (n=33) were not graduated, 30% (n=80) were high school graduates, 12.5% (n=37) were diploma holders, 32.3% (n=96) were bachelor's graduates, 13.1% (n=39)were Master's levels, and only 1% (n=3) were PhD degree holders.

Table 1: Sample Profile for Kuwaiti population (N=297)

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

	Master's degree	39	13.1
	Doctoral degree	3	1.0
	Total	**297**	**100.0**

Data Analysis

The primary datasets collected through the survey, designed for this research have been analysed by means of multiple tests and models. The core aim of the data analysis was to identify the impact of SQ on CS across a diverse set of demographic characteristics within the Kuwait medical retail sector. For this purpose, the tests selected were Pearson's correlation test, ANOVA, T-test, Multiple Regression Models, and Cluster Analysis,all contribute towards the quantitative interpretation of the available information, utilising SPSS 21 for drawing the required results. The study has also been based upon specific variables as per the SERVQUAL model,addressing all three research variables and their similarities,such as tangibility (TAN),Assurance(ASSUR), reliability (REL), empathy(EMP), and responsiveness (RES) for SQ and CS, and demographic variables of gender, age, education, and income on the basis of dichotomous, nominal and ordinal scales.

The mean, standard deviation, skewness, and kurtosis values have been measured for the assessment of the normality of the data, as per the following table:

Table 2: Descriptive statistics for all the factors (N=297)

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

Furthermore, the suitability of the data obtained as per the determination of factors, for result generation for CS, SQ and demography, has been assessed by applying the Kaiser-Meyer-Olkin (KMO) and Bartlett's test, readings of which have been presented in the following table:

Table 3: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.961
Bartlett's Test of Simplicity	Approx. Chi-Square	7734.891
	df	300

	Sig.	0.000

Research Findings

Pearson Correlation Test

The Pearson correlation analysis was utilised to outline the contingency between RES, ASSUR, TAN, EMP, REL, and CS in the medical retail business in Kuwait.

Table 4: Pearson Correlation Test

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

ANOVA

The ANOVA test was also implemented to identify and examine the difference between the various clusters fortheselected factors (RES, ASSUR, TAN, EMP, REL, and CS).

Table 5: ANOVA Test

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
TAN	Between Groups	1.122	2	.561	.858	.425
	Within Groups	192.263	294	.654		
	Total	193.385	296			
ASSUR	Between Groups	.221	2	.111	.177	.838
	Within Groups	183.903	294	.626		
	Total	184.124	296			
REL	Between Groups	.666	2	.333	.421	.657
	Within Groups	232.250	294	.790		
	Total	232.916	296			
EMP	Between Groups	.154	2	.077	.126	.882
	Within Groups	180.415	294	.614		
	Total	180.570	296			
CSATIS	Between Groups	.353	2	.177	.262	.770
	Within Groups	198.192	294	.674		
	Total	198.545	296			
RES	Between Groups	1.080	2	.540	.750	.473
	Within Groups	211.658	294	.720		

	Total	212.739	296			

Cluster Analysis

Cluster Analysis wasappliedfor the categorisation of the collected data into meaningful clusters constructedupon the set demographic variables (gender, age, income, education).

Table 6: Mean and Standard Deviation for demographic variables for each cluster

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

Table 7: Model Summary

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

Discussion

Customer Satisfaction and Experiencein Medical Retail Industry in Kuwait

Operational hours, service quality, demographic implications, pricing, customer retention, communication, consumer feedback, as well as market competition anddemand, all have been observed to be contributory towards the estimation of levels of consumer satisfaction and experience in the medical retail industry of Kuwait. Analysing these factors on a general scale,

as well as the CS parameters of TAN, RES, ASSUR, REL and EMP, on the basis of tests conducted, the following relations have been highlighted.

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

Customer Satisfaction in Kuwaiti Medical Retail Business on the Basis of Demographic Variables

The results of statistical test ANOVA which is conducted to test the difference in respondent's perception towards different factors of SQ and CS. The results of the test show that TAN shows no significant difference based upon different age groups (F (2,294) = .858, p = .425). The F value and p value is closely scrutinised and reveals that ASSUR, REL, EMP, CS and RES has results as (F (2,294) = .177, p = .838), (F (2,294) = .421, p = .657), (F (2,294) = .126, p = .882), (F (2,294) = .262, p = .770). and (F (2,294) = .750, p = .473) respectively. This implies that there is no significant difference exists among different age groups towards the SQ factors and CS.

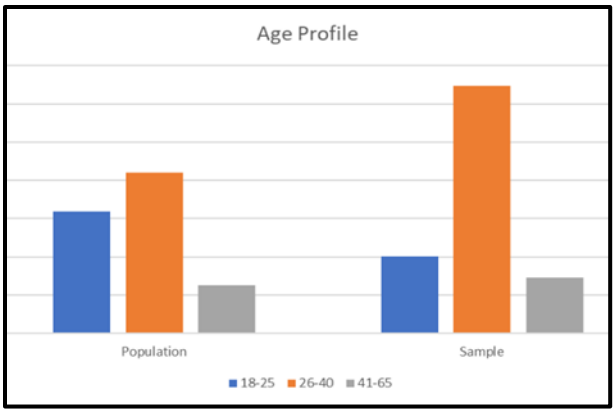
Based upon the t statistics and its significance value for variable TAN t (295) =- 1.376, p>0.05, it is interpreted those male and female respondents showed no significant differences in their perception towards TAN of service in Kuwait Medical Retail Business. The value of t statistic and significance level for variable ASSUR, REL, EMP, CS and RES are t (295) =-1.686, p>0.05, t (295) =-1.609, p>0.05, t (295) =-1.003, p>0.05, t (295) =-1.502, p>0.05 and t (295) =--1.530, p>0.05 respectively. Thoroughly looking at these values, it can be interpreted that there is no significant difference in the perception of males and females toward TAN, ASSUR, REL, EMP, CS, and RES in Kuwait Medical Retail Business.

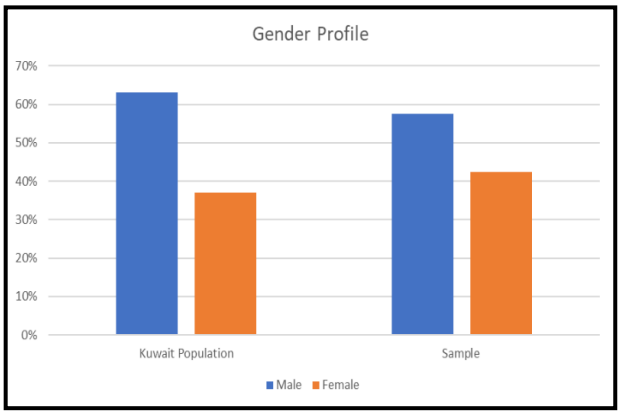
ANOVA test is conducted to investigate if there any difference exists among the different income groups. It is clear from the output that TAN shows no significant difference based upon different income groups (F (3,293) =1.637, p = .181). The F value and p value is closely scrutinised and reveals that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

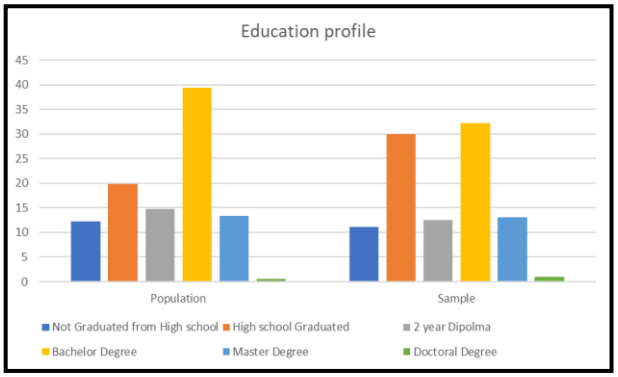
The result of ANOVA for different educational groups shows that TAN has no significant difference based upon different education groups (F (5,291) =1.996, p = .181). The F value and p-value reveals that ASSUR, EMP and CS has results as (F (5,291) = .962, p = .442), (F (5,291) = .537, p = .748), (F (5,291) =.214, p = .956) respectively and shows that there is no significant difference exist among different

education groups towards ASSUR, EMP and CS factors. However, the results of F value and p-value for factors REL and RES are (F (5,291) =2.277, p = .047) and (F (5,291) =2.431, p = .035) respectively. These outcomes indicate a difference exists between the different educational groups in relation to the variable's REL and RES. The result of Post Tuckey shows that the p-value for different educational groups is (p>.05), which shows that there is no significant difference exists among different educational groups in the medical retail business in Kuwait.

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







The investigation presented an explorative insight on the depiction of factors such as demographic variables (age, gender, education, and income) and SERVQUAL

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

The results revealed that TAN has a positive and significant effect on CS. Furthermore, the outcome indicated that medical retail rational customers were satisfied with the service's physical appearance, such as employees' neat appearance, modern-looking equipment, and materials linked to the service, and that they discovered it easy to use. The results imply that customers of the retail medical sector in Kuwait are satisfied and that they view TAN as an important factor. TAN helps in building a competitive edge and differentiation, which is necessary for survival.

Moreover, REL, RES, ASSUR, and EMP, all dimensions have been examined to provide a positive impact through effective incorporation within the organisational structures for efficient and satisfactory service provision to the consumers. This depicts that consumer satisfaction could be increased by means of manipulation of the mentioned dimensions within service delivery processes and organisational structuring, in order to meet the market demands. All of these findings have been established on the basis of demographic information of the Kuwaiti population. However, these results could be implemented within different business sectors apart from the Kuwaiti medical retail sector. Appropriate setting up of the framework, which is inclusive of the customer preferences and experiences, will lead to an overall enhancement within the manner in which service delivery is conducted, assuring, and cultivatingloyalty within consumers(Martínez, 2013).

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