PRIVATE HEALTH INSURANCE DEMAND IN KOSOVO: VALUE, TRUST, AND SERVICE QUALITY

Kaltrina BAJRAKTARI[1], Irina JOLDESA[1]

[1*]*St Klement Ohridski, Faculty of Tourism and Hospitality, North Macedonia*
[*]*Corresponding author e-mail: Irina.joldeska@uklo.edu.mk*

Abstract

Health insurance contributes to healthcare as well as to financial protection, and this applies to both public and private insurance. Although in some countries, such as Kosovo, public health insurance is currently not implemented, the use of private health insurance also remains low. This study examines the relationships between the perceived value for the money that needs to be paid and the intention to obtain insurance, while also identifying the role of trust and perceived service quality. A quantitative survey with 205 respondents was conducted in the study, using a Likert scale with several statements and ordinary least squares (OLS) regression analyses. The findings show a positive association between perceived value for money and the intention to obtain insurance, while trust in the insurer and perceived service quality were positively associated with perceived value.

Keywords: Private health insurance; insurance demand; perceived value; trust; service quality

1. Introduction

Private health insurance has an important role in financing healthcare and in the economic protection of citizens (Purcel et al., 2023). From an economic perspective, the demand to be insured in the private health insurance system is associated with the way citizens evaluate the benefits of this insurance in relation to the expenses they have without paying for this insurance, that is, how they perceive the value of being insured in relation to the money they have to pay (Tam et al., 2021).Therefore, this is an analysis based on citizens' trust in this system and on the monetary and qualitative benefits they may receive. In Kosovo, this market, namely the private insurance market, in the absence of an operational of a public health insurance system, has been considered to have relatively low demand from citizens, resulting in limited development of this market and raising the need to better understand this limited market development, a need that will be studied in this paper (UNDP, 2024; Central Bank of the Republic of Kosovo, 2025).

A key point of this issue is how citizens perceive the value of the money in relation to the service they could receive. What citizens evaluate is whether the expected benefits from insurance, financial coverage, access to healthcare services, as well as the provision of services, justify the amount of money they would pay (Chen et al., 2022). Therefore, it is very important to emphasize that not only the perceived value for money is an indicator of obtaining private insurance but also trust in the insurer and expectations regarding the quality of services (Gün, 2025). Although private health insurance has become an increasingly relevant segment of Kosovo's insurance market, empirical evidence remains limited regarding how citizens evaluate private health insurance, particularly in terms of perceived value for money, trust in insurance companies, and expectations regarding service quality (Central Bank of the Republic of Kosovo CBK, 2025; Maljichi et al., 2022). In line with this, this study examines how demand for private insurance functions in Kosovo, specifically by assessing the relationship between perceived value for money and the intention to obtain insurance, as well as trust and perceived quality of private health insurance services among citizens of Kosovo. In the survey conducted with a total of 205 respondents, a quantitative cross-sectional design was applied, and descriptive statistics, reliability testing, correlation analysis, and regression models were used. Kosovo adopted a new Law on Compulsory Healthcare Insurance in 2026, which provides for the gradual introduction of the covered benefit package over a maximum period of five years

(Assembly of the Republic of Kosovo, 2026). Payment will be made 50% by the employer and 50% by the employee, while for other categories that are not employed, or are self-employed, students, etc., there are specific adaptation frameworks because payment is mandatory. Therefore, citizens who until now have chosen private health insurance make Kosovo a distinctive study context, because citizens' demand for private health insurance is completely voluntary, and this helps identify how individuals evaluate alternative mechanisms for financing healthcare. At this point, perceived value, citizens' trust in insurance companies, and perceived service quality play an important, or definitive, role in citizens' willingness to purchase or repurchase private health insurance. The contribution of the study to the literature is in several forms, initially by providing empirical evidence on demand for private health insurance, which is not widely studied in South-Eastern Europe and has not been studied at all in Kosovo; then, it determines how the relationship between perceived monetary value and consumers' intention to have private health insurance is structured; and finally, it determines how trust in insurers and perceived service quality influence the value perceived by the citizen. Identifying these relationships provides a framework for understanding which decisions influence private health insurance in Kosovo.

2. Theoretical Background and Literature Review

2.1 Private Health Insurance Demand in Kosovo: Health insurance in Kosovo is relatively underdeveloped (World Bank, 2023). Public health insurance has not yet been fully operationalized; in fact, 2026 is the year when the law on public health insurance was reformed and approved, while private health insurance has historically had low levels of use among citizens, highlighting the limited development of this market, but not a low potential for its development (Central Bank of the Republic of Kosovo, Financial Stability Report; BIS Review). Based on this potential, the importance of understanding the demand side of private health insurance arises, by identifying the factors related to citizens' willingness to purchase and maintain insurance coverage (Parasuraman et al., 1988; Zeithaml, 1988; Gün, 2025).
In Kosovo, families that wish to rely on private health insurance may generally rely on faster access and perceived quality. It is very important to identify what influences consumers to perceive private health insurance as a worthwhile investment for their money, namely a relationship in which citizens benefit based on what they pay and what they receive. The findings of this study help insurers and policymakers understand which factors influence the creation of this positive perception toward private insurance companies in order to increase willingness to purchase or repurchase insurance.
From the literature review, in the study of Zheng et al., 2025, findings show that misunderstandings related to risks and costs contribute to poor decision-making regarding the purchase of insurance (Zheng et al., 2025). In 48 studies published between 2014 and 2023, the literature review identified a wide range of reasons influencing the outcome, namely influencing the decision to purchase insurance, with the intention to obtain insurance being the most prominent. The same review also highlights the geographical concentration of previous research, mainly in China, the United States, and India, and calls for more evidence from underrepresented contexts, supporting the importance of examining intentions to obtain private health insurance in Kosovo (Zheng et al., 2025).

2.2 *Perceived Value for Money and Insurance Demand*: Perceived value for money refers to the overall assessment that someone makes of a benefit, service, or product they will receive, analyzing how reasonable the payment they will make is in order to obtain that benefit, service, or product (Blut et al., 2024). When it comes to private health insurance, the included benefits are financial coverage, access to healthcare, support in services, and a sense of security, while

the payment includes premiums, copayments, time and effort, and the financial obligation that must be given to the company in order to receive this service (Zurynski et al., 2021). This conceptualization follows the perceived value framework, in which value reflects the relationship between what consumers receive and what they give up (Zeithaml, 1988; Dodds et al., 1991).
The intention to obtain health insurance is the willingness of an individual to purchase or repurchase private health insurance. In this study, the intention to obtain insurance is used as an empirical indicator of demand for private health insurance and not as a measure of the realized behavior of purchasing insurance. Behavioral intention is commonly treated as a proximal antecedent of actual behavior (Ajzen, 1991). In line with this, the study examines whether consumers who perceive private health insurance as providing greater value for money also report stronger intentions to purchase or renew insurance coverage (Zeithaml, 1988; Zheng et al., 2025).

2.3 Trust and Service Quality as Drivers of Perceived Value: The literature review strongly supports that perceptions based on trust and positive evaluations of services and private insurance companies have a vital role in shaping citizens' willingness in the decision to enroll in insurance (van der Hulst et al., 2023). In their study, Zheng et al. (2025) explain the factors related to the creation of trust in these insurance companies and highlight how customer satisfaction influences decision-making and the intention to obtain health insurance. This fact supports the focus of this paper, where trust and perceived quality have an influence on the purchase of private health insurance. When someone pays for health insurance, its use is not guaranteed; consequently, the person does not know whether or when they will use that insurance (Adjei-Mantey & Horioka, 2023). Someone may pay every month or for years and receive the benefit of the insurance much later at a certain moment, and for this reason trust in the company is very important (van der Hulst et al., 2023; Lambregts et al., 2021). Trust that the company will take responsibility for its payments is very important for those who pay, who will pay, or who will repurchase the insurance (The Geneva Association, 2019; Goold et al., 2006). If the citizen trusts the private insurance company, they also have fewer doubts that the money they are paying is not worth it; consequently, they consider it as a positive perceived value for the money they will pay for the insurance, because they believe that the company will fulfill its obligations (Morgan & Hunt, 2021). Findings from other studies show that the more the citizen trusts the insurance company, the greater their willingness to repurchase private health insurance (Gün, 2025; Zheng et al., 2025).



Figure 1. Conceptual pathway from trust in the insurance company to private health insurance purchase or renewal intention.

Perceived service quality. Service quality is the way in which a citizen evaluates the service they have already received or expect to receive from the insurance company. The better and more satisfactory the service appears, the more the positive perception of the service or product increases, thereby increasing its value (Nguyen et al., 2021). Service quality is multidimensional, as also defined by the SERVQUAL model; therefore, it is an individual way in which the citizen experiences the performance of the service (Parasuraman et al., 1988). In the specific case of private health insurance companies, citizens can evaluate the quality of the service by judging the company's accessibility, the ease of communication with it, how clear the information is, how quickly they cooperate with citizens, how quickly they provide financial support, etc (Tindyebwa et al., 2023). If these services possess these characteristics,

then the company is considered worth the money that the citizen pays and may influence an increase in willingness to purchase or repurchase the insurance (Tam et al., 2021; Gün & Söyük, 2025).

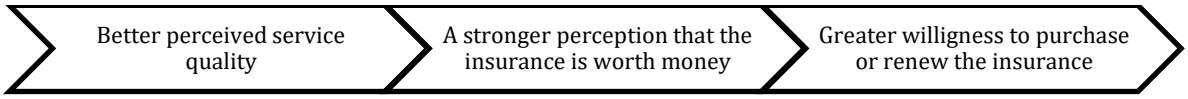


Figure 2. Perceived Service Quality and Insurance Uptake Intention

2.4 Conceptual Framework and Hypotheses: The study develops a conceptual model by attempting to identify why a citizen has or does not have the willingness to purchase or repurchase private health insurance. Initially, the primary idea is whether the citizen evaluates that the insurance is worth the money they will pay, by comparing the benefits they receive with the cost they have. In situations where the citizen considers the benefits greater than the cost, they are more likely to have the intention to purchase or repurchase the insurance. Perceived value for money is therefore influenced by how much the citizen trusts the company and how they perceive the quality of the service that the company provides or is expected to provide. Figure 3 presents the conceptual framework of the study, which explains the flow of the study. (Zeithaml, 1988; Parasuraman et al., 1988; Dodds et al., 1991; Gün, 2025; Zheng et al., 2025).



Figure 3. Conceptual Framework of the study

Hypotheses

Accordingly, the study tests the following hypotheses:
H1: Perceived value for money is positively associated with private health insurance uptake intention
H2: Trust in the insurer is positively associated with perceived value for money
H3: Perceived service quality is positively associated with perceived value for money

3. Methodology and Analytical Approach

3.1 Study design and setting: This study uses a quantitative survey design to analyze and measure perceptions and intentions related to the purchase of private health insurance in Kosovo. The questionnaire is structured to collect standardized responses related to the perceived value for the money that must be paid for insurance, the decision to purchase insurance, trust, and citizens perceived quality of private health insurance. The study assesses the relationship between the variables and not a cause-and-effect relationship. The intention to obtain insurance, namely the decision to purchase insurance, was used as an empirical factor of demand for private health insurance.

3.2 Participants and sampling: A non-probability convenience and snowball sampling approach was used to recruit participants. The data were collected by distributing an anonymous questionnaire through community channels, where adults (≥18 years) residing in

Kosovo were eligible to participate, whether they had private health insurance or not, and as such intended or did not intend to purchase private health insurance. Taking into account the number and the participants, the sample is considered and interpreted in this study as an exploratory sample. The questionnaire began with an informed consent statement, and no personally identifying information was collected. After checking the completeness of the responses, a total of 205 complete responses were included in the analysis.

3.3 Questionnaire and measurement scales: In the structured questionnaire, closed-ended questions were included using a 5-point Likert scale, where 1 = strongly disagree and 5 = strongly agree. To enable the assessment and construction of indicators and the performance of statistical tests, it was decided to include the Likert scale, which is widely used to measure the intensity of the attitudes and perceptions of the citizens of Kosovo in this study. The constructs were: perceived value for money (4 items; value-for-money) (Zeithaml, 1988; Dodds et al., 1991), intention to obtain insurance (2 items assessing purchase or renewal intention) (Ajzen, 1991), trust in the insurer (3 items) (Gün, 2025), and perceived service quality (5 items; informed by SERVQUAL) (Parasuraman et al., 1988). Before analysis, response labels were standardized to ensure consistent coding of the five-point Likert categories.

3.4 Variables and operationalization: For the statistical analysis of the responses provided, the average of the responses was calculated for each concept, which specified the overall result for the person who completed the survey and for the specific question. This was done for all concepts and questions, for each respondent. Cronbach's Alpha was then used to check whether the questions measuring the same concept were consistent with each other and to ensure that the results were as accurate as possible. For example, for the same concept, Cronbach's Alpha analyzes whether the responses are moving in the same direction. The variables are divided according to the role they have in the analysis. *Primary outcome variable*: Private health insurance uptake intention, measured as a continuous composite score and used as the empirical indicator of private health insurance demand (Ajzen, 1991). *Key explanatory variable*: Perceived value for money (continuous composite score) (Zeithaml, 1988; Dodds et al., 1991). *Additional explanatory variables:* Trust in insurers and perceived service quality, both measured as continuous composite scores. (Parasuraman et al., 1988; Gün, 2025).

3.5 Statistical analysis: The study analyses include descriptive statistics, Cronbach's Alpha for testing internal consistency, Pearson correlation, and ordinary least squares (OLS) regression. For the regression analysis, there are two models: Model A, which examines the relationship between perceived value for money and the intention to purchase private health insurance, while Model B examines the relationship between trust in the insurer, perceived quality, and perceived value for money.

Model A : Uptake intention = $\beta_0 + \beta_1$(Perceived value for money) + ε

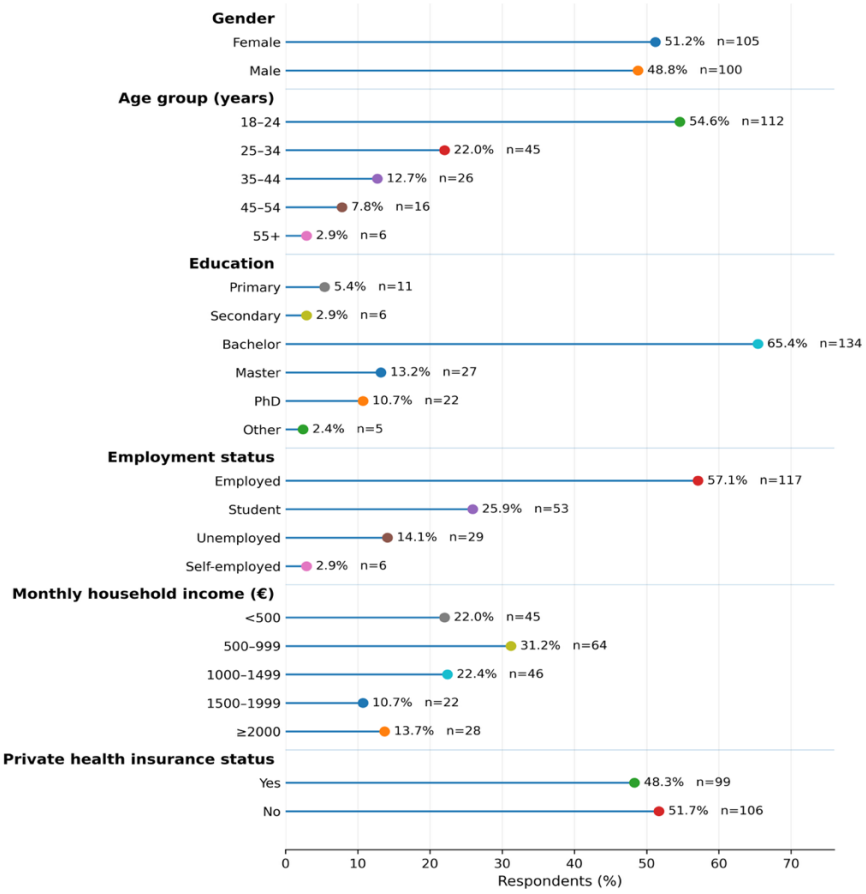
Model B : Perceived value for money = $\beta_0 + \beta_1$(Trust) + β_2(Service quality) + ε

Prior to estimating Model B, Pearson correlation coefficients and multicollinearity diagnostics were examined. Variance Inflation Factor (VIF) and tolerance statistics were used to assess potential multicollinearity between trust and perceived service quality. VIF values below 5 and tolerance values above 0.20 were considered indicative of the absence of problematic multicollinearity. Heteroskedasticity-robust standard errors (HC3) were used for the regression models to provide inference that is robust to potential heteroskedasticity.

4. Results

The study results are presented in three parts, across several tables. In the first part, Table 1 presents the characteristics of the sample. In the second part, Table 2 presents the descriptive statistics and reliability of the study constructs. In the third part, Tables 3, 4, and 5 present the correlation and regression analyses. Of the 205 respondents, 51.2% were female and 48.8% were male. More than half of respondents were aged 18–24 years (54.6%), followed by those aged 25–34 years (22.0%). The majority reported a Bachelor's degree (65.4%), and 57.1% were employed while 25.9% were students. Regarding monthly household income, the most common category was €500–999 (31.2%). Nearly half of respondents reported having private health insurance (48.3%) (Table 1).

Table 1. Sample characteristics (N=205)



4.2 Descriptive statistics and reliability (Cronbach's alpha): Mean scores for the study constructs were in the moderate range of the 1–5 scale among respondents (N = 205): Perceived value for money (M = 3.37, SD = 0.76), private health insurance uptake (enrollment) intention (M = 3.33, SD = 0.91), trust in the insurer (M = 3.36, SD = 0.76), and perceived service quality (M = 3.42, SD = 0.70) (Table 2). Internal consistency reliability was high across all multi-item scales. Cronbach's alpha values were 0.894 for Perceived value for money, 0.821 for uptake intention, 0.906 for trust, and 0.927 for service quality, indicating good-to-excellent reliability of the measurement instruments (Table 2).

Table 2. Construct descriptives and reliability

Construct	Items (k)	Mean	SD	Cronbach's alpha
Perceived value for money (PV)	4	3.37	0.76	0.894
Uptake intention (UI)	2	3.33	0.91	0.821
Trust in Insurer (TR)	3	3.36	0.76	0.906
Perceived Service Quality (SQ)	5	3.42	0.70	0.927

Note: Scale range: 1-5. Higher scores indicate higher levels of the construct.

Table 3. Correlation between Trust and Perceived Service Quality

Variables	1	2
Trust (TR)	1	0.777***
Service Quality (SQ)	0.777***	1
Note: *** p<0.001		

Trust and perceived service quality were strongly and positively correlated (r = 0.777, p < 0.001). Multicollinearity was further assessed using VIF and tolerance statistics.

4.3 Regression results (main models): In Model A, uptake intention was regressed on perceived value for money (Table 5). Perceived value for money was strongly and positively associated with uptake intention (B = 0.770, robust SE = 0.052, β = 0.637, 95% CI [0.667, 0.873], p < 0.001). The model explained 40.6% of the variance in uptake intention (R^2 = 0.406, adjusted R^2 = 0.403; robust F(1, 203) = 215.67, p < 0.001). Overall, these findings support H1. In Model B, perceived value for money was regressed on trust in insurers and perceived service quality. Both trust in insurers (B = 0.490, robust SE = 0.043, β = 0.493, 95% CI [0.405, 0.574], p < 0.001) and perceived service quality (B = 0.473, robust SE = 0.055, β = 0.441, 95% CI [0.366, 0.581], p < 0.001) were positively associated with perceived value for money. The model explained 77.5% of the variance in perceived value for money (R^2 = 0.775, adjusted R^2 = 0.772; robust F(2, 202) = 469.80, p < 0.001). Therefore, H2 and H3 were supported.

Table 4. Multicollinearity diagnostics (Model B)

Predictors	Tolerance	VIF
Trust	0.396	2.524
Service Quality	0.396	2.524

Table 4 presents the multicollinearity diagnostics for Model B. Although trust and perceived service quality were strongly correlated, VIF values were below 5 and tolerance values were above 0.20, indicating no evidence of severe multicollinearity.

Table 5. Regression models. Model A: Uptake intention as outcome (H1)

Predictor	B	SE	β	95% CI	p
Perceived value for money (PV)	0.770	0.052	0.637	0.667-0.873	<0.001
Constant	0.732	0.198	-	0.342-1.122	< 0.001

Note: HC3 heteroskedasticity-robust standard errors are reported for both models. N = 205. R^2 = 0.406; Adjusted R^2 = 0.403; robust F(1, 203) = 215.67, p < 0.001.

Model B: Perceived value for money as outcome (H2-H3)

Predictor	B	SE	β	95% CI	p
Trust in insurer (TR)	0.490	0.043	0.493	0.405-0.574	<0.001
Service quality (SQ)	0.473	0.055	0.441	0.366-0.581	<0.001
Constant	0.106	0.115	-	-0.122-0.334	0.360

Note: Model B dependent variable: Perceived value for money score. N = 205; $R^2 = 0.775$; Adjusted $R^2 = 0.772$; robust $F(2, 202) = 469.80$, $p < 0.001$.

6. Conclusion

The study examined the demand for private health insurance, consumers' intention to obtain insurance, their perceived value for money, trust in the insurer, and perceived service quality. The findings show that a higher perceived value for money is strongly associated with a greater intention to purchase or renew private health insurance.

Trust in insurers and perceived service quality were also positively associated with perceived value for money. These findings suggest that consumers' demand for private health insurance is related not only to the monetary cost of coverage but also to their assessment of the reliability, transparency, and quality of the services they expect to receive.

From a practical perspective, the findings highlight the relevance of transparent communication, reliable customer service, and clear information about insurance benefits for strengthening perceived value and consumer demand. For policymakers, the results provide exploratory evidence on demand-side factors that may be relevant to the development of the private health insurance market in Kosovo (CBK Financial Stability Report; BIS Review).

Because the study is based on a non-probability cross-sectional sample and measures uptake intention rather than actual purchasing behavior, the findings should be interpreted as associative and exploratory. Future research should examine whether these perceptions translate into actual insurance enrollment and renewal behavior.

References

[1]. Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50, 179–211. ScienceDirect.

[2]. Adjei-Mantey, K., & Horioka, C. Y. (2023). Determinants of health insurance enrollment and health expenditure in Ghana: An empirical analysis. Review of Economics of the Household, 21, 1269–1288. https://doi.org/10.1007/s11150-022-09621-x

[3]. Purcel, A.-A., Dragos, C. M., Mare, C., & Dragos, S. L. (2023). Voluntary health insurance and out-of-pocket payments in European OECD countries. Economic Modelling, 120, 106190. https://doi.org/10.1016/j.econmod.2023.106190.

[4]. World Bank. (2023). Kosovo public expenditure review. World Bank Group.

[5]. Tam, L., Tyquin, E., Mehta, A., & Larkin, I. (2021). Determinants of attitude and intention towards private health insurance: A comparison of insured and uninsured young adults in Australia. BMC Health Services Research, 21, 246. https://doi.org/10.1186/s12913-021-06249-y.

[6]. Chen, N., Bai, J., Nicholas, S., Maitland, E., Tan, J., & Wang, J. (2022). Preferences for private health insurance in China: A discrete choice experiment. Frontiers in Public Health, 10, 985582. https://doi.org/10.3389/fpubh.2022.985582.

[7]. Blut, M., Chaney, D., Lunardo, R., Mencarelli, R., & Grewal, D. (2024). Customer perceived value: A comprehensive meta-analysis. Journal of Service Research, 27(4), 501–524. https://doi.org/10.1177/10946705231222295.

[8]. Central Bank of the Republic of Kosovo. (2025). Annual report 2024. Central Bank of the Republic of Kosovo.

[9]. Assembly of the Republic of Kosovo. (2026). Law No. 10/L-028 on compulsory healthcare insurance. Official Gazette of the Republic of Kosovo, No. 11, 15 May 2026.
[10]. Zurynski, Y., Ansell, J., Ellis, L. A., Pomare, C., Smith, C. L., Holt, J., Root, J., Gillespie, J., Wells, L., & Braithwaite, J. (2021). Accessible and affordable healthcare? Views of Australians with and without chronic conditions. Internal Medicine Journal, 51(7), 1060–1067. https://doi.org/10.1111/imj.15172
[11]. Maljichi, D., Limani, B., Spier, T. E., Angjelkoska, V., Stojković Zlatanović, S., Maljichi, D., Alloqi Tahirbegolli, I., Tahirbegolli, B., Kulanić, A., Agolli Nasufi, I., & Kovač-Orlandić, M. (2022). (Dis)trust in doctors and public and private healthcare institutions in the Western Balkans. Health Expectations, 25(4), 2015–2024. https://doi.org/10.1111/hex.13562.
[12]. Tindyebwa, T., Ssempala, R., Ssennyonjo, A., Mayora, C., Muhoozi, M., Tusabe, J., Mukama, P., & Freddie, S. (2023). Expectations of clients, insurers, and providers: A qualitative responsiveness assessment among private health insurance sector in Kampala-Uganda. BMC Health Services Research, 23, 1358. https://doi.org/10.1186/s12913-023-10386-x.
[13]. Zeithaml, V. A. (1988). Consumer Perceptions of Price, Quality, and Value: A Means-End Model and Synthesis of Evidence. *Journal of Marketing*. JSTOR.
[14]. Gün, İ., & Söyük, S. (2025). The serial mediation effect of perceived quality and customer satisfaction on the relationship between trust and repurchase intention: A research on private health insurance owners. BMC Health Services Research, 25, 257. https://doi.org/10.1186/s12913-025-12269-9.
[15]. Dodds, W. B., Monroe, K. B., & Grewal, D. (1991). Effects of Price, Brand, and Store Information on Buyers' Product Evaluations. *Journal of Marketing Research*. SAGE Journals+1
[16]. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*. marketeurexpert.fr+1
[17]. Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16, 297–334. cda.psych.uiuc.edu
[18]. Central Bank of the Republic of Kosovo (CBK). Financial Stability Report (insurance market section). BQK
[19]. BIS Review (CBK speech/overview mentioning insurance premiums). Bank for International Settlements
[20]. Zheng, Z., Hafizuddin-Syah, B. A. M., Zaki, H. O., & Tan, Q. L. (2025). Health insurance uptake intentions in the past decade: a systematic review and future research directions. BMC Health Services Research, 25, 788. https://doi.org/10.1186/s12913-025-12917-0.
[21]. World Bank. (2017). Republic of Kosovo: Health Financing System Assessment. World Bank Group.
[22]. Baicker, K., Congdon, W. J., & Mullainathan, S. (2012). Health Insurance Coverage and Take-Up. The Milbank Quarterly, 90(1), 107–134.
[23]. van der Hulst, F. J. P., et al. (2023). How is enrollees' trust in health insurers associated with choosing health insurance? PLOS ONE.
[24]. The Geneva Association. (2019). The Role of Trust in Narrowing Protection Gaps.
[25]. Goold, S. D., et al. (2006). A Measure of Trust in Insurers.
[26]. Morgan, R. M., & Hunt, S. D. (2021). The commitment–trust theory of relationship marketing: 25 years later. Journal of Relationship Marketing, 20(1), 1–17.
[27]. Nguyen, N. X., et al. (2021). Impact of Service Quality on In-Patients' Satisfaction, Perceived Value, and Loyalty… (Patient Preference and Adherence).
[28]. Abdel Fattah, F. A. M., Dahleez, K. A., Darwazeh, R. N., & Al Alawi, A. M. M. (2021). Influence of service quality on consumer loyalty: A mediation analysis of health insurance. The TQM Journal, 33(8), 1787–1805. https://doi.org/10.1108/TQM-09-2020-0219.
[29]. Thamtarana, K., & Sornsaruht, P. (2024). Antecedents to Thai consumer insurance policy purchase intention: A structural equation model analysis. SAGE Open, 14(1), 1–20. https://doi.org/10.1177/21582440241239474.
[30]. Lambregts, T. R., van Bruggen, P., & Bleichrodt, H. (2021). Insurance decisions under nonperformance risk and ambiguity. Journal of Risk and Uncertainty, 63(3), 229–253. https://doi.org/10.1007/s11166-021-09364-7.