

# **A STUDY TO INVESTIGATE THE RELATIONSHIP BETWEEN INSURANCE AND CUSTOMER SATISFACTION AMONG MALAYSIAN RESIDENTS STAYING IN CHEAP HOTELS**

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## **ABSTRACT**

Today there is an increased number of cheap hotels in Malaysia. Customer who only needs a room with bed and shower has become an alternative budget hotel that offers simple rooms and meals at cheaper cost. Despite study, the link between the SERVQUAL model and satisfaction of customers in the hotel business in Malaysia is examined. However, studies seldom check consumer satisfaction at cheap hotels. The aim of this research is therefore to identify the elements that impact the happiness of customers at Budget Hotel Malaysia. The SERVQUAL methodology is utilised in this research in order to determine the five variables affecting customer satisfaction in budget hotels. In addition, another element - pricing, to check customer happiness at budget hotel - will be added to this study. Moreover, this study will make a major contribution to the hospitality sector as a consequence of which the services of budget hotels in Malaysia may be improved.

**KEYWORDS:** Budget hotel, Customer satisfaction, SERVQUAL model

## **1. INTRODUCTION**

Budget hotel offers reduced costs for rooms and food and is regarded as the lowest in the hotel sector (hotelarcopalace, 2012). It is a customer's option that only wants a simple bedroom with a bed and a shower (Colbu & Scutariu, 2008). The cheap hotel in Malaysia provides superior services than a hotel with a single star (Ukessay, 2015). Budget hotels vary from RM80 to RM150 per night and budget hotels enable rooms to be rented hourly (Tourism Malaysia, 2012). In Sabah in particular in Kota Kinabalu several cheap hotel structures occur and contribute to increased rivalry amongst budget hotels (Fong, 2007).

The number of people who post reviews and complaints about hotel services on websites and other connected sites has grown (Tyrrell & Woods, 2004). The use of the Internet is a source of mass and interpersonal communication (Ohiagu, 2011). A complaint was received from the customers that the room of the hotel was unclean, and no bath towels were given. The problem is not fixed at night because of the cleaning service (TripAdvisor, 2013). Unresolved problems will reduce customer satisfaction

score to 573, out of 1,000, according to J.D Power (2012). (as cited in Bender, 2012). In addition, customer pleasure is regarded a beginning point for creating and reinforcing client loyalty and can therefore establish a long-term customer connection (Gandolfo, 2010). In order to promote customer loyalty, a customer satisfaction management strategy proved beneficial while also enhancing the positive image of the city (Gandolfo, 2010). A pleased client promotes Word Of Mouth positively, the result is better than conventional marketing (Villanueva et al., 2008).

The level of profound research and understanding of drivers and customer satisfaction are significant factors in the company's success (Gutierrez-Sanchez et al. 2011, p. 18). A slight increase in customer satisfaction will also substantially increase customer loyalty in the hotel sector (Carev, 2008). The primary factors for the happiness of hotel customers are room characteristics, value and personnel quality (Choi & Chu, 2001). Client satisfaction may be enhanced while resolving a customer complaint if the employee is able to resolve the issue and is skilled (Bitner et al., 1990). Complaints represent the customer's satisfaction with the response to customer complaints from the service provider (Stauss, 2002). In addition, clients compare the anticipation and perceived deliverability of the firm to assess its acceptance (Demoulin & Djelassi, 2013). Simplicity in locations such as the toilet, the lobby and the outside hotel might influence the client's view of the quality of service. In addition, the hygiene also enhances the quality of service (Barber & Scarcelli, 2010). One of the key causes that leads to dissatisfaction with excellent service is the absence of hygiene according to Silvestro & Johnston (1990). In the concept SERVQUAL, Akbaba (2006) states that personnel are prepared to provide immediate service and help consumers. Customer happiness, costs, financial performance and retention of customers are favourable about staff response (Sureshchandar et al., 2002).

Responsibility is viewed as a company's capacity to respond to changes in client requirements and as well as market developments (Frey, 1998). The key to adding and maintaining existing new consumers in the company is to emphasise reactivity. Reactivity indicates that Employees may anticipate and respond properly to consumer needs (Daugherty, Ellinger, & Rogers, 1995). The price also affects client satisfaction in budget hotels, in addition to the quality of service. The prize of items or services asked to be received and the value traded for the products or services supplied by the customers are stated by Kotler and Armstrong (2010). Estelami & Bergstein (2006) states that the price of the goods or services is a major variable in the choice both for merchants and customers. The biggest tourist costs are the hosting price (Budget Hotels, 2013). The visitor's tourism costs. In the hotel business, prices are crucial that affect consumer quality impressions (Lewis & Shoemaker, 1997). Parasuraman tells Zeithaml & Berry that tourists expected better levels of service if they paid longer (1991). Pricing affects consumer satisfaction directly (Matzle, Wurtele, & Renzl, 2006). Thompson (2005) believes consumers are responsible for the pleasure of the hotel's customers since they have bought a room at a low price.

Price fairness is the acceptability, rationality and justification of a selling price assessments of consumers (Kukar-Kinne, Xia & Monroe, 2007). Price equity is an important price measure for improving customer satisfaction (Al-Msallam, 2015). Price transparency is give customers necessary for purchasing decisions open, honest and complete information about pricing (Urban, 2003). High transparency in pricing can minimise customer search and evaluation costs and lead hence to greater satisfaction (Matzle et al., 2006). If clients have less pricing information, the purchase experience is not acceptable (Best and Andreasen, 1977; Dickson and Sawyer, 1990; Estelami & Bergstein, 2006). In order to remain competitive at the hotel sector, the quality of service in a hotel should be monitored often (Saghier, 2013). The SERVQUAL model might be a realistic approach to assess the quality of services in the hotel sector (Markovic, 2005). The quality of a hotel service must be controlled via knowing the expectations of our customers (Shi & Su, 2007). Service quality of the hotel may be assessed using the SERVQUAL model properly, according to research by Fernandez, Ana & Bedia (2004). As the model was introduced in many ways, SERVQUAL is an essential model to measure satisfaction of hotel customers research research (Nitin, Deshmukh & Perm, 2005). In addition, the SERVQUAL model was utilised by Markovic in 2004 to evaluate the hotel's perception and expectation and demonstrated that the service quality in the hotel sector is a helpful instrument for measuring this.

Price is recognised as a vital satisfaction determinant (Huber, Herrmann & Morgan, 2001). He discovered that price was a key factor in hotel selection and satisfaction according to Lockyer's (2005) study. The medium price of a hotel can provide maximum satisfaction (Campo & Yague, 2009). Furthermore, if the client is aware that hotel pricing is unjust the consumer will be satisfied in the future and the customer will not visit the hotel (Bassey, 2014). Galetz, Verhoeven & Pruyn (2006) reports that service dependability strongly impacts customer satisfaction. In the service industry, reliability is also extremely vital if the service provider is able to deliver what it promises to the customer 100 percent, service satisfaction is improved (Estepon, 2010).

## 2. LITERATURE REVIEW

If the client receives hotel service guarantees, the majority of the client will be satisfied with the service provided by the hotel (Karunaratne & Jayawardena, 2010). Customer pleasure may also be obtained via the provision of adequate customer quality assurance (Aldawood & Asia, 2010). Customers are pleased and satisfied with high-quality service assurance methods (Musa & Salleh, 2005).

The customer happiness may be achieved by meeting consumer expectations according to Magnusson & Sundin (2005), and the physical component in the hotel can substantially influence the customers. In addition, the tangibility has demonstrated a long-term influence on consumer satisfaction in Mukhtar, Iman, Ashiq, Amjad & Nasar (2014).

Siriwardana (2015) claimed that a service's tangibility impacts more on customer fulfilment than other variables.

Empathy helps people to improve on the requirements of their customers and so improve customer satisfaction according to Wieseke & Bornemann (2009). In addition, customers acknowledge the efforts of workers in front of the company if they can empathise with customers (Gremier & Gwinner, 2000). The study by Wieseke, Geigenmüller & Kraus (2012) demonstrated empathy for employees in the frontline sector as a major influence on the pleasure of customers.

Ronggui Hospital is utilised as a case study in this research article. We examine contemporary media and academic publications on county hospital healthcare reform. Studies are conducted from the viewpoints of the new medical reform's origins, key steps and consequences, as well as the opportunities and problems they have brought out. Furthermore, the author applies important management theories to Ronggui Hospital's internal and external environments, as well as its competition tactics. Strategic thinking on unique competitive strategies and detailed implementation methods are offered to enable the Hospital to stand out from severe competition and serve as a good model for county-level hospitals to thrive in the new healthcare reform.

Title, abstract, keywords, five chapters of the main body of the dissertation, bibliography, appendices and acknowledgements make up this dissertation.

Chapter 1: Getting Started. As a result of assessments of the existing status and development concerns of county-level hospitals, theoretical framework, importance of the study, and research methodologies are proposed in this chapter in an effort to offer theoretical support for the creation of hospital strategies.

Chapter 2: Health Care Reform in China: A Historical Review and a Bibliography. This chapter reviews press and academic publications on the reform of county-level hospitals, as well as assessments of the present state of China's healthcare and medical systems, and a conclusion of the accomplishments, difficulties and reasons for the failure of the previous healthcare reform. The new healthcare reform is introduced, including its history, goals, and key provisions. Currently, county-level public hospitals are in a clearer position, with a focus on the new healthcare reform's problems and the decreased investment and inadequate financing provided by the federal government. In addition, fresh development prospects are also identified. All of this is done in order to inspire other county-level hospitals to come up with innovative development plans.

Chapter 3: Research Methods This chapter explains the data collection methods used in the dissertation and how data is accessible and analysed, as well as how the document is formatted.

In addition, research methods and organisation are discussed in detail in this chapter.

Chapter 4: Choosing and Implementing Hospital Strategies. This chapter provides an overview of Ronggui Hospital's physical and social landscape. The author applies important management theories to examine the Hospital's internal and external environments, as well as its competitive tactics. For the hospital, several market strategies and execution techniques are being offered.

Chapter 5: Recap and Implications. The results of this study's findings are discussed, as well as their implications. The study's limitations are highlighted, as well as suggestions for further research.

### **3. RESEARCH GAP**

Primary data is the original first-hand data which was initially collected and not yet published (Burns & Bush, 2010). Survey, questionnaire, interview and observations are main data sources (Manukumarkm, 2013). We will provide our target responders a questionnaire. For our study, we utilised original data and unedited, so the result would be more trustworthy.

A sample approach not likely is employed when the sampling frame in this study is not accessible. The approach of sample failure is beneficial since descriptive remarks are needed in this investigation (Statistics Canada, 2001). In this research, the procedure for judgmental sampling was utilised when the questionnaire was distributed to target respondents. Judgmental sampling is sometimes referred to as deliberate and authoritative sampling (Tongco, 2007). The quality of the obtained information depends on the sample picked, therefore ensuring sample reliability and competency (Tongco, 2007). We shall ask you three questions to guarantee the respondent falls among the target population: 1) They are Malaysians; 2) they stay in KL or Penang cheap hotel previously; 3) they fall in age of eighteen – thirty-six. If all of the replies are yes, please complete in the questionnaire.

Judgmental sampling is a non-probable sample approach in which we may choose the items we want to sample and assess our information (Black, 2010). This study can get more accurate results by employing judgemental sampling, since it can gain the view of the destination population. The evaluation of judgments will be a better option since it takes less time and less money because we do not have to filter a big number of surveys before we analyse data (Essay UK, 2013).

This study carried out a data collection questionnaire. In 2005 Marshall and Zikmund & Babin (2007), the questionnaire is a tool that successfully collects data in a short period, particularly when data is simple and rapidly collected from a large number of respondents. The questionnaire approach, Hair, Babin, Money and Samouel (2003) and Malhotra (2012) stated a high response rate when data are collected by a large number of respondents. It is built on six variables: dependability, assurance, tangibility, empathy, responsiveness and pricing.



Pilot testing is a key stage before the full testing procedure is carried out. The reliability and efficacy of the questionnaire were tested to confirm the quality of the survey (Trakulmaykee, Lim, & Trakulmaykee, 2013). A pilot test should be carried out by small amounts and possible responses with similarities (Taylor-Powell & Hermann, 2000).

Our supervisor had checked the questionnaire before the actual data collecting. Some modifications have been made to provide future respondents a better understanding. Thirty respondents were provided with the updated questionnaires and received their comments. The pilot test is expected to be 10 to 30 according to Hill (1998) and Isaac & Michael (1995).

#### **4. RESEARCH OBJECTIVE & METHODOLOGY**

Budget hoteliers must ensure that the hotel looks clean and tidy since the practical effect of client happiness has been proved. When visitors depart the room and before the next one, the room should be clear.

Check in the room for visitors. Cleanliness should also be taken care of by budget hotels, other than the hotel room. In addition to cleanliness, budget hoteliers must also ensure that hotel equipment is constantly working. Therefore, budget hotels must constantly inspect the equipment and promptly fix it if a fault occurs.

In this study, we have learned that the link between empathy and customer happiness is unpleasant, so budget hotelier may minimize the costs of employing more employees, but use the money to invest in technology. Examples are automatic check in at the budget hotel lobby, which can accelerate the check-in and build a customer-friendly website to make your room easy to book and in cash via a reliable online payment system.

In order to assure responsiveness, budget hoteliers should strengthen their information exchange mechanism. All the information provided and presented must be ensured that it correct. Should errors occur, the budget hoteliers must promptly make amendments. A better information exchange system may assist the employees have a better grasp of hotel policies and current information, such as room details and prices, availability of rooms and access to equipment. This allows budget hotel personnel to reply to the customer immediately when clients inquire about information.

Price is also one of the elements impacting the happiness of customers with budget hotels in Malaysia. Local visitors in Malaysia tend to be able to combine service excellence with cheap costs. In Malaysia, as is predicted, tourists from the region prefer to spend less on lodging, therefore budget hoteliers must provide a reasonable price for consumers and the industry standard is always a reference. In order to avoid any uncomfortable expenses with customers the consumer usually feels unhappy with hidden prices, all charges levied should be clearly indicated.

## 5. DATA ANALYSIS & FINDINGS

Chinese public Class-A hospitals, according to most participants, have a bad service attitude and a dearth of emotional support. They often compare private hospitals to those in the Chinese public system. Class-A public hospitals were found to have a service attitude that lagged well below private hospitals and even certain community hospitals with fewer resources.

"The service attitude of public Class-A hospitals is often inadequate when compared to some private hospitals... this is the distinction between public and private hospitals. Public county hospitals and municipal hospitals both have the same customer service approach. It's not looking good at this point."

"Because strong customer service is one of their competitive advantages, private hospitals tend to have superior service attitudes." I'm the 16th respondent.

"Private hospitals place a higher value on compassion. Private hospital doctors and nurses genuinely care about their patients. It provides patients with a sense of security... Patients who can afford it are more likely to go to a reputable private hospital where they will receive quality care and excellent service."

"Group consultations and surgeries have taken place in private hospitals where I have visited. The main distinctions between public and private hospitals are in the service areas, not in the technological aspects... I'm referring about the major, well-established private hospitals."

In addition, respondents asserted that even within the same Public Class-A hospitals, service attitudes varied among medical departments. Respondent asserts this.

Respondents 10 (Plastic Surgery) and 5 (Ophthalmology Department) reported that their departments were more concerned with how patients felt and generally performed a better job in humane concern than other departments due to the relatively early "socialisation." Plastic surgery and ophthalmology's laser centre aren't considered to be part of the basic medical category. They are public hospitals' property, but they operate autonomously, distributing in the manner of socialisation and hiring workers on their own. As a result, in order to compete with for-profit hospitals, these divisions provide greater service to existing clients.

Public Class-A hospitals were rated as having congested and chaotic environments by majority survey participants. They believed that the therapeutic setting and infrastructural development might be enhanced. Respondents generally cited the following issues in relation to the environment:

"Every day, our hospital is overflowing with patients. There are usually a slew of individuals waiting outside of consulting rooms and in the waiting areas. If nurses do not

stop them, some patients will peer inside or walk inside. There is no such thing as privacy here.

The infrastructure is the problematic aspect of the situation. To begin with, parking is a major issue for Class-A hospitals. The bathrooms, particularly on the first level of the outpatient facility, are ancient and filthy. Many little advertisements may be seen on the door of the toilets. A bad first impression of the facility will stick with patients.

For example, there aren't enough road signs, and the signage that is there isn't clear enough. Patients who came from rural areas may lack the curiosity to look for warning signals. Many patients have inquired about the location of the Internal Medicine Inpatient Building or the other buildings, even though the guide-board is not far away.

"The treatment environment has to be updated... the old decorating has not altered much in the last decade which is worse than private hospitals."

## 6. CONCLUSION

There are several limits to this investigation. To begin, the interviews only included healthcare professionals from Chinese Class-A hospitals who had previously worked in Public Class-A hospitals for at least three years, indicating that they had better knowledge of Public Class-A hospitals.

Class-A hospital is far superior. All the healthcare professionals interviewed were elderly, with extensive service histories and high positions. As a result, we risk losing the opinions and viewpoints of junior healthcare workers, who are just getting started. Furthermore, this study only included front-line doctors and nurses who provided their own subjective opinions. Patients and hospital administrators, for example, were left out of this study. Patients and other stakeholders' opinions on Public Class-A hospitals' HSQI can be compared to healthcare professionals' perspectives to see how they compare. Finally, majority of the healthcare professionals questioned worked in a public Class-A hospital in a large city like Guangzhou, Beijing, Shenzhen, or Xiamen. All of China's Public Class-A hospitals are recognised in accordance with rigid national criteria and rules, therefore the study was applicable to the majority of Public Class-A hospitals. However, while each Public Class-A hospital has its own medical skills and operational circumstances, regional factors like as population, regional economic level, and so on might have an impact. Finer study of public Class-A hospital HSQ in different locations will be an important subject for future studies in the future. Class-A hospitals might be distinguished from their peers with more precision if data from other hospitals were compared in a systematic manner. Despite these drawbacks, our research provided valuable preliminary information on healthcare quality in Chinese public Class-A hospitals from the viewpoints of healthcare professionals.

In a conclusion, this study project seeks to evaluate the effects on customer satisfaction in Malaysia's budget hotels among local visitors. In order to evaluate the satisfaction of



the customer among local visitors for budget hotels in Malaysia, the model employed for this research was SERVQUAL, and another independent variable included. This research focuses on the dependability, insurance, tangibility, responsiveness and pricing of hotels in Malaysia, with the exception of empathy, as they relate to customer happiness. The study will benefit future researchers, contractors, service providers as well as government by giving fundamental knowledge to more accurately control their business and operational methods.

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