HOSPITAL IMAGE DYNAMICS IN SERVICE RECOVERY: MODERATION OF EMOTIONAL INTELLIGENCE

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Abstract

This conceptual paper contributes to the academic literature by elucidating the interplay between brand image dimensions, service recovery strategies, customer satisfaction, and word-of-mouth communication and revisiting intentions in the context of private hospitals in Thailand. The findings of this study provide a foundation for future research endeavors by offering insights into the potential moderating role of emotional intelligence in shaping service recovery outcomes. Moreover, the alignment of our results with theoretical frameworks such as Expectancy-Confirmation Theory (ECT) and Social Exchange Theory (SET) suggests avenues for exploring similar phenomena in different industries. Practically, our findings offer actionable implications for private hospitals to enhance customer retention by strategically managing brand image

dimensions and incorporating emotional intelligence considerations into service recovery efforts. Future research could delve deeper into the nuanced dynamics of these relationships across diverse cultural and organizational contexts, thereby enriching our understanding and offering practical guidelines for service-oriented businesses globally."

Keywords:

Brand Image, Service Recovery Strategy, Emotional Intelligence, Private Hospital

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1. Introduction

The Service Recovery Strategy represents a methodically structured approach to reinstating clientele satisfaction following service deficiencies (Cheng et al., 2019). Its significance lies in its capacity to evoke satisfaction and cultivate perceptions of fairness (Vázquez-Casielles et al., 2010), thereby playing a pivotal role in the broader strategy for customer retention (Amoako et al., 2021). The efficacy of the service recovery strategy depends upon the degree of satisfaction attained through the recovery process (Odoom et al., 2019).

Service failures stemming from issues such as delayed service, failure to meet customer needs, or improper conduct by service staff prompt the initiation of the service recovery strategy (Van Vaerenbergh et al., 2019). The multifaceted challenges encountered within the service recovery strategy field are exacerbated by variations in customer expectations, individual self-esteem, and the severity of service failures (You et al., 2020). The existing literature reveals divergent findings across various industries (Chan et al., 2023). Research on service recovery is bifurcated into two primary dimensions: studies investigating perceived justice as a psychological facet of service recovery strategy (Liao et al., 2022) and those focusing on tangible actions constituting service recovery (R. Mostafa et al., 2014; Luong et al., 2021). Debates persist regarding the appropriateness of real action versus holistic justice perception as a strategic approach (de Mesquita et al., 2023). Studies have delved into factors related to service failures, encompassing the type of failure (Walton & Hume, 2012), severity (Craighead et al., 2009), and delayed recovery timing (Tang et al., 2018), all of which yield negative consequences. There is a need to identify factors that may rectify dissatisfaction through positive sources. Customer perceptions, including corporate image, trust, and social responsibility, have been empirically associated with satisfaction in the recovery process (R. B. Mostafa et al., 2015; Albus & Ro, 2017;

Amoako et al., 2021). Understanding the sources of positive customer experiences and perceived value can enhance the efficacy of service recovery strategies.

Brand image constitutes a crucial element of brand equity, significantly influencing the expansion and retention strategies in service marketing (N. Nguyen & LeBlanc, 1998; Nawi et al., 2022). The establishment of brand awareness, stemming from branding efforts, bestows distinct marketing advantages upon businesses (K. H. Kim, Kim, Kim, Kim, & Kang, 2008). Within the healthcare sector, the scrutiny of brand loyalty within hospitals revolves around brand image and perceived service quality (Górska-Warsewicz, 2022). A notable association exists between satisfaction derived from service recovery strategies and brand evangelism (Zhu & Park, 2022). However, the examination of brand image dimensions as an independent variable within the context of service recovery strategies is relatively sparse, particularly in comparison to studies investigating failure attributions, types of failures, and their severity (Q. N. Nguyen et al., 2021a; Zhu & Park, 2022). Furthermore, research has highlighted the potential for employees' image to mitigate service failures (Li et al., 2022). Consequently, this study explores the impacts of four brand image dimensions on service recovery strategies.

Emotional intelligence constitutes a widely researched topic across psychology, education, and marketing (Goh & Kim, 2021). In service recovery, extant literature predominantly focuses on employees' emotional intelligence in managing customer emotions, with limited attention paid to the customer's perspective (Fernandes et al., 2018; Wei et al., 2021; Xu et al., 2022). Recognizing the potential for emotional intelligence to augment employees' problem-solving abilities in service recovery strategies (Chaouali et al., 2021), this study delves into the moderating effects of emotional intelligence within the context of service recovery strategy. Moreover, gender disparities in emotional intelligence are acknowledged, with females typically exhibiting higher levels than males (Deng et al., 2023).

Thailand has emerged as a leading destination for health tourism, renowned globally for its exceptional medical service quality, and it ranks 13th in the world for its top-tier healthcare system (Monthalee Nooseisai et al., 2016). Consequently, the business landscape for private hospitals in the country is characterized by sustained growth. This expansion is propelled by factors such as an aging population, the rising affluence of the middle class, and the proliferation of urban communities. However, providing healthcare services entails high-stress environments, necessitating a robust service recovery strategy (Antonetti et al., 2018).

Private hospitals must prioritize service excellence and outperform competitors in customer satisfaction by continuously improving service quality, implementing strategic branding initiatives, and executing effective social media marketing campaigns. However, despite these proactive measures, service failures or irregularities are inevitable. The absence of a comprehensive service recovery strategy to address such shortcomings poses significant risks, potentially resulting in intentions to switch healthcare providers (Mazhar et al., 2022) and the propagation of negative word-of-mouth communication (Nazifi et al., 2022; Yin et al., 2022).

This study utilizes the Expectation Confirmation Theory (ECT) to elucidate the process of satisfaction formation, wherein the comparison between customer expectations and perceived value is central (Oliver, 1980). The assessment of service recovery strategy efficacy is contingent upon using customer-perceived justice as the benchmark for perceived value, and brand image serves as the embodiment of customer experiential values following service failures, in line with ECT for satisfaction confirmation. Social Exchange Theory (SET) is also employed to examine consumers' mindsets, considering the trade-off between perceived benefits and costs (Hall, 2003). This research contributes in two aspects: firstly, it elucidates the influence of perceived brand image on service recovery strategy, word-of-mouth communication, and revisit intention; secondly, it investigates the role of individual customers' emotional intelligence within the customer mindset in service recovery.

2. Research Questions

1. Does the hospital brand image exert a favorable influence on the efficacy of the service recovery strategy, as evidenced by existing literature?
2. To what degree do variances in customers' emotional intelligence levels shape their perceived service recovery strategy outcomes, as explored in the relevant scholarly research?

3. Research Objectives

1. To study the influences of perceived brand image on a service recovery strategy.
2. Identifying brand image dimensions contributes the most to enhancing service recovery strategy.
3. To examine the influence of service recovery strategy on satisfaction, word-of-mouth communication, and revisit intention.

4. Literature Review and Hypothesis Development

4.1. Brand Image

As elucidated by Keller (1993), brand image emanates from customers' perceptions of a brand. Brand image is associated with reputation and company identity, each conceptualized and measured distinctly. Reputation encapsulates customers' historically experienced cognitions involving touchpoints with corporate entities. The brand image reflects value perceptions regarding an organization's qualities and trust, shaping consumer attitudes toward brands, products, and services, thereby influencing behavioral intentions (Romaniuk & Nenycz-Thiel, 2013). The pivotal role of the brand image extends to perceived service quality, revisiting intentions, and sustainable marketing practices within the scholarly discourse (Huei et al., 2014; Grubor & Milovanov, 2017).

Brand image dimensions, encompassing product value, brand personality, and company association (Aaker, 1991), are categorized based on attributes, interests, or attitudes (Keller & Aaker, 1992). Brand image formation involves benefits and values linked to the experiential, symbolic, social, functional, and appearance domains (Salciuviene et al., 2009; Aaker, 1991; Hsieh, 2002; Jr et al., 2007). Recognized as the amalgamation of functional and emotional customer perceptions, value-based brand image enjoys widespread acceptance (N. Nguyen & LeBlanc, 1998).

The experiential brand image encapsulates the overall state of brands experienced by customers, spanning sensory, affective, and belief dimensions. Emotional bonding with brands is fostered through consumer insight, contributing to brand image building (Cleff et al., 2018). Symbolic brand image encompasses customers' associations with values and culture, influencing beliefs about a brand based on self-brand connection and attribute conversion into symbolic meaning (Hammerl et al., 2016). Functional brand image pertains to the value derived from brand usage, with product performance and durability contributing to its formation (Kato, 2021; Kato & Tsuda, 2018). Social brand image reflects the social status conveyed by products and services, encompassing efficiency, reliability, confidence, and personality. In cosmetics, social brand image is linked to customer satisfaction (Jr et al., 2007).

Brand image construction necessitates synthesizing both rational and emotional perceived value (R. B. Kim & Chao, 2019). The brand image of hospitals plays a significant role in shaping perceived service quality (Cham et al., 2016). Extant literature has established

interconnections between service recovery strategy and brand image (Chen, 2015), which moderates service recovery and satisfaction (Nikbin et al., 2010). Particularly in service failures, the brand image is a mediator in determining satisfaction and customer loyalty (Liat et al., 2017) and mitigating consumer switching behaviors (Chigwende & Govender, 2020). This study posits that brand image's experiential, symbolic, social, and functional aspects positively influence service recovery strategy. The following hypotheses are formulated:

H1: Experiential brand image positively influences service recovery strategy.
H2: Symbolic brand image positively influences the service recovery strategy.
H3: Social brand image positively influences the service recovery strategy.
H4:　Functional brand image positively influences the service recovery strategy.

4.2. Service Recovery Strategy

The conceptualization of the service recovery journey outlines three sequential phases: pre-recovery, recovery, and post-recovery (Van Vaerenbergh et al., 2019). The significance of the service recovery strategy is underscored by perceived justice, which is considered a pivotal facet in scholarly discourse (Badawi et al., 2017; del Río-Lanza et al., 2009; Migacz et al., 2018). This justice-oriented strategy encompasses three discernible dimensions: distributive, procedural, and interactional (Jung & Seock, 2017). Considerable investigation has been dedicated to exploring the intricate interplay between perceived justice and satisfaction within the context of the service recovery strategy (Arsenovic et al., 2021; Balaji et al., 2018; Kau & Wan - Yiun Loh, 2006; Michel, 2001; Nikbin & Hyun, 2015; Sparks & McColl-Kennedy, 2001). Satisfaction, arising from the cognitive state of the service user regarding their purchase behavior, stands as a consequential outcome (Oliver, 1981). Ultimately, the effectiveness of a service recovery strategy is assessed by the resulting satisfaction (Akdere et al., 2020; Chang & Chang, 2010; Jin et al., 2019; H. Kim et al., 2022). Accordingly, the formulated hypothesis is as follows:

H5: Service recovery strategy exerts a significant influence on satisfaction.

4.3. Word-of-Mouth and Revisit Intention

Word-of-mouth communications (WOMs) constitute individual, direct responses serving as influential sources of information perceived as credible by fellow service users, notably shaped by decisions influenced within close social circles such as friends, family, and relatives. This mode of communication holds considerable sway, surpassing the efficacy of traditional marketing tools (Sen, 2008). Empirical investigations consistently underscore the positive correlation between satisfaction with service recovery and the generation of favorable WOMs

(Hogreve et al., 2019; Luong et al., 2021; Maxham & Netemeyer, 2002). WOMs, in turn, directly influence service user decisions concerning purchases and brand loyalty (Donthu et al., 2021). Revisit intention assumes paramount importance as a decisive behavioral inclination crucial to customer retention within the hospitality industry (Spreng et al., 1995; Hogreve et al., 2019; Arsenovic et al., 2021; Q. N. Nguyen et al., 2021b; H. Kim et al., 2022). Accordingly, the following hypotheses are posited:

H6: Satisfaction significantly influences word-of-mouth communication.
H7: Satisfaction significantly influences revisit intention.
H8: Word-of-mouth communication significantly influences revisit intentions.

4.4. Emotional Intelligence

Emotional intelligence, as defined by Mayer and Salovey, is characterized by "The ability to perceive accurately, appraise, and express emotion: the ability to access or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (Mayer et al., 1997). Emotional intelligence is a robust predictor of negative mood (Delhom et al., 2022), and heightened emotional intelligence correlates with enhanced problem-solving skills and diminished perceived stress levels (Chaouali et al., 2021; Karaoglan Yilmaz et al., 2023). Emotional intelligence assumes significance for predicting employee performance in conflict management, emerging as a critical factor in conflict resolution strategies (Winardi et al., 2022).

The contributions of emotional intelligence to the construction industry are diverse, encompassing elevated individual and overall project performance, inspired leadership, stress control capacity, improved communication skills, and heightened confidence among project practitioners (Kukah et al., 2022). In customer interactions, the similarity of emotional intelligence among customers positively influences their inclination to forgive service failures (Xu et al., 2022). Additionally, employee emotional intelligence emerges as a contributing factor in the recall of customer satisfaction within the service recovery strategy (Wei et al., 2021). Consequently, the following hypotheses are advanced:

H9a: Emotional intelligence influences the relationship between experiential image and service recovery strategy.

H9b: Emotional intelligence influences the relationship between symbolic image and service recovery strategy.

H9c: Emotional intelligence influences the relationship between social image and service recovery strategy.

H9d: Emotional intelligence influences the relationship between functional image and service recovery strategy.

The research conceptual framework is illustrated in Figure 1.

Figure 1: Conceptual framework
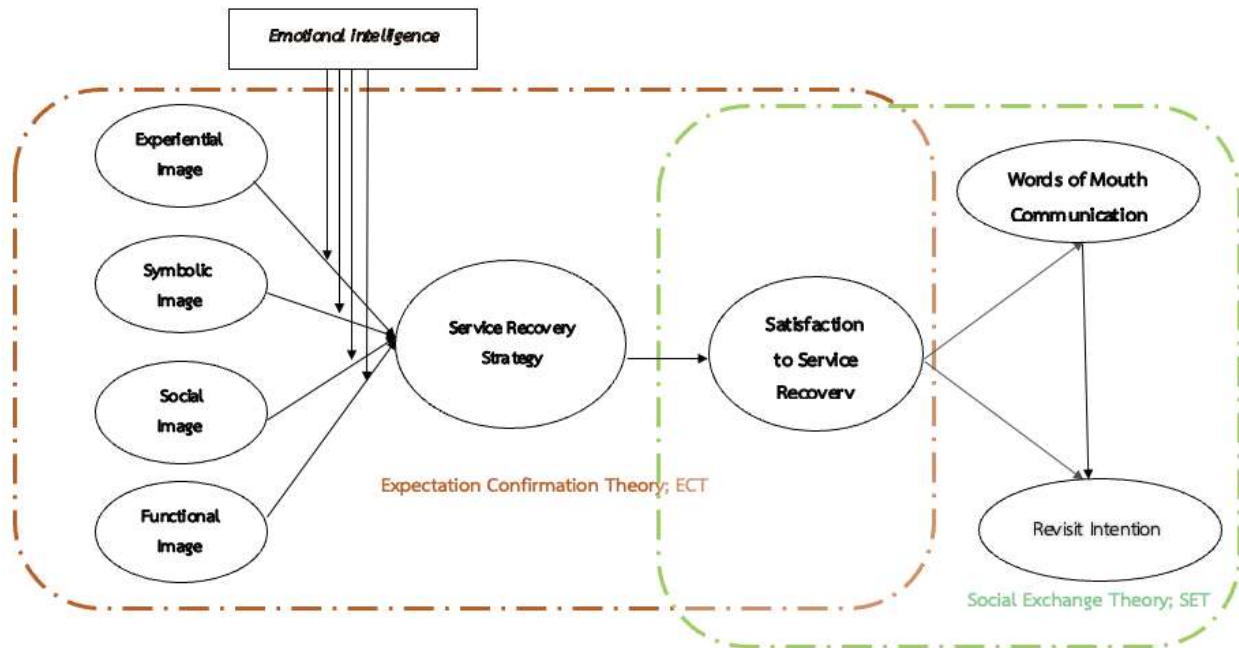
(**Source:** Author's Illustration)

5. Methodology

The research employed a refined questionnaire from established studies and subsequently translated into Thai for enhanced clarity and comprehension. The section addressing hospital brand image, comprising 19 questions, was adapted from Jr et al. (2007) and Lassar, Mittal, and Sharma (1995). The author meticulously constructed the scenario illustrating service failure and recovery, with respondents instructed to thoroughly peruse the scenario before engaging with the questionnaire. The 15 questions exploring service recovery strategy across three dimensions drew inspiration from Tax et al. (1998), Smith et al. (1999), and Maxham & Netemeyer (2002). Queries related to satisfaction, totaling four items, were derived from Maxham and Netemeyer (2002). The segment focusing on word-of-mouth communication incorporated three items sourced from Rageh Ismail & Spinelli (2012), while revisiting intention, comprising three items, was adapted from Tih & Lee (2013).

The component dedicated to emotional intelligence encompassed 33 questions extracted from the Schutte Self-Report Emotional Intelligence Test (SSEIT) (Schutte et al., 1998). Emotional intelligence was subsequently sub-scaled into four categories: ten items for the perception of emotion, nine items for managing one's feelings, eight items for managing others' emotions, and six items for the utilization of emotions. A Likert scale featuring five levels was employed, ranging from 1 (strongly disagree) to 5 (strongly agree). Emotional intelligence was quantified through the average mean, allowing for categorization into low, medium, and high levels of emotional intelligence.

Table 1: Questionnaire Items

No.	Construct	No. of Items	Sources
1	Experiential images	4	Jr et al., (2007)
2	Symbolic images	4	Jr et al., (2007)
3	Social image	6	(Jr et al., 2007), ((Lassar et al., 1995)
4	Functional image	5	Jr et al., (2007)
5	Distributive justice	5	(Smith et al., 1999; Tax et al., 1998; Maxham & Netemeyer, 2002)
6	Interactional justice	6	(Smith et al., 1999; Tax et al., 1998; Maxham & Netemeyer, 2002)
7	Procedural justice	4	(Smith et al., 1999; Tax et al., 1998; Maxham & Netemeyer, 2002)
8	Satisfaction with service recovery	4	(Maxham & Netemeyer, 2002)
9	Words of Mouth	3	Rageh Ismail & Spinelli, (2012)
10	Revisit intention	3	Tih & Lee, (2013)
12	Emotional intelligence	33	Schutte et al. (1998)

(Source: Author's Own Illustration)

6. Data Collection and Statistical Analysis

Data will be collected using a self-administered questionnaire from servicer users with quota sampling from six regions of Thailand and purposive sampling ages over 20 years old and experienced with private hospital service within six months before applying for the survey. The questionnaire link will be sent through an online community of private hospital users providing screening questions to ensure the usable respondents asking them to provide information, e.g.,

basic information about private hospitals, the purpose of use, the service frequency of use, and the service experience with service failures at the pre-page for validation purposes. The proposed sample size with 600 usable respondents will be analyzed by confirmatory factor analysis (CFA) and structural equation modeling (SEM). The multigroup SEM technique will test emotional intelligence as a moderation effect.

7. Conclusion

This research highlights two crucial elements for healthcare businesses: 1) exploring the dynamics of hospital image and implementing effective service recovery strategies. 2) intertwining with the critical aspect of emotional intelligence, influencing patient outcomes and loyalty. Healthcare institutions can foster trust, address service failures proactively, and cultivate lasting customer relationships by focusing on brand image and service recovery strategy.

8. Theoretical Contribution

Expectation Confirmation Theory (ECT) principles can be vital in exceeding expectations. By prioritizing patient-centric practices and fostering transparent communication. This proactive approach can turn a service break down into an opportunity for positive disconfirmation, where patients' emotional needs are addressed, empathy reigns, and basic recovery expectations are exceeded. Research has the potential to unlock this further by integrating ECT into service recovery models, testing its effectiveness, and carefully navigating the ethical considerations of managing expectations. By embracing these opportunities, healthcare institutions can build patient loyalty, strengthen their brand image, and ultimately elevate the quality of care they deliver.

Social exchange theory offers a powerful lens for understanding the complex interplay between service recovery strategies, patient satisfaction, Word-of-Mouth (WOM), and revisiting intention in healthcare. This aligns with the expectation of future benefits within the social exchange framework, which patients perceiving a genuine commitment to their well-being are more likely to revisit, consolidating patient loyalty and nurturing long-term relationships.

9. Practical implication

Healthcare businesses must consciously develop a strong brand identity emphasizing patient-centricity and quality care. This translates into investing in clear communication, prioritizing patient experience at every touchpoint, and actively managing online reputation. Highlighting positive success stories and patient testimonials further bolsters public confidence and trust. Patients trust institutions that project professionalism, empathy, and commitment to their well-being.

Healthcare business responses determine their impact on patient loyalty. Empowering staff with emotional intelligence training may equip them to navigate difficult situations with empathy and problem-solving skills. Establishing clear service recovery protocols for every scenario ensures swift action and consistent complaint handling, demonstrating genuine care beyond addressing the immediate issue and fostering deeper patient engagement and trust.

Patient loyalty goes beyond simply providing medical care. Healthcare businesses proactively address service failures with emotional intelligence and empower their staff to connect with patients deeper, creating a foundation for long-term trust and positive outcomes. Healthcare institutions can turn service failures into opportunities to strengthen patient relationships, differentiate themselves in the competitive landscape, and ultimately fulfill their mission of providing comprehensive and compassionate care through the hospital brand image dynamic.

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