

THE LEVEL OF INDONESIAN PATIENTS' CONFIDENCE IN MALAYSIAN PRIVATE HOSPITALS

Tiara Turay^{*1}, Sany Sanuri Mohd Mokhtar², Maruf Gbadebo Salimon², and Heru Aulia Azman¹

¹Fakultas Ekonomi dan Bisnis, Universitas Dharma Andalas, Kecamatan Padang Timur, Padang, Indonesia

²School of Business Management, Universiti Utara Malaysia, Sintok
Kedah Darul Aman, Malaysia

*Corresponding author's email:
tiaragf2@gmail.com

Received: 10 January 2022

Accepted: 20 June 2022

Revised: 15 March 2022

Published: June 2022

DOI: <https://doi.org/10.51200/mjbe.vi.2114>

Keywords: Indonesian patient's confidence, relational, switching barriers, Malaysia private hospital

ABSTRACT

To examine the level of Indonesian patients' confidence in Malaysian private hospitals. The present literature regarding confidence in the healthcare context has motivated researchers to research in this area. This study employed the purposive sampling technique. The questionnaire was distributed to 537 patients from Indonesia who visited private hospitals in Penang, Kuala Lumpur, and Melaka at least for the second time visit. This is a descriptive study that assesses the high or low level of Indonesian patients' confidence in the healthcare service provided by Malaysian private hospitals. This study utilized SPSS 26 version as a data analysis tool. After analysing the data, it reveals that Indonesia's patients had high confidence in the healthcare service delivered by Malaysia's private hospitals. Of the six items that reflect the patients' confidence, the feeling of comfort, familiarity, trust, and satisfaction are among the highest factors that determine the confidence of patients from Indonesia. In addition, all the items' scales of patient confidence have adequate reliability. It is highly suggested for Malaysian private hospitals provide high-value quality healthcare services and develop a good relationship with patients from Indonesia to boost the confidence of the patients to use the healthcare services in Malaysia. This study expected can give a valuable contribution to the development of patients' confidence in medical tourism and the national healthcare context.

INTRODUCTION

Patients' confidence and trust are some of the important factors that established the relationship between patients and the healthcare provider (Nuffieldtrust, 2021). The trusting and confident relationship between patients and healthcare providers will create a positive patient and healthcare provider experience and health improvement (Turay et al., 2018). Press Ganey (2014) agreed that patients' confidence is the number one factor that drives patients' loyalty that out passing hospital coordination, empathy, and courtesy. Therefore it can be summarized that the level of a patient's confidence determines the level of the patient's loyalty toward the healthcare provider.

There have been empirically proven that patients' confidence gives influence patients' loyalty toward healthcare provider. For instance, Smith (2013) reported that critical incidents, wrong diagnose, and wrong medical prescriptions bring down a hospital's reputation and decrease patients' confidence. In retaliation, the low levels of patients' confidence lead the patients to seek medical treatment abroad. Even though patients' confidence is an important factor that influences patients' decision to choose or continue to use medical services, however, the concept and definition of patient confidence have remained unclear. In addition, the previous literature regarding patients' confidence is underrepresented. In this regard, this study aims to investigate the level of patient confidence in the international healthcare context which is believed can influence their continuance of hospital visitation.

LITERATURE REVIEW

Confidence and Patient's Confidence

There are many definitions of confidence that can be gathered from previous research. Barbalet (1996), viewed confidence as an individual emotion that leads to individual

realistic expectations and motivation for individual actual conduct. Colgate et al. (2003, 2007) and Huang (2014) defined confidence as a customer's feeling of assurance toward the provider due to positive efforts that the provider proved to the customers. Meanwhile, Croker et al. (2013), believed that confidence also refers to the reliability, trust, assurance, and reassurance. Krishnan and Smith (1998) highlighted that confidence is the result of the customer's cognitive part in the form of customers' level of certainty toward their belief in certain products or services. In the healthcare context, Gustafsson and Fagerberg (2004) defined confidence as the affirmatory factor that gave a sense of calmness and security to the patients. Came with psychological thought, Yen and Gwinner (2003) believed that confidence is the end state of customer cognitive and positive factors that could reduce uncertainty and therefore, it will increase customer trust and instil the feeling of security toward the service provider. Based on the above deliberation regarding the definition of patient confidence, in this study, patient confidence is defined as a patient's feeling of assurance resulting from the patient's positive perception of the hospital's overall performance that creates trust and a secure feeling. In this case, the patients can depend on the healthcare provider in handling their medical problems.

Notwithstanding various definitions of confidence, there are still different views among scholars regarding the confidence concept. For instance, confidence could be found under relational benefits (Meldrum & Kaczynski, 2007), and as one of the reasons under the umbrella of switching barriers (Colgate et al., 2007). In the early study of confidence under the relational concept, Sellerberg (1982) emphasized that the knowledge regarding seller and buyer background, familiarity, and long historical relationship between seller and buyer determined the level of confidence which will influence both parties' attitude and behaviour. The length of the relationship between seller

and buyer will develop confidence (Swann & Gill, 1997). This is because as the relationship gets older the customers' feeling of confidence toward the provider will increase (Verhoef et al., 2002). In light of this, confidence is believed to be the outcome of the positive relationship between customer and provider (Meldrum & Kaczynski, 2007; Yen & Gwinner, 2003, Gremler & Gwinner, 2015). Segesten (1994), argued that confidence is crucial in establishing people's network since people are looking for a positive relationship in which this type of relationship indicates mutuality, openness, easy access, and a good attitude.

Under relational benefit, confidence is one of the three benefits besides social and special treatment benefits and the outcome of a good relationship between the customer and the provider that can reduce and give a comfortable feeling to the customers (Meldrum & Kaczynski, 2007; Yen & Gwinner, 2003; Gremler & Gwinner, 2015). On the other hand, social benefits are closely linked with the emotional aspect of the relationship which can be identified and characterized by familiarity between the customers and employees. While special treatment benefits can be seen through the individualized service that a provider gives to the customers (Hennig-Thurau, Gwinner, & Gramler, 2000). The most important aspect of the three relational benefits of the healthcare service is the confidence benefit (Gaur et al., 2011). As the health care service is a high-credence service that involves risk and uncertainty (Fisk et al., 2007). Good interaction among patients, staff, physicians, and nurses can build patients' confidence. In this respect, patient confidence is relevant and important in healthcare service (Gaur et al., 2011).

Under the switching barrier concept, confidence is the affirmatory factor that represents the customer's certainty feeling toward specific judgment (Colgate et al., 2007; Huang, 2014) and is the affirmatory factor that becomes the important reason for the customer decides to stay with the current service provider (Colgate et al., 2003).

Colgate et al. (2007), believed that confidence is the affirmatory factor that assures the customer to stay. Accordingly, six factors build a customer's confidence in the service provider such as major critical incidents, familiarity with the current service provider, the history that builds a strong relationship, trust, comfort, and satisfaction (Colgate et al., 2007, 2003). These factors that build customer confidence had been tested in Taiwan and New Zealand in various service sectors. From the six components that built customers' confidence, the three most important factors that determine customers' confidence such as critical incidents, familiarity, and customers' history with the service provider. The concept of switching barriers is closely linked with customer dilemmas in deciding whether to stay or exit from their current provider.

Customer confidence fits within the loyalty construct and in the highly competitive business environment, especially in a situation where the product or service that the firm offer is difficult to be evaluated pre or after-consumption (Fisk et al., 2007; Zeithaml et al., 2009). Especially, confidence becomes very important in the healthcare context, as confidence can reduce anxiety and strengthen comfort. Importantly, confidence is an established variable in the consumer intention literature (Bennett & Harrell, 1975; Tuu, Olsen, & Linh, 2011). Therefore, patients' comfortable feelings toward their previous medical treatments will positively influence patients' involvement in their next treatment (Gaur et al., 2011).

Confidence is a belief the patient has in the healthcare provider's reliability and trustworthiness that influences the patient's decision-making process (Wong et al., 2014). Therefore, Gaur et al. (2011) emphasized that good affiliation between patients and healthcare providers is crucial to develop the patient's security feeling and trust in the healthcare provider. Usually, patients depend on the service process and interaction with healthcare providers to evaluate the quality of healthcare service. The satisfying service

process and interaction with the healthcare provider determine the patient’s confidence. In addition, the length of the relationship will create familiarity between the patients and the healthcare provider (physician, nurses and staff). In this matter when the healthcare provider is familiar with the patients, it will improve the quality of the healthcare process. In this respect, the positive experience that patients gain through the good establishment of the relationship with the healthcare provider will also develop the patient’s confidence feeling.

Therefore, there is a need for the healthcare provider to induce the patient’s confidence to influence patients’ decisions to patronize or continue to utilize the healthcare service. Importantly, the decreased level of patient confidence will lead the patients to seek medical treatment in other hospitals. Mortazavi et al. (2009), reported that 300 patients studied in Iranian hospitals agreed that the patients’ confidence such as patients’ feelings of security, expectation, and well-being influence their satisfaction and loyalty

METHODOLOGY

This study is quantitatively based in nature that examines the level of Indonesian patients’ confidence in private hospitals in Malaysia by utilizing the SPSS 26 version. The data was purposively collected from Indonesian patients who visited a private hospital in Malaysia for at least a second-time visit. Referring to Krejcie and Morgan (1970) regarding the sample size, 384 is the adequate sample size for (N) population above one hundred thousand. However, given the response rate from Indonesian respondents (e.g., Kian & Heng, 2015, Nikbin et al., 2019; Rahman, 2019), this study distributed 537 questionnaires to the respondents as recommended by Bartlett et al. (2001) and Taherdoost (2016). Importantly, several previous studies have equally used the same approach since the response rate in Malaysia among international patients is between 53 to 60 % (e.g., Kian & Heng, 2015,

Nikbin et al., 2019; Rahman, 2019; Rahman, Zailani, & Musa, 2017). The questionnaire is designed by adopting and adapting the measurement scale from the previous study. This present study adapted the confidence item scale from Colgate et al. (2007). More so, a structured questionnaire was employed for data collection. statements regarding the items in the questionnaires are used 7- points Likert scale [(1) strongly disagree, (2) disagree, (3) somewhat disagree, (4) neutral, (5) somewhat agree, (6) agree, and (7) strongly agree) it gives the variation of choices that increase the possibility for respondents to express their opinion and permits the researcher to make a more accurate distinction between various respondents’ attitudes regarding a specific situation (Joshi et al., 2015).

Table 1 The operational variable and definition of confidence

Variable	Definitions	Items
Confidence	Confidence is a certain feeling that leads to consumers’ ability to make their judgments. Confidence refers to the sense of trust that consumers possess toward a certain brand and the confidence they derive.	Critical incident Trust Feelings of comfort Familiarity History Satisfaction

Source: Colgate et al. (2003), Huang (2014)

FINDINGS

Referring to Hair et al. (2014) researchers need to examine the straight-lining answers and data screening procedure. After conducting the data screening process, leaving 393 respondents in the data set that can be used for further analysis.

Descriptive of Sample Study

Of 393 patients, 172 (43.8 %) of the patients from Indonesia had visited the hospital more than twice, 143 (36.4%) of the patients had

visited this hospital up to the second time, and 78 (19.8%) of the patients were patients with frequent visits. In terms of gender, 53.7% (211) of the patients were female and 46.3% (182) of the patients were male. The descriptive statistics showed that patients in age between 41 to 50 years old were found as the most patients who did a medical treatment in Malaysia, which covers 28.8% (113) of the patients from Indonesia. While only 2.5% (10) of the patients who were below 21 years old were found to be the least number of patients who sought medical treatment in Malaysia. In addition, 34 (8.7%) patients who participated in this study were aged between 21 to 30 years old. Subsequently, 74 (18.8%) of the patients who visited the hospitals under the study were between 31 – 40 years old. In addition, 108 (27.5%) of the patients under the study were between the age of 51 to 60 years old, and (13.7%) of patients from Indonesia were aged above 60 years old. The largest portion of Indonesia's patients who attended medical treatment in Malaysia were from Sumatera Island (59.5%), followed by Java Island (26.5%), Kalimantan (5.1%), Kepulauan Riau (4.3%), Maluku (0.5%), and Bali (.8%). Among the biggest percentage of the cities where the patients departed are Pekanbaru (14.5%), Jakarta (14.0%), Aceh (9.4%), Bandung (3.8%), Padang (8.9%), and Medan (8.4%). Regarding the educational background, 39.2% of the patients had a degree level, 21.1% of the patients hold a diploma, 29.3% of the patients' education backgrounds were up to high school level, meanwhile, only 9.9% of the patients had a postgraduate level, and 0.5% of the patients chose "other" as education level. In terms of the monthly household income, 27.2% of the patients had household monthly income between Rp.15.000.000 to Rp. 25.000.000 (RM 4378.0 to RM.7246.40), and 25.2% of the patients had household monthly income in the range of Rp. 25000.000 to Rp. 35000.000 (RM 4378.00 to RM. 101145.00), 9.7% of the patients had household monthly income between Rp. 35.000.000 to Rp. 45.000.000 (RM 10114.50 to RM 130435.00), only 4.8% of Indonesian patients have a monthly household

income above Rp. 45.000.000 (RM. 130435.00) and 33.1% of patients have income below Rp.15.000.000 (RM 4378.00).

In terms of the construct reliability, the six items of patients' confidence all have high good reliability with Cronbach alpha 0.896, with AVE 0.797. This value passes the cut-off value (0.70) suggested by Hair et al. (2016). Then this study assessed the level of Indonesia's patient's confidence in utilising the SPSS 26 version by examining the frequency from descriptive statistics analysis.

The first statement of the questionnaire stated that "I have never heard of any fatal incident in this hospital." 2 patients answered strongly disagree, 3 patients answered disagree, 15 patients answered somewhat disagree, 7 patients didn't have any opinion about this statement, while 82 patients answered somewhat agree, 163 patients agreed, and 121 patients strongly agree that they never heard about the fatal incident happened in the hospitals under the study. Statement number 2 stated, "I am familiar with this hospital." One patient strongly disagrees (1) with this statement, and one patient also disagrees (2) with the statement. 8 patients somewhat agreed (5) with this familiarity, 169 patients are agree that they are familiar with the hospital, and 91 patients strongly agreed that they were familiar with the hospital. However, only 21 patients were neutral (4) to answer the statement. Statement number three explicitly stated that "I have good experience with this hospital." 162 patients agreed with this statement, and 134 patients strongly agreed that they have had a good experience with the hospital. Only 6 patients somewhat disagreed that they have a good experience with the hospital. Regarding statement number 4 "I trust this hospital" the majority of the patients (165) agreed with this statement, 146 disagreed, 77 patients somewhat agreed, 4 patients they have neutral answers, and 1 patient somewhat disagreed with this statement. Statement number 5 stated that "I am comfortable with this hospital" 68 patients somewhat agree with

this comfortable feeling, 156 patients agreed with this statement, and 162 patients strongly agreed that they are comfortable with this hospital. In the last statement or statement number 6, "I am satisfied with this hospital" 160 patients strongly agreed that they satisfy with this hospital, 156 were satisfied, and 68 patients agree that they were somewhat satisfied with this hospital.

Table 2 The rank of the level of Indonesian patient's confidence in Malaysia private hospitals. Feeling comfort (PC) toward the service provided by Malaysia private hospital held position number 1, followed by satisfaction(PC 6), trust (PC 4), good experience (PC 3), critical incident (PC1) and familiarity (PC 6). This indicates that comfortness is the most important factor that determines their confidence in the private hospital in Malaysia.

Table 2 The level of patient's confidence

ITEMS	Indicator	Mean	Rank
PC 1	Critical incident	5.89	5
PC 2	Familiarity	5.78	6
PC3	Good experience	6.06	4
PC 4	Trust	6.15	3
PC5	Comfort	6.19	1
PC 6	Satisfaction	6.17	2

Source: SPSS 26

CONCLUSION

Healthcare providers should consider patient confidence as the critical factor that has a high possibility to boost the value perceived healthcare service, Hence, all activities involved in the hospital's service delivery must be able to create and provide value for the patients to build long term relationship that leads to the hospitals' business growth and profitability derived from the relational concept, a patient's confidence is measured by the long historical relationship between the patient and the healthcare provider, trust, comfortable feeling, and satisfaction. This indicates that when Malaysia's healthcare

provider maintained their safeness, good relationship, trust, and satisfaction, and always provides a comfortness feeling to Indonesia's patients, the patient's level of confidence will increase. Importantly, healthcare is included in credence service, which highly involved interaction between all healthcare personnel and the patients. Therefore, in the healthcare service context, maintaining a good and long-term relationship between patients and healthcare providers can develop patients' confidence (Gaur, Xu, Quazi, & Nandi, 2011). For instance, giving a positive experience through delivering trusted service by minimizing and avoiding critical incidents, giving personalized service, and creating a good relationship with patients will strengthen patients' confidence that is believed can generate patients' loyalty. This study is not without limitations. However, the limitations of this study are going to give additional knowledge and direction for future studies in the healthcare context. It is suggested for future research to broaden the scope of the research in terms of methodology and unit analysis to better generalization on international patients' confidence toward the private hospitals in Malaysia.

REFERENCES

- Abd Manaf, N. H., Hussin, H., Jahn Kassim, P. N., Alavi, R., & Dahari, Z. (2015). Country perspective on medical tourism: the Malaysian experience. *Leadership in Health Services*, 28 (1), 43 – 56. <https://doi.org/10.1108/LHS-11-2013-0038>
- Barbalet, J. M. (1996). Social emotions: confidence, trust and loyalty. *International Journal of Sociology and Social Policy*, 16 (9/10), 75 – 96. <https://doi.org/10.1108/eb013270>
- Bennett, P. D., & Harrell, G. D. (1975). The role of confidence in understanding and predicting buyers' attitudes and purchase intentions. *Journal of Consumer Research*, 2 (2), 110 – 117. <https://doi.org/10.1086/208622>
- Colgate, M., & Lang, B. (2001). Switching barriers in consumer markets: an investigation of the financial services industry. *Journal of Consumer Marketing*, 18 (4), 332 – 347. <https://doi.org/10.1108/07363760110393001>

- Colgate, M., Nguyen, V., & Lee, C. K. C. (2003). Back from the brink: An analysis of why New Zealanders remain with their service providers. *University of Auckland Business Review*, 5 (1), 1 – 10. <https://www.thebookshelf.auckland.ac.nz/document.php?action=null&wid=1082>
- Colgate, M., Tong, V. T. U., Lee, C. K. C., & Farley, J. U. (2007). Back from the brink: Why customers stay. *Journal of Service Research*, 9 (3), 211 – 228. <https://doi.org/10.1177/1094670506295849>
- Croker, J. E., Swancutt, D. R., Roberts, M. J., Abel, G. A., Roland, M., & Campbell, J. L. (2013). Factors affecting patients' trust and confidence in GPs: Evidence from the English national GP patient survey. *BMJ Open*, 3 (5), e002762. <https://doi.org/10.1136/bmjopen-2013-002762>
- Fisk, R., Gountas, S., Hume, M., Gountas, J., Grove, S., & John, J. (2007). *Services marketing*. John Wiley.
- Gaur, S. S., Xu, Y., Quazi, A., & Nandi, S. (2011). Relational impact of service providers' interaction behavior in healthcare. *Managing Service Quality: An International Journal*, 21 (1), 67 – 87. <https://doi.org/10.1108/09604521111100252>
- Gremler, D. D., & Gwinner, K. P. (2015). Relational benefits research: A synthesis. In R. M. Morgan, J. T. Parish, & G. Deitz (Eds.), *Handbook on research in relationship marketing* (pp. 32 – 74). Edward Elgar. <https://doi.org/10.4337/9781783478637.00007>
- Gwinner, K., Gremler, D., & Bitner, M. (1998). Relational benefits in services industries: The customer's perspective. *Journal of the Academy of Marketing Science*, 26(2), 101–114. <https://doi.org/10.1177/0092070398262002>
- Haavardsholm, I., & Nåden, D. (2009). The concept of confidence: The nurse's perception. *European Journal of Cancer Care*, 18 (5), 483 – 491. <https://doi.org/10.1111/j.1365-2354.2008.00993.x>
- Hair Jr, J. F., Hult, G. T. M., Ringle, C., & Sarstedt, M. (2016). *A primer on partial least squares structural equation modeling (PLS-SEM)*. Sage publications.
- Hasan, H., Kiong, T. P., & Ainuddin, R. A. (2014). Effects of perceived value and trust on customer loyalty towards foreign banks in Sabah, Malaysia. *Global Journal of Emerging Trends in e-business, marketing and consumer psychology* (Gjet e MCP), 1 (2), 137 – 153.
- Hennig-Thurau, T., Gwinner, K. P., & Gremler, D. D. (2002). Understanding relationship marketing outcomes: an integration of relational benefits and relationship quality. *Journal of Service Research*, 4 (3), 230 – 247. <https://doi.org/10.1177/1094670502004003006>
- Joshi, A., Kale, S., Chandel, S., & Pal, D. K. (2015). Likert scale: Explored and explained. *British Journal of Applied Science & Technology*, 7 (4), 396. <https://doi.org/10.9734/BJAST/2015/14975>
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30 (3), 607 – 610. <https://doi.org/10.1177/001316447003000308>
- Mortazavi, S., Kazemi, M., Shirazi, A., & Azizabadi, A. (2009). The relationships between patient satisfaction and loyalty in the private hospital industry. *Iranian Journal of Public Health*, 38 (3), 60 – 69. <https://ijph.tums.ac.ir/index.php/ijph/article/view/3172>
- Musa, G., Doshi, D. R., Wong, K. M., & Thirumorthy, T. (2012). How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur. *Journal of Travel & Tourism Marketing*, 29 (7), 629 – 646. <https://doi.org/10.1080/10548408.2012.720150>
- Nikbin, D., Batouei, A., Iranmanesh, M., Kim, K., & Hyun, S. S. (2019). Hospital prestige in medical tourism: Empirical evidence from Malaysia. *Journal of Travel & Tourism Marketing*, 36 (4), 521 – 535. <https://doi.org/10.1080/10548408.2019.1582397>
- Press Ganey Associates. (2014). Press Ganey identifies key drivers of patient loyalty in medical practices. *Cision PR Newswire*. <https://www.prnewswire.com/news-releases/press-ganey-identifies-key-drivers-of-patient-loyalty-in-medical-practices-235223581.html>
- Segesten, K. (1994). Patient upplevelser av trygghet og otrygghet [Patient experiences of safety and insecurity]. Segesten Company, Gothenburg, Sweden.
- Sellerberg, A. M. (1982). On modern confidence. *Acta Sociologica*, 25 (1), 39 – 48. <https://doi.org/10.1177/000169938202500103>
- Smith, C. (2015). Doctors that harm, doctors that heal: Reimagining medicine in post-conflict Aceh, Indonesia. *Ethnos*, 80 (2), 272 – 291. <https://doi.org/10.1080/00141844.2013.831368>
- Smith, C. (Medical Anthropologist). (2013, January 26) Traveling for a cure Retrieved from <https://www.insideindonesia.org/traveling-for-a-cure-2>

- Swann Jr, W. B., & Gill, M. J. (1997). Confidence and accuracy in person perception: Do we know what we think we know about our relationship partners? *Journal of Personality and Social Psychology*, 73 (4), 747. <https://doi.org/10.1037/0022-3514.73.4.747>
- Turay, T., Mokhtar, M. S. S., & Gbadebo, S. M. (2018). The antecedent factors of patient's confidence toward healthcare provider. In *2nd Conference on Technology and Operations Management (2nd CTOM)*. Universiti Utara Malaysia, Kedah (Unpublished).
- Tuu, H. H., Olsen, S. O., & Linh, P. T. T. (2011). The moderator effects of perceived risk, objective knowledge and certainty in the satisfaction-loyalty relationship. *Journal of Consumer Marketing*, 28 (5), 363 – 375. <https://doi.org/10.1108/07363761111150017>
- Van Doorn, J., & Verhoef, P. C. (2008). Critical incidents and the impact of satisfaction on customer share. *Journal of Marketing*, 72 (4), 123 – 142. <https://doi.org/10.1509/jmkg.72.4.123>
- Verhoef, C. P., Franses, P. H., & Hoekstra, J. C. (2002). The effect of relational constructs on customer referrals and number of services purchased from a multiservice provider: Does age of relationship matter? *Journal of the Academy of Marketing Science*, 30 (3), 202 – 216. <https://doi.org/10.1177/0092070302303002>
- Wasson J. H., Benjamin R., Johnson D., Moore L. G., & Mackenzie T. (2011). Patients use the internet to enter the medical home. *J Ambul Care Manage*, 34 (1), 38 – 46. <https://doi.org/10.1097/JAC.0b013e3181fff641>
- Wong, S. T., Black, C., Cutler, F., Brooke, R., Haggerty, J. L., & Levesque, J. F. (2014). Patient-reported confidence in primary healthcare: are there disparities by ethnicity or language? *BMJ Open*, 4 (2), e003884. <https://doi.org/10.1136/bmjopen-2013-003884>
- Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2009). *Services marketing*. McGraw-Hill. <https://doi.org/10.1002/9781444316568.wiem01055>