

Change in Consumer Decision based on Customer Satisfaction in Credence Services: Implication for Service Provider

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Abstract

Purpose: The aim of this research paper is to study the measure the consumer decision on consumer satisfaction in credence services, in terms of the extent of the service provided by service provider and the information sources used.

Design/methodology/approach: A structured questionnaire is used to collect consumers information and a survey was undertaken with patient or relative of these patients (n =201) to examining their practices for a range of credence services.

Findings: Results suggest that higher the consumer offerings increase the consumer satisfaction. However, the consumer persuasion knowledge & provider credibility together forming an offering of decision autonomy leads most important source of credibility.

Research Limitation/implications: The result of this study is based on lucknow, Delhi & NCR area and other previous studies also have suggested other ways to major the satisfaction. It would be useful more strongly whether basic amenities & Initial treatment in hospitals have a significant role on satisfaction.

Originality/Value: The study shows the ways that the information search around basic amenities & Initial treatment in hospitals of credence services have a wide range parameter to increase the service provider credibility. The study result is unique in this area of research and utilizes the importance of credence service for considering the service provider in next set of selections.

Keywords

Customer Satisfaction, Health Services, Credence Service, Decision Authority.

Introduction

Economics of information theory (EIC) says that time and cost are the most critical factor for consumer to evaluate the product's qualities. In 1970 Nelson (Nelson, 1970) has mentioned that product are evaluated before purchase on the basis of qualities and the qualities that can only be evaluated after purchase (i.e. experience qualities). Credence services are mostly considered by the high level of information irregularity and it is mostly determines the consumers requirements by the seller (Mortimer and Pressey, 2013). It is very hard to evaluate the product by the consumer even after trail & consumption (Zeithaml, 1981).

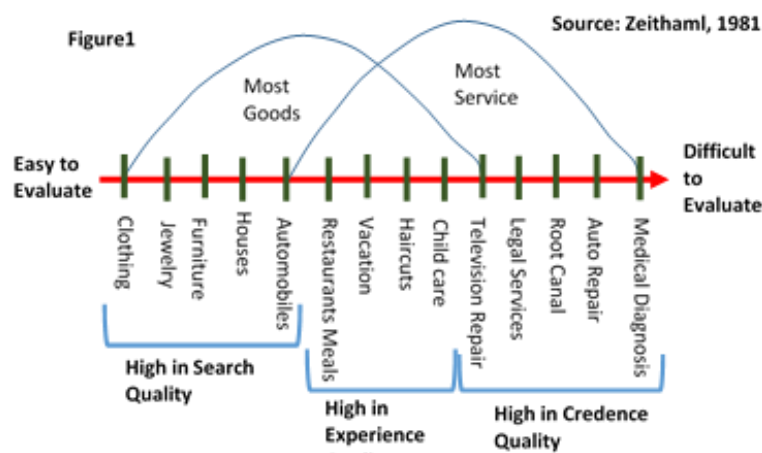


Figure 1

Credence services are those services whose quality is difficult or impossible for consumer to access, even after the availing the service and it became very difficult for consumer to evaluate the customer service like healthcare & professional Services during or after consumption (Darby and Karni, 2008). For example it very difficult to assess the knowledge and expert ices of a physician doctor even after a visit. Credence services are generally associated with high degree of uncertainty because of low knowledge to identify the better value of services that why it become intangible in nature. (Laurent and Kapferer, 1985) It is hard to evaluate the service provider as it depend upon the availability and effective communications (Girard and Dion, 2010). Since health services are very uncertain in nature and have higher risk, they are considered as high credence services.

In the recent time, it was found that the public hospital have increasingly disconnected from the larger people in the context of medicine operates. Government is establishing the public hospital to be made responsive to provide good health needs to the patients but

there is much evidences that these institutions are facing lot of challenges while providing required treatment to the patients. We may call these problems are more as structural problem rather functional problem. It is more required as public sector healthcare should have to continue to serve to public for a long time in order to provide a range of healthcare services to fight against emergency challenges and provide affordable healthcare services for curative and preventive care.

Generally it was observed that patient take helps healthcare companies and individuals, family member or relative to seek information to find the good hospitals where they can get good treatment of the disease. In Indian context, health issues are becoming stressful as patients are often worried about their health condition as they are not financially sound and this is leading to strain them to consult with health service provider. While engaging any healthcare service provider patient expect more care along with the affordable treatment. During this journey oc treatment patients are experiencing many touch points and interaction between them and service provider. This end-to-end customer experience will translate into a customer's perception about the quality and value care of treatment provided by the institutions and that can be opportunities for the service provider considering patient as influencer.

In the past many concept of the study around decision making between service provider and consumer have been projected and the limited literature of the qualitatively studied in the healthcare are available in experiential nature which have contribution about choice establishments of consumer in credence services. The main source of the customer satisfaction in credence services is predominantly based on service provider interaction (Dagger et al., 2007; Joon Choi and Sik Kim, 2013; Zeithaml, 1981).

This paper is mainly divided in to nine sub section to touch upon all the required parameter of the paper and these section are as follows.

- Introduction
- Conceptual background and hypotheses
- Methodology
- Measures and Analysis
- Related work
- Findings
- Discussion And Conclusion
- Implications of the Study
- Future Research & Limitation of the study

- And reference & Annexure

Conceptual Background and Hypotheses

In healthcare field, shared decision making based on consumer decision authority is intensively debatable and giving limited independence decision to the patient (Charles et al., 1997). The course of action have been discussed between doctor and patient or patient relatives in the establishment of healthcare that fit patient preference in best ways. The services consumer is not a directed receiver of a service but his involvement is direct while making a decision (Cribb and Entwistle, 2011). Although, theoretical problem of credence services on shared decision making deals with mainly their decisions and practices are not well described and it does not forcing toward positive patient evaluation (Churchill Jr and Surprenant, 1982; Nelson, 1970).

This study will help us to understand consumer's evaluation parameter about credence services through comparison of their service experience. More precisely, portray the benchmark of involvements, searching for information and utilizing the information in better ways, we draw the following conclusions

- At what level consumer involve in comparing the services before selecting the service provider
- Does the buyer of credence service engage more extensively in information search
- The degree of influence of different parameter to judge the services quality.

This research paper would be helpful for number of reasons. Initially, as health services are very difficult to evaluate being intangible in nature, all the insights are providing an improved understanding to these consumers to find out influencing factor in during the evaluations. We would also capable to draw the weightage of factors which consumer can use for assessments of credence services.

Now, we can conclude that when a service provider is thinking to provide better services to increase the consumer perception toward holding the decision in the favor of service provider, a positive satisfaction among consumer is generated towards service provider and satisfaction with service encounter. We have framed the following hypotheses.

H1. Credence service acquisitions will be associated with perception about amenities available with hospital

H2. Credence service acquisitions will be associated with perception about initial treatment given by hospital

H3: Credence service acquisitions will be associated with perception about process of treatment of in-patient treatment

Methodology

The context of the study was to find out the chance of selection of services provider in next purchase. Random approach was used to collect the data through face to face interview and survey was conducted in Lucknow, Delhi & NCR, city situated in northern part of India. Reason behind choosing these cities are emerging as metropolitan city, educational & business hubs and also fascinating population of neighboring towns for healthcare, employments and education. One of the reason for selecting these two cities was that month these two cities, one is the metro city and capital of India and second is the 'A' category town, so the sample was the representation of both high class & middle class type of the cities. An English language structured questionnaire with pretested measures was used to collect the data with the respondents. To select the right respondents in this study the person itself admitted in the hospital or he or she personally involved in all the process of hospitalization to discharge of the patient with in one year of the time duration when the responses were collected. Random sampling method was employed to solicit the responses. It was difficult to get all the patient as a respondents that's why the person who involved during treatment of patient by taking care of the patient. Therefore, few responses also captured through convenience sampling as well in this study. However, it was ensured during the collecting the data responses should be covered from different regions of the city such as government hospital patient, private hospital patient and different age group people along with engaged in different occupations.

To ensure the higher change of getting the proper response from respondents and enhance the probability of including different type of consumer and to overcome the limitations of convenience sampling to some extent researchers have collected the data in different time of days. The questionnaire was converted in electronic form to minimize the error of recording the answer and the dooblo was used as data collation platform. However some data also collected through Google form and used to arrive a total of sample 201 respondents. In the questionnaire declaration was clearly mentioned that the information captured during the interview and the information shared by the respondents during this study will only be used for educational purpose and any point of time if any participant don't want to participate in the survey or do not want to disclose any personal information he or she can terminate the interview. No monetary incentive or gift of credit vouches were offered to the respondents and all the participants in this survey was voluntary.

During this study a total of 210 responses were captured and 201 were found appropriate for the study and used during the final analysis. The sample consisted of 90% male and 10% of females. The responses collocated from different educational & Professional background, where 53% of the respondents reported a 10th standard as education, 25 were intermediate, 10% were graduate and 11% were reported their education as postgraduate. Distribution of the sample population was found into different age groups, where in the age group of 18-25 years 11% of the respondents found, 64% of the respondents were in the age group of 26-35 years and rest of 25% respondents were in the age group of above 35 years. The sample was also covered from different working class, where 36% of the respondents were students, 37% respondents were from salaried class, 20% of the respondents were from daily wage earner and remaining 7% of the respondents were house maker. The average age of 36 year was found and sample reflects the population of the study that 63% respondents were visited private hospital for treatment. However, this trend may not be universal as the data was collected from only some select cities Lucknow, Delhi & NCR in India. Therefore if the survey was conducted in multiple cities then by achieving higher representative sample we could have been acquired more significant analysis however to cover vast geography of India, time and cost were major constraints.

Measures and Analysis

The similar scales are already teased in previous literature in similar context and used while preparing the questionnaire. To measure the subjective knowledge (Flynn, 2009) have similar scale was adopted. Social outcome confidence was also measured by Clark et al. (2008) using the scale given by Bearden et al. (2001). During the study we have measured the intention rather than actual behaviors. Furthermore, we also found that some researchers have also used a similar method (Bearden et al., 2001; Utkarsh et al., 2019). 5 point likert scale was used to measure the agreement and disagreement of the respondents, where 1 indicates “strongly disagree” and 5 indicates “strongly agree.” A pilot study was conducted with 15 respondents to ensure the lucidity of questions and unambiguity of the survey toll structure. Some minor correction in the toll was done to enhance the readability of the questionnaire. After a few minor modifications, the questionnaire was rolled out in the target respondents to capture the actual response. To test the reliability of the data Chronbach’s alpha reliability test was performed and it was observed that all coefficients the scales ranged between 0.7 and 0.9 (Table 1). Structural equation modelling was used for maximum likelihood estimation and to test the measurement and structure model. The advantage of using structural equation modelling is that we can analyzed a series of dependent relationship in a single model. Both independent and

dependent variable can be analyzed in a structural model. The adequate fit and parameter estimates was first tested through measurement model and used to test the proposed hypotheses. To analyze the data software packages like Statistical Package for the Social Sciences (SPSS) version 21 and Analysis of Moment Structures version 20 were used.

Related Work

This is indication to support that services are producing a different category of buying behavior that other service area. Very few empirical studies results are showing the result which support this statement. The result of studies conducted by (Ostrom and Lacobucci, 1995) shows that selection of credence services have more importance on continuous quality (Rossiter and Percy, 2013) rather than price sensitivity. (Garry, 2007) recognized that buyers deal with higher level of risk by paying good amount of time during searching for information while searching credence services than consumers of experience. Same way (Andaleeb, 2001) observed that the for both experiential and credence services high level of involvement found on external search on some credence services and have very low on some other services.

Indian healthcare sector eco system includes 18% of outpatient and 44% of inpatient care. Some data points in Indian health scenario shows that middle and upper are using government health facilities less than the people who are living in lower standard. Being second largest population country it is expected that healthcare facility should be available at affordable rate and at the reach of every individuals. To support the healthcare facility along with the government many private player are also contributing significantly by providing the good healthcare facility but these services are currently available with higher prices. As mostly healthcare facilities determines the consumers requirements by the proving good services by service provider (Mortimer and Pressey, 2013), it is very critical to assure the good services should be delivered by the service provider. To control the service variation along with the price of services provided, such as government hospital & private hospital services, during the study a situation related to chance of visit the hospital again based on their perception and experience they have observed during the visiting the hospitals or taking the services was given to the respondents. Respondents were asked to rate their chance of visit in same hospital next time whenever they required the healthcare services for them or their family members and they have good amount of time for information search and alternatives assessment.

Proving a high quality, affordable health care service is a difficult challenge for the service provider, due to complexities of health care service, investigation and interruptive

usage, cost of health services. Considering all these problems it is very crucial to find about day by day basis new technologies and innovation to provide affordable healthcare services. In the field of health services and research multidisciplinary approach has been taken to strengthen the treatment of disease with proper care and affordable cost. The purpose of this paper to give a clear understanding to service provider that how the decision making of patient is start and finally become a strong believe about the service quality have been offered by a service provider.

Findings

TO test the hypothesis 2 confirmatory factor analysis was used and shows the acceptable result as an outcome for the structure model which chi-square value 3.217 at 1 degrees of freedom. To show the higher level of significance a large sample size is required (Anderson and Gerbing, 1988) as it prone to higher sample size and at low sample size it is not a crucial parameter.

Table 1 Results of Reliability Statistics (Source: Authors Survey Responses)

	Item wise Mean	Item wise Std. Deviation	Cronbach's alpha
Reliability Statistics			0.843
Time take in attending patient	3.70	1.193	
Nurses listen carefully	4.16	1.081	
Nurses treat with courtesy and respect	3.61	1.315	
Nurses explain things in an understandable way	4.09	.795	
Doctors listen carefully	3.98	1.129	
Doctors treat with courtesy and respect	4.13	1.018	
Doctors explain things in an understandable way	3.88	1.020	
Enough time to discuss medical problem the doctor/health officer or nurse	3.46	1.292	
Given information in an understandable way regarding symptoms or health problems	3.78	.987	
Chances of visit again	3.44	1.330	
Reliability Statistics			0.87
Time take in allotment of bed/ room	3.24	1.320	
Pain was well controlled	4.33	.885	
Staff explained what medication was for	4.25	.953	
Staff did everything they could to help with pain	4.44	.893	
Nurses treat with courtesy and respect	4.38	.786	
Nurses listen carefully	3.39	1.330	
Nurses explain things in an understandable way	3.70	1.193	
Visits of doctor was regular	3.82	1.019	
Doctors listen carefully	3.61	1.315	
Doctors treat with courtesy and respect	4.26	.862	
Outpatient department was clean	3.98	1.129	
Bathrooms/latrines were clean	3.84	.958	
Chances of visit again	4.29	.887	

The model fit were observed, that indicate a satisfactory fit which have Goodness of fit Index (GFI) = 0.998, Root Mean square error of approximation (RMSEA) = 0.103, Comparative Fit Index (CFI) = 0.993, and IFI = 0.995, the data shows the adequately model fit (Figure 2). As per convergent validity all standardized loadings are giving the results significantly (Table 1). Results shows that all loadings having the value more than 0.50, and majority of them were above 0.70-factor loading requirement (Hair et al., 2012) and this clearly shows that we have achieved the recommended criterion of 0.50. As per the result all loadings were standardized & significant as required for convergent validity (Table 2).

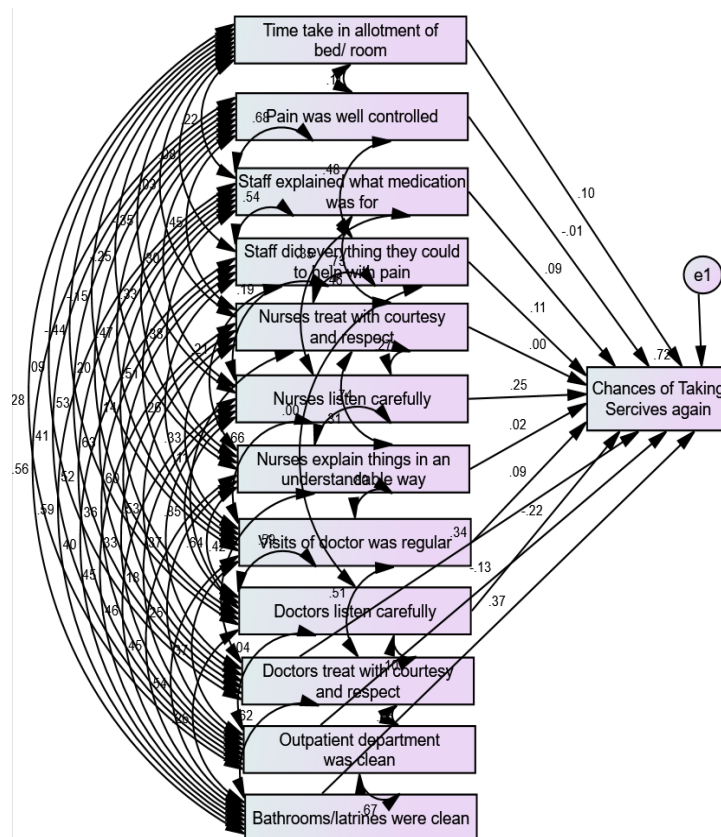


Figure 2 (Source: Authors Survey Responses)

This output shows that the consumer is positively relate all the parameter while selecting the credence service provider. Almost all the factor loading are positively contribution toward chance of visit and the estimated R square value .79 is also proving the relation very signification proving the hypotheses number two. This relation means that consumers who are perceiving the service provider is proving the service can make socially acceptance among the consumer. Although some insignificant relationship exist between duration of getting relief from problem and chance of taking services from the institution again.

Table 2 Variances: (Group number 1 - Default model) (Source: Authors Survey Responses)

	Estimate	S.E.	C.R.	P	Label
Staff explained what medication was for	.863	.087	9.873	***	
Staff did everything they could to help with pain	.782	.079	9.891	***	
Nurses treat with courtesy and respect	.609	.061	9.919	***	
Nurses listen carefully	1.818	.173	10.499	***	
Nurses explain things in an understandable way	1.446	.140	10.294	***	
Visits of doctor was regular	1.044	.103	10.130	***	
Bathrooms/latrines were clean	.885	.090	9.842	***	
Outpatient department was clean	1.190	.119	10.010	***	
Doctors listen carefully	1.758	.171	10.294	***	
Doctors treat with courtesy and respect	.720	.073	9.847	***	
Time take in allotment of bed/ room	1.680	.171	9.842	***	
Pain was well controlled	.759	.077	9.847	***	
e1	.214	.021	10.000	***	

After measuring the fitness of first structure model the fit for the second structure model was tested by using the structural modeling equation. The Chi-square value is 7.653 at Degrees of freedom 1 and it will be considered significant as per the (Kline and Berardi, 2005). The model fit were observed, with Root Mean square error of approximation (RMSEA) = 0.182, Comparative Fit Index (CFI) = 0.995, and IFI = 0.995, representing that the model fit adequately (Figure 3). As per the result all loadings were standardized & significant as required for convergent validity (Table 3).

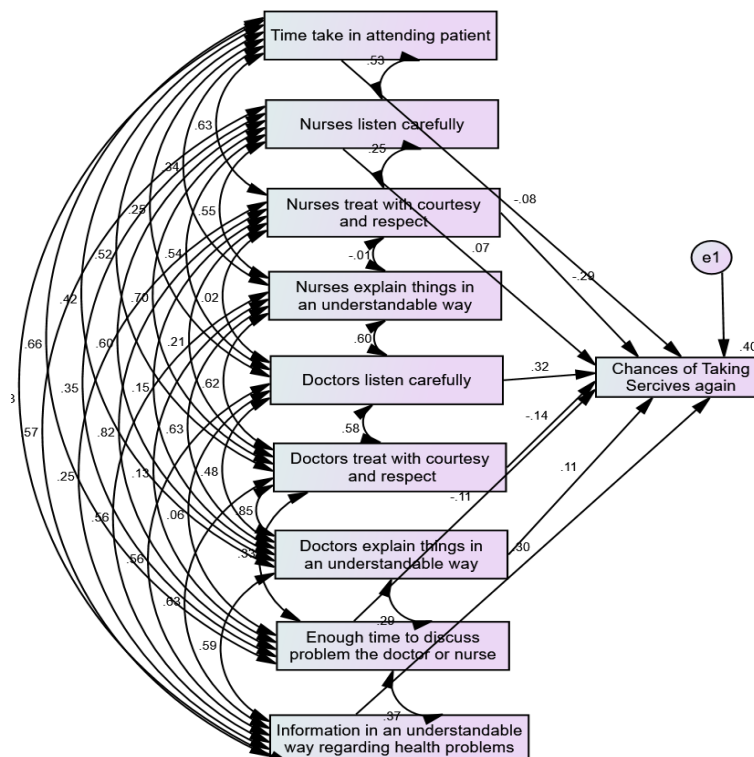


Figure 3 (Source: Authors Survey Responses)

This output also supporting the same as previously and outcome of the model clearly shows that consumer is positively related to selecting the services next time as per their past experience with the service provider. This model is clearly supporting the hypotheses number 3 that if process of treatment is satisfactory, consumers will have higher tendency for selecting the service provider again for the services.

To test the first hypothesis, we have used the methodology suggested by (Preacher and Hayes, 2008). To evaluate the standard error of the basic amenities present with the service provider on the relation between reconsideration of the service provider, bias-corrected bootstrap confidence intervals was calculated (Table 4). 95% confidence interval did not include zero (Lower bound = 0.355 and Upper bound = 3.214, $p < 0.05$) shows the indirect effect was significant. This transformation indicated that availability of the basic amenities in the healthcare institution fully intervened the relation between consumer and service provider, supporting the first hypothesis.

Table 3 Means: (Group number 1 - Default model) (Source: Authors Survey Responses)

	Estimate	S.E.	C.R.	P	Label
Time take in attending patient	3.697	0.084	43.941	***	
Nurses listen carefully	4.164	0.076	54.629	***	
Nurses treat with courtesy and respect	3.607	0.093	38.882	***	
Doctors listen carefully	3.975	0.08	49.923	***	
Doctors treat with courtesy and respect	4.134	0.072	57.563	***	
Doctors explain things in an understandable way	3.876	0.072	53.894	***	
Enough time to discuss medical problem the doctor/health officer or nurse	3.458	0.091	37.94	***	
Given information in an understandable way regarding symptoms or health problems	3.776	0.07	54.228	***	
Nurses explain things in an understandable way	4.09	0.056	72.935	***	

Table 4 Bootstrap for Coefficients (Source: Authors Survey Responses)

Model	B	Bootstrap ^a				
		Bias	Std. Error	Sig. (2-tailed)	BCa 95% Confidence Interval	
					Lower	Upper
(Constant)	1.641	0.035	0.727	0.021	0.355	3.214
Availability of Help Desk	0.256	-0.008	0.114	0.019	0.026	0.455
Information at Help Desk	-0.122	-0.001	0.146	0.408	-0.393	0.177
Hospital waiting area & reception was kept clean	-0.108	0	0.127	0.382	-0.368	0.139
Surrounding area was kept quiet	0.109	-0.002	0.129	0.409	-0.146	0.352
Outpatient department was clean	0.304	0	0.14	0.034	0.016	0.595

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Discussion and Conclusion

This study intended to find out the influencing factor of consumer while selecting the service provider during next service requirement as per their satisfaction of the service availability and requirements of that service. The responses gathered from the patient or their family relatives were analyzed using structural equation modeling and we captures that gaining confidence positively among consumer the basic amenities like Availability of Help Desk, Information at Help Desk, Hospital waiting area, reception, Outpatient department should be clean and Surrounding area should be kept quiet because consumer with high preference of hygiene can motivate consumer to refer other patient to select the service provider. The services of these types are particularly have more interest due to the low level of the availability and complexity while evaluation during pre and post-purchase (Zeithaml, 1981)

In order to understand the second set of credence parameters about the initial treatment given the hospitals our analysis result also fevering the chance of selection of the service provider is positively related with their satisfaction level of the treatment process they observed during the past experiences. While finding out the relation between these parameters with the chance of selection service provider during next section through structural equation modeling all the parameter related with the initial treatment like Time take in attending patient, Nurses listen carefully, treatment given by Nurses with courtesy and respect, explanation of the things by Nurses in an understandable ways, Doctors listen carefully, Doctors treat with courtesy and respect, explanation given by Doctors in an understandable way, Sufficient time given during the discussion for medical problem ny doctor/health officer or nurse and providing information in an understandable was found positively contributing towards deciding the service provider.

Third result should be also understood in the perspective with the culture of healthcare, where people particularly emphasize on the process of treatment of patient. Furthermore, sitting up the market scenario where a diversified service provider exist and number of service provider growing very fast, during first instant consumer gather the information about the service provider and as the resultant of the study are more valuable in context with healthcare sector. However the study was limited to small geography of India and we could not gathered the data from all the measurements. India has huge geographical spread and different socio economic diversification. The sample represent somewhat higher private hospital patient data along with middle aged respondent's views. A sample from more diverse geography & demography will be more helpful in while validating the results.

Implications of the Study

The result of the study are highly relevant for the service providers that consumer recognition is very important for becoming first choice of the consumer. Consumer depend more on the opinion of the others in healthcare but the knowledge of their friends, relatives and past experience of the consumer plays an important role. This would be more rationalized in today's scenarios and secondary information value on the internet through views of the patient is also one of the decision making factor.

The findings of the study have instant implication for the service provider who are working in this domain. The results of the study are indicating to service providers that they required to confirm that these service are working collectively to provide a good reputation among consumers. The sales force deployed by these service provider is key component in this domain but in spite of availability of these services, no service provider can sustain in long run. The staff must be well skilled not in terms of delving the service but also able to provide the better consumer experiences where consumer is anticipating the risk by proving rational resources like features and evidence, or more emotional connects by building a trustworthy image.

Future Research & Limitation of the Study

Inspire of offering several insights in the study, it also has few limitation. Firstly the study was conducted in limited geography along with three dimension of the hospitality services basic amenities availability, initial treatment and process of in outpatient procedure with administration policy and therefore attempt to include more dimension in future research should made such as quality of equipment's available with the institution, capabilities & knowledge of the doctors which could influence the consumer while selecting the service provider. Secondly the data were collected from two cities of northern part of India and India is immense country has 35 states including union state has vast diversity. Thirdly the relationship between service provider and consumer has been tested on only serviceability of the institution and study did not cover any specialty parameters in to the study. Hence it would be well-meaning to test the model fitness in other context of the services.

In future researches, researchers should consider all other healthcare parameter in consideration and dissemination. This study can be confuted an experimental study, which can be drawn by utilizing the knowledge of the respondents and increasing the confidence level to get more robust result compared to current study. Future researcher can use some

other factor related to brand image, consumer behavior and consumer confidence to examine the effect of subjective knowledge.

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