

AN EXPLORATORY AND EMPIRICAL STUDY OF PERCEIVED VALUE IN HEALTHCARE: IMPLICATIONS FOR SUSTAINABLE HEALTHCARE MARKETING

Usman Ehsan^{*1}, Muhammad Shehzad Hanif²

^{*1}PhD Scholar – Business Administration UCP Business School University of Central Punjab Lahore Pakistan

²Associate Professor UCP Business School University of Central Punjab Lahore Pakistan

^{*1}com2usman@gmail.com, ²mshahzadhanif@yahoo.com

DOI: <https://doi.org/10.5281/zenodo.17430431>

Keywords

Perceived Value, Transaction Value, Efficiency Value, Aesthetic Value, Social & Emotional Value, Self-Gratification Value, Conditional Value, Healthcare, Patients

Article History

Received: 02 September 2025

Accepted: 13 October 2025

Published: 24 October 2025

Copyright @Author

Corresponding Author: *

Usman Ehsan

Abstract

This research aims to explore the concept of perceived value from patients' perspectives, contributing to a deeper understanding of how perceived value is measured. The study examines transaction value, efficiency value, aesthetic value, social and emotional value, self-gratification value, and conditional value among orthopedic patients in Pakistan. A qualitative approach was initially employed using thematic framework analysis of data gathered through in-depth structured interviews with orthopedic patients. Only those who had undergone minor or major surgical interventions were included in the study. Fifty orthopedic patients were approached using purposive sampling, out of which 32 responded appropriately, resulting in a response rate of 64%. Subsequently, a quantitative study was conducted to further validate and enhance the understanding of the qualitative findings, which also assisted in developing measurement items for the construct. A predictability assessment was performed to examine the relationship between perceived value, patient satisfaction, and patient loyalty.

INTRODUCTION

Perceived value significantly influences healthcare experience, which affects their satisfaction, engagement, and overall health outcomes (Lee, 2017). Earlier studies have shed light on several aspects of perceived value, but a complete scale that considers complete picture of all of the aspects of perceived value is still missing. Blut et., al (2024) did an in-depth review of literature on customer perceived value, and synthesized that it's intricate and multidimensional in nature. It's been hard for healthcare workers to find and meet the unique needs of patients because they don't have a good measurement tool. Measuring perceived value helps uncover what aspects of care truly matter to patients, which supports value-based decision making, optimizes resource allocation, and

improves satisfaction and outcomes (Alokozai, Leland, Rensing & Bozic, 2019). Thus, the research investigates the question: What dimensions are preferred by patients or valued by them? So that healthcare providers can provide sustainable solutions and improve them instead of juggling around that what's matter the most? This also inherently contributes to the spirit of SDG 17 by integrating patient voices through qualitative inquiry and validating insights quantitatively, the research exemplifies how collaborative and participatory approaches can strengthen healthcare systems. When we see what makes perceived value in healthcare, it shows that it is a composite of varied factors and their interaction in dynamic ways to

formulate it; all of this makes it challenging to assess patients' perceived value comprehensively and enhance it accordingly. Perceived value for patients is the ultimate objective that can be enhanced by multiple factors (Lee, 2017), and these dimensions need to be investigated. The overall patient experience is influenced by wait times, staff courtesy, and facility amenities, which also affect the perceived value (Jiang, & Hong, 2023). Healthcare providers can enhance patient satisfaction and treatment adherence by addressing affordability concerns (Blut, Chaney, Lunardo, Mencarelli & Grewal, 2024). Furthermore, improving treatment outcomes and enhancing perceived value can be optimized by educating patients about lifestyle modifications and preventive measures. Healthcare providers can employ various strategies to enhance the perceived value of orthopedic patient care. Investing in communication training for healthcare personnel can enhance patient-provider interactions and guarantee the clarity of information exchange (Cheng, Snider, Prather, et al., 2024). Additionally, the alignment of incentives with patients' perceptions of value can be achieved by implementing value-based care models that prioritize patient outcomes while controlling costs (Qiao & Hu, 2024). Healthcare providers can enhance the perceived value of orthopedic patient care by improving treatment outcomes, enhancing communication, optimizing the patient experience, addressing affordability concerns, and educating patients. Orthopedic patients who perceive that they receive substantial value from the hospital are considerably more inclined to express satisfaction with their overall experience (Petrick, 2002). Ultimately, this will result in improved clinical outcomes and patient satisfaction.

Patient-perceived value is a central evaluative lens through which hospital encounters are judged. We conceptualize value as a multidimensional judgment integrating transaction, efficiency, aesthetic, social & emotional, self-gratification, and conditional values. For orthopedic patients, higher perceived value is expected to heighten treatment confidence, reinforce trust, improve adherence, sustain continuity of care, and elevate satisfaction—drivers that translate into attitudinal and behavioral loyalty (e.g., return intention, positive word-of-mouth) (Heinonen, 2004). Authors such as Sweeney & Soutar (2001), and

Sánchez, Callarisa, Rodriguez & Moliner, (2006) have examined perceived value in healthcare. Similarly Dinulescu, & Dobrin (2022) have examined the attributes of quality healthcare. However, their research is limited by the reliance on a single construct and predeveloped scales, rather than comprehensive studies that investigate what truly matters to patients. Therefore, the inclusion of a qualitative design is logical and necessary, as through interviews, focus groups, and patient-journey observations, researchers can explore how perceptions are shaped for value and satisfaction (Habibi, & Rasoolimanesh, 2021). Employing a sequential design, we inductively elicit value dimensions to generate items, then validate the measurement model and test the relationship of perceived value with patient satisfaction and loyalty, assessing reliability, convergent/discriminant validity, and predictive validity of the scale for hospital management and service marketing; making healthcare marketing more sustainable.

1. Literature Review

2.1 Theoretical Underpinnings of Perceived Value

Like value is viewed differently in different industries, and some can be enhanced by enhancing benefits or minimizing the sacrifices (Morar, 2013), which is specific to suppliers in the industry. Morar, (2013) also cited the work of (Flint, Woodruff & Gardial, 2002) that assessment of the value is a trade-off that results from comparison between relevant benefits and sacrifices in a specific use situation. Cronin, (2000) also found that healthcare service value was insignificant in affecting behavioral intentions out of six industries. This means that in all other sectors, the concept of value is viewed differently than in healthcare. Situations vary a lot in healthcare, as sometimes patients are in an extreme emergency situation, but sometimes it is just a routine checkup, so the view about value varies in these situations. The patient's perception of value is influenced by each interaction, from appointment scheduling to postoperative care (Gittell, Fairfield & Bierbaum, et al., 2000). This is why the patient's subjective assessment of the benefits received concerning the costs incurred is a critical component, known as perceived value (Akdim & Casaló, 2023).

2.2 Concept of Perceived Value in Orthopedic Patients

There are varied points of view regarding perceived value in orthopedic patients, what constitutes it, and its significance in overall ortho healthcare. Orthopedic patients evaluate value by considering various factors, with treatment outcomes being a critical factor. Patients' perceived value is substantially influenced by the efficacy of interventions in alleviating pain, regaining mobility, and enhancing functional abilities (Bushara, Abdou & Hassan, et al., 2023). Nelson & Byus, (2002) explained that there are different value dimensions in the case of healthcare services values, but not all of them are equally relevant in all contexts. Porter & Olmsted (2006) highlighted that Patient value is enhanced when providers deliver high-quality care tailored to specific medical conditions, factoring in patient mix, skills, and the complexity of conditions treated. To create patient value in healthcare, the system must be redesigned with a patient-centric approach, focusing on medical conditions across the full cycle of care.

There are different perspectives on the perceived value that comprise seamless coordination and timely care across pre-/post-operative evaluations, operating-room time, inpatient stay, and physiotherapy—elements long tracked on the provider side but equally salient to patients (Anwar, Thongpapanl & Ashraf, 2021), (Bushara, Abdou & Hassan, et al., 2023). Prompt responses, minimal waits, and reliable scheduling support adherence and elevate satisfaction during recovery (Juliana, Putri, Wulandari, et al., 2022). Early work moved beyond direct monetary/non-monetary costs to include risk across acquisition, consumption, and maintenance “sacrifices value”. In healthcare, patients appraise a cost-benefit exchange covering financial and non-financial burdens (e.g., surgery, rehabilitation, time, opportunity costs) and judge the fairness/transparency of these costs (Jeong, & Kim, 2020), (Kumari, & Biswas, 2023). The literature also labels this economic value, detailing fee components across the care cycle (examination, treatment, medicines, accommodation, nursing care), noting what is included and how much is paid, and condition value judgments (Liang, 2023). Tangible cues—cleanliness, modern facilities, welcoming ambience, and professional staff demeanor—reduce anxiety and

signal quality; this is especially consequential for orthopedic patients who spend extended periods in clinics/hospitals (Netemeyer, Bearden & Sharma, 2003). Empathy and support from providers and the patient's social network buffer the emotional/physical strain of orthopedic treatment; programs that foreground patient-centered care, counseling, and support groups enhance perceived value by alleviating anxiety and improving experience (Nguyen, Tran, & Nguyen, 2021), (McDougall & Levesque, 2000). High-quality communication, empathy, and trust strengthen the patient-provider relationship during complex or painful pathways; feeling heard and understood increases perceived value, satisfaction, and adherence to medical advice (Cadet & Sainfort, 2023). Accessible information and collaborative decision-making build confidence and trust, enabling patients to participate actively and manage their recovery; comprehensive education on condition, options, and self-management raises perceived value (Rasoolimanesh, Iranmanesh, & Seyfi et al., 2023), (Deng & Legge, (2024). Value is situational: its weight shifts with time, place, technology, resources, and individual circumstances (Sheth, Newman & Gross, 1991), (Holbrook, 1999), (Sweeney & Soutar, 2001). In health-critical contexts, conditional value can dominate choices; for instance, in acute trauma care, the timing of treatment becomes decisive (Nelson & Byus, 2002). Patients consider multiple value facets, but not all are equally salient in every context.

A critical literature reading suggests that optimizing a single facet is insufficient. As discussed in review literature perceived value is multidimensional in nature in healthcare. It's dimensions to be explored align with theoretical perspectives as transaction value, efficiency value, aesthetic value, social & emotional value, self-gratification value, and conditional value; shaping patients' healthcare experiences (Chahal & Kumari, 2011), (Sweeney & Soutar, 2001) driving satisfaction & loyalty. As value dimensions operate independently as patients develop cognitive understanding and domain-specific knowledge of healthcare services (Holbrook, 1999) (Sheth, Newman & Gross, 1991). Therefore, for studying perceived value in healthcare well-suited is to use both qualitative insights into patient experiences and quantitative validation of multidimensional constructs.

Methodology

This study employed a sequential mixed-methods approach to develop and validate a scale measuring perceived value among orthopedic patients post major surgery. The methodology follows established guidelines in scale development (DeVellis, 2016), (Netemeyer, Bearden & Sharma, 2003) and integrates best practices in healthcare instrument design (Boateng et al., 2018).

Phase I: Construct Domain Specification and Item Generation

A qualitative inquiry was conducted with 50 orthopedic patients (aged 18–80) who had undergone major surgery (e.g., joint replacement, fracture fixation) within the prior 6–24 months. Patients reflected on the benefits, trade-offs, and overall value they attributed to their care experience using semi-structured interviews. Interview transcripts were thematically analyzed, generating an initial item pool (40 items) using patient-centered language. Content validity was assessed via expert review (orthopedic clinicians and patient-reported outcome specialists) and cognitive interviews with six patients to refine item clarity and relevance (Haynes et al., 1995).

Phase II: Exploratory Quantitative Validation

A pilot survey with ~250 patients was administered to assess the preliminary scale. Exploratory factor analysis (EFA) was used to uncover latent dimensions using principal axis factoring with oblique rotation. Items with low factor loadings (<0.40), cross-loadings, or poor item-total correlations were removed (DeVellis, 2016). Scale refinement resulted in a reduced instrument (29 items) reflecting consistent underlying factors.

Phase III: Confirmatory Validation and Reliability Testing

The refined scale was deployed in a second survey ($N = 350$) across multiple hospitals. Confirmatory factor analysis (CFA) tested the model's structure, using fit indices ($CFI > 0.90$, $RMSEA < 0.08$) to confirm dimensionality (Brown, 2015). Internal consistency was evaluated using Cronbach's α and composite

reliability. Test-retest reliability was assessed in a subsample ($n = 70$) after three weeks to ensure temporal stability ($ICC > 0.70$).

Phase IV: Nomo-logical and Construct Validity

To establish construct validity, the perceived value scale was tested alongside related measures such as patient satisfaction and post-operative adherence, consistent with prior research linking value perceptions to behavioral outcomes (Gallarza, Gil-Saura & Holbrook, 2011). Structural Equation Modeling (SEM) assessed convergent, discriminant, and predictive validity.

Measure Refinement

For the EFA, the study examines the items' performance and internal consistency using inter-item correlations and Cronbach's Alpha. The items that have lower factor loadings could be eliminated, but after checking the factor loadings, every item has a correlation of more than 0.50 (Hair, Hult, & Ringle et al., 2017), which shows that 29 items of perceived value of all six dimensions are valid, and no need to eliminate any items based on lack of correlation. In addition, the study also examines the reliability using Cronbach's Alpha, and the results showed that the values are more than 0.70, showing a high correlation among items (Hair, Howard, & Nitzl, 2020). The results of the exploratory factor analysis for the final 29-item scale are presented in Table 1 and Figure 1 below. Dimensions and items extracted from qualitative part are somehow related to dimensions explained in literature. **Aesthetic Value** reflects the sensory and emotional appreciation of a hospital's environment—its cleanliness, design, and ambiance that enhance comfort and perceived quality (Holbrook, 1999), (Chahal & Kumari, 2011). **Conditional Value** denotes the situational context, such as emergencies or convenience (Sheth, Newman & Gross, 1991). **Social-Emotional Value** includes empathy, respect, and positive image (Sweeney & Soutar, 2001). **Self-Gratification Value** reflects personal pride, fulfillment, and self-esteem (Chahal & Kumari, 2012). **Social Interaction Value** captures trust, empathy, and relational benefits developed through interactions with healthcare providers (Gwinner, Gremler, & Bitner, 1998). Finally,

Transaction Value relates to the perceived fairness, equity, and satisfaction with financial aspects of care

such as pricing and insurance (Holbrook, 1999).

Table 1. Rotated Component Matrix – Final Scale

Items	Aesthetic Value	Conditional Value	Social Emotional Value	Self-Gratification Value	Social Interaction Value	Transaction Value
AV1	0.879					
AV2	0.820					
AV3	0.741					
AV4	0.698					
AV5	0.770					
AV6	0.821					
CV1		0.873				
CV2		0.807				
CV3		0.863				
CV4		0.806				
CV5		0.635				
SEV1			0.830			
SEV2			0.905			
SEV3			0.920			
SEV4			0.870			
SGV1				0.832		
SGV2				0.944		
SGV3				0.917		
SGV4				0.878		
SGV5				0.873		
SIV1					0.943	
SIV2					0.905	
SIV3					0.953	
SIV4					0.922	
TV1						0.913
TV2						0.898
TV3						0.808
TV4						0.815
TV5						0.813
Alpha	0.879	0.857	0.904	0.934	0.949	0.904

In the subsequent phase of the scale development process, we conducted CFA to validate the hypothesized six-factor structure and assess the robustness of the model using SEM with the maximum likelihood estimation method in SmartPLS. Convergent validity was confirmed, as all

Average Variance Extracted (AVE) values exceeded the 0.50 threshold (Fornell & Larcker, (1981), and all

composite reliability (CR) values surpassed 0.70, indicating acceptable levels of internal consistency (Hair, Gabriel & Patel, 2014).

Discriminant validity was assessed using the confidence interval approach proposed by (Bagozzi & Heatherton, 1994). The highest correlation was observed between Social Emotional Value and Transactional Value ($r = 0.636$); however, the confidence interval (± 2 standard errors) did not

include 1.0, thereby supporting discriminant validity across all constructs.

These results provide robust evidence of the model's psychometric adequacy, supporting the reliability and

discriminant structure of the six latent dimensions. Full results are reported in Table 2.

Table 2. Correlations and Convergent and Discriminant Validity

	Social Emotional Value	Transaction Value	Self- Gratification Value	Aesthetic Value	Social Interaction Value	Conditional Value
CR	0.908	0.899	0.933	0.950	0.963	0.929
AVE	0.625	0.642	0.778	0.791	0.866	0.723
Social Emotional Value	1.000	.636**	.521**	.322**	.369**	.272**
Transaction Value		1.000	.608**	.480**	.485**	.446**
Self-Gratification Value			1.000	.527**	.375**	.401**
Aesthetic Value				1.000	.438**	.515**
Social Interaction Value					1.000	.356**
Conditional Value						1.000

The study also examines the discriminant validity, which exposes the correlation among variables, and for valid discriminant validity, variables should not be highly correlated. The discriminant validity is checked using the Heterotrait Monotrait (HTMT) ratio. The

outcomes indicated that the HTMT values are not more than 0.90 and exposed a low correlation among variables (Hair, Gabriel & Patel, 2014). These outcomes exposed the fact that the discriminant validity is valid. Table 3 shows these results.

Table 3. Discriminant Validity

	AV	CV	PL	PS	SEV	SGV	SIV	TV
AV								
CV	0.592							
PL	0.689	0.509						
PS	0.741	0.459	0.653					
SEV	0.360	0.314	0.562	0.390				
SGV	0.579	0.454	0.518	0.524	0.568			
SIV	0.483	0.397	0.693	0.497	0.397	0.399		
TV	0.539	0.513	0.599	0.492	0.704	0.663	0.524	

The Saturated and estimated models have identical values, indicating they are either the same model or produce identical fit statistics in this analysis. The results showed that the SRMR = 0.067 indicates an acceptable model fit. The results also exposed that NFI = 0.972 is above the commonly accepted threshold (0.90) (Ringle, Da Silva & Bido, 2015), suggesting that the model fits the data well overall. However, the results also exposed that the Chi-square

= 5666.818 is relatively high, which typically implies poor fit, though this can be due to large sample sizes. Finally, the outcomes indicated that the values of d_ULS and d_G are very low. These are useful for comparing models; there's no universal threshold in isolation, but lower is better (Hair, Howard, & Nitzl, 2020). These outcomes are given in Table 4.

Table 4: Model Fitness

	Saturated model	Estimated model
SRMR	0.067	0.067
d_ULS	0.821	0.821
d_G	0.595	0.595
Chi-square	5666.818	5666.818
NFI	0.972	0.972

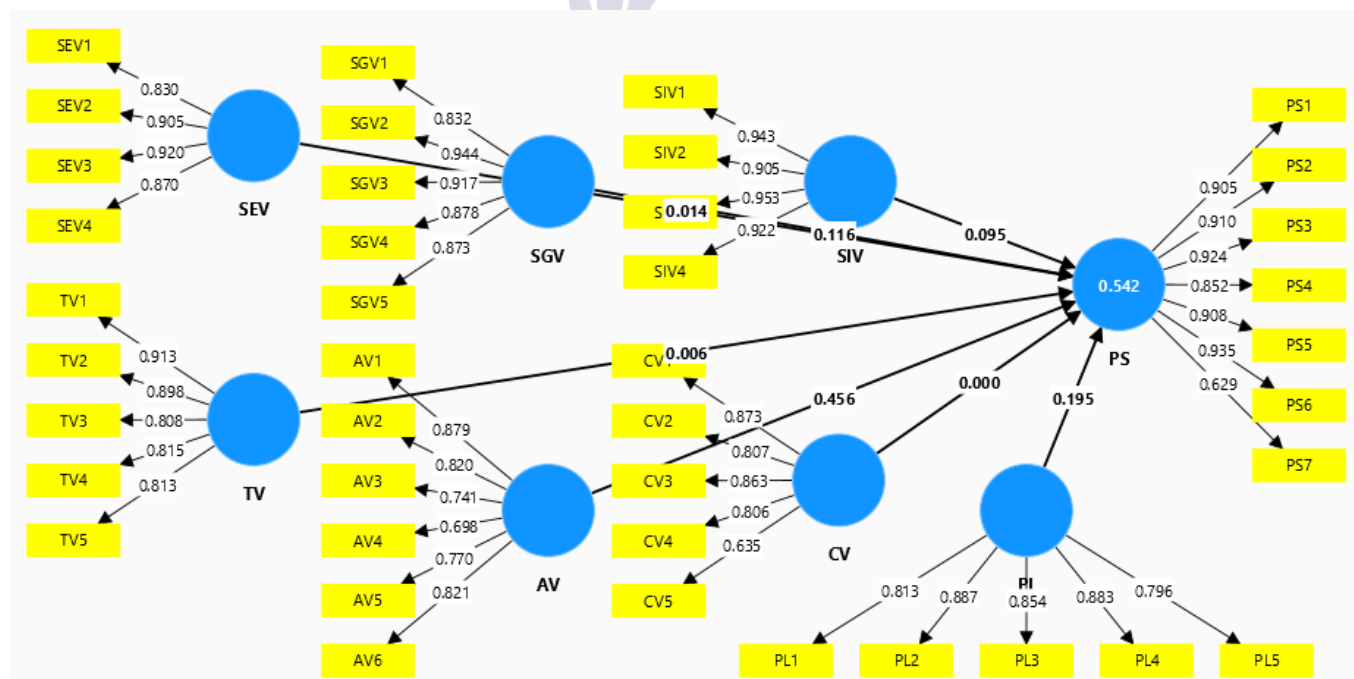


Figure 1: Measurement assessment model

The outcomes indicated the relationships among the variables. The results revealed that patient loyalty (PL)

strongly and positively affects patient satisfaction (PS). The t-statistic (14.932) is high, and

the p-value (0.000) is statistically significant (typically < 0.05), confirming this relationship is strong and statistically significant. In addition, the results also exposed that the perceived value (PV) strongly influences patient loyalty (PL), with a very high t-value (25.547) and a significant p-value (0.000). This relationship is strongest among the

three. The outcomes also revealed the indirect effect of PV on PS through PL. This means PV indirectly increases satisfaction by increasing loyalty. The indirect impact is statistically significant ($t = 12.448$, $p = 0.000$), showing a mediated pathway from PV to PS. These outcomes are given in Table 5 and Figure 2.

Table 5: Path analysis

Relationships	Beta	Standard deviation	T statistics	P values
PL → PS	0.603	0.040	14.932	0.000
PV → PL	0.732	0.029	25.547	0.000
PV → PL → PS	0.442	0.035	12.448	0.000

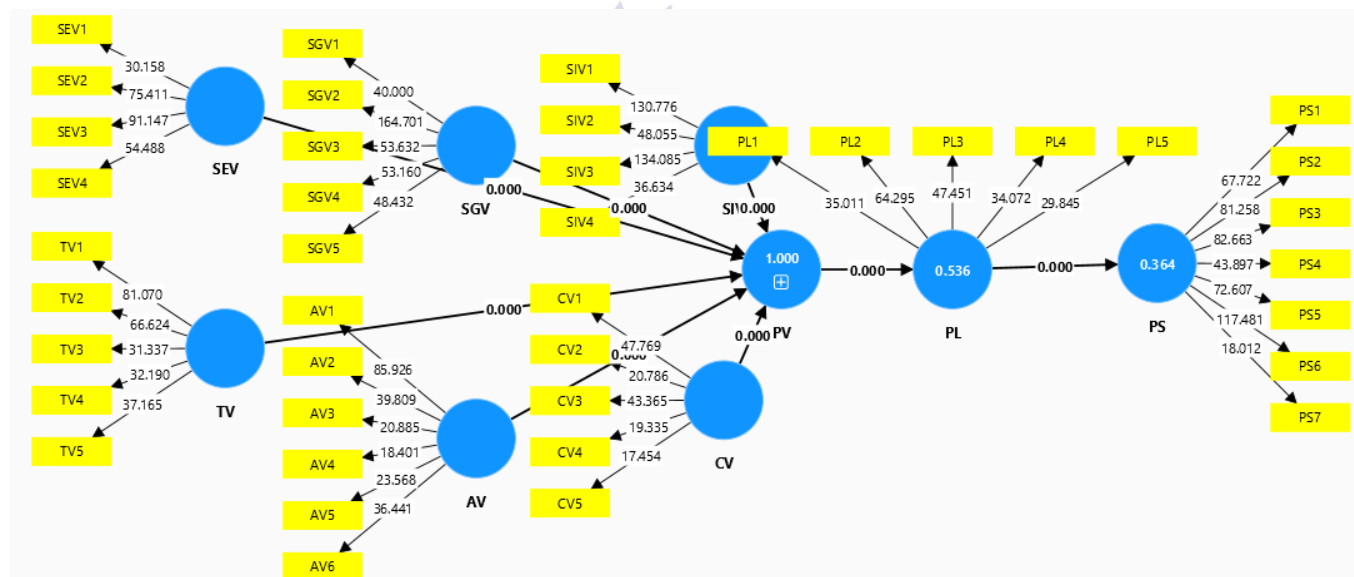


Figure 2: Structural assessment model

Discussion

Results of scale development reflect that right from the beginning, qualitative item generation, expert review, pilot EFA, confirmatory testing, and reliability assessment – strengthen both content and construct validity, following best practices (DeVellis, 2016), (Netemeyer, Bearden & Sharma, 2003). This instrument ensures that the dimensions reflect

patients' lived perceptions rather than adapted or adopted constructs. After the removal of a few items

with lower loadings, the refined scale supports the robust loadings (> 0.63) and high internal consistency (Cronbach's $\alpha = 0.857$ to 0.949). These results align

with multi-dimensional value models (Cronin, Brady & Hult, 2000) that identify utilitarian, hedonic/aesthetic, relational, and instrumental dimensions in public services value, supporting that perceived value is a multidimensional concept. Refined measurement of perceived value in healthcare can result in evolution towards value-based, patient-centric models; such tools are vital for aligning marketing strategies with long-term outcomes and organizational resilience (Liu, Sharma & Jones, 2024). From a theoretical perspective, the emergence of Aesthetic and Social Interaction dimensions supports that the experiential and relational aspects are of key importance in addition to other elements (Vargo & Lusch, 2004). These align with Service-Dominant Logic and Public Value Theory, which advocate co-creation and emotional engagement as essential in sustainable service delivery. Moreover, the inclusion of Aesthetic and Social Interaction dimensions resonates with work by Ta'Amnha, Kurtishi-Kastrati, Magableh & Riyadh, (2025) on stakeholder perception and relational value in CSR and service settings, suggesting that perceived environmental and relational cues shape legitimacy and value perceptions in both corporate and healthcare domains (Ta'Amnha, Kurtishi-Kastrati, Magableh & Riyadh, 2025). The Transactional Value dimension reflects equity theory, emphasizing fairness and transparency in service exchanges, encompassing criticalness for fostering patient trust and ethical accountability (Singh, Singh, Kalinić & Liébana-Cabanillas, 2021). This also aligns with the study of Khalis, Riyadh & Faeq, (2021) on environmental and social cost disclosures. Ethical accounting practices reinforce the necessity of embedding transparency and accountability into patient interactions—a core component of perceived value. Similarly, Social Emotional and Self-Gratification values highlight patients' psychosocial utility from reassurance, identity affirmation, and emotional support—aligning with recent evidence linking emotional value to well-being and service loyalty (Cui & Aulton, 2023). Further, this scale can be leveraged to monitor how perceived value relates to sustainable healthcare outcomes such as adherence to rehabilitation, efficient resource use, and value-based health care models. Moreover, as Liu, Sharma & Jones, (2024) recently revealed value gaps in outpatient services, our

scale could diagnose where orthopedic services under-deliver relative to expectations, thus guiding improvements compatible with sustainable service design. In broader contexts, information management and financial innovation (Garad, Riyadh, Al-Ansi & Beshr, 2024) and governance-focused CSR strategies reinforce how transparency, stakeholder engagement, and ethical value exchange drive sustainable outcomes. This supports the argument that integrating sustainability-driven marketing logic into patient value design enhances trust, engagement, and system resilience.

Future Research Directions

As this research contributes to the measurement of perceived value in healthcare, several limitations merit consideration. As discussed earlier, perceived value is highly contextual and multidimensional (Gallarza, Gil-Saura & Holbrook, 2011), (Yen, 2023) so keeping in consideration that the scale developed is context-dependent, reflecting the cultural, institutional, and healthcare setting, the generalizability of the dimensions identified may be limited across different healthcare systems and populations in addition to that the qualitative sample size may have constrained the diversity of initial value expressions; which can be enhanced further in terms of sample size. As survey data collection was cross-sectional, this data does not capture how perceived value evolves across the patient journey (Sweeney & Soutar, 2001). Blut et, al., (2024) underscore the importance of investigating the temporal dynamics of consumer perceived value, particularly how its influence differs between the pre-and post-purchase phases of the decision-making process. Further exploration of core versus peripheral dimensions—and their cultural specificity—will enhance theoretical robustness and inform tailored value-driven healthcare strategies. This research can incorporate further stakeholders' engagement with patients, surgeons, and hospital management reflects a multi-stakeholder partnership model, where shared perspectives lead to more patient-centered and sustainable healthcare outcomes.

References

- Akdim, K., & Casaló, L. V. (2023). Perceived Value of AI-Based Recommendations Service: The Case of Voice Assistants. *Service Business*, 17(1), 81-112.
- Alokozai, A., Leland, H., Rensing, N., & Bozic, K. J. (2019). Value-Based Health Care in Orthopaedics: Implementing Change at A Large Academic Medical Center. *JBJS Open Access*, 4(4), E0051. <https://doi.org/10.2106/JBJS.OA.19.00051>
- Anwar, A., Thongpapanl, N., & Ashraf, A. R. (2021). Strategic Imperatives of Mobile Commerce in Developing Countries: The Influence of Consumer Innovativeness, Ubiquity, Perceived Value, Risk, and Cost on Usage. *Journal of Strategic Marketing*, 29(8), 722-742.
- Bagozzi, R. P., & Heatherton, T. F. (1994). A General Approach to Representing Multifaceted Personality Constructs: Application to State Self-Esteem. *Structural Equation Modeling: A Multidisciplinary Journal*, 1(1), 35-67.
- Baidoun, S. D., & Salem, M. Z. (2024). The Moderating Role of Perceived Trust and Perceived Value on Online Shopping Behavioral Intention of Palestinian Millennials during COVID-19. *Competitiveness Review: An International Business Journal*, 34(1), 125-143.
- 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
- Bushara, M. A., Abdou, A. H., Hassan, T. H., Sobaih, A. E. E., Albohnayh, A. S. M., Alshammari, W. G., & Elsaied, M. A. (2023). Power of Social Media Marketing: How Perceived Value Mediates The Impact on Restaurant Followers' Purchase Intention, Willingness to Pay a Premium Price, And E-Wom?. *Sustainability*, 15(6), 5331.
- Cadet, F., & Sainfort, F. (2023). Service Quality in Health Care: Empathy as a Double-Edged Sword in the Physician-Patient Relationship. *International Journal of Pharmaceutical and Healthcare Marketing*, 17(1), 115-131.
- Chahal, H., & Kumari, N. (2011). Consumer Perceived Value and Consumer Loyalty in The Healthcare Sector. *Journal of Relationship Marketing*, 10(2), 88-112.
- Chahal, H., & Kumari, N. (2012). Consumer Perceived Value: The Development of a multiple item Scale in Hospitals. *International Journal of Pharmaceutical and Healthcare Marketing*, 6(2), 167-190.
- Cheng, A. L., Snider, E. M., Prather, H., Dougherty, N. L., Wilcher-Roberts, M., & Hunt, D. M. (2024). Provider-Perceived Value of Interprofessional Team Meetings as A Core Element of a Lifestyle Medicine Program: A Mixed-Methods Analysis of One Center's Experience. *American Journal of Lifestyle Medicine*, 18(1), 95-107.
- Cronin, J. J., Brady, M. K., & Hult, G. T. M. (2000). Assessing the Effects of Quality, Value, and Customer Satisfaction on Consumer Behavioral Intentions in Service Environments. *Journal of Retailing*, 76, 193-218
- Cui, T., & Aulton, K. (2023). Conceptualizing the Elements of Value in Public Services: Insights from Practitioners. *Public Management Review*, 1-23.
- Deng, C., & Legge, M. (2024). A Qualitative Case Study of Primary Classroom Teachers' Perceived Value of Physical Education in New Zealand. *Sport, Education and Society*, 29(2), 180-193.
- Devellis, R. F. (2016). *Scale Development: Theory And Applications* (4th Ed.). Sage
- Dinulescu, R., Dobrin, C. (2022), "Applying the Fuzzy Analytical Hierarchy Process for Classifying and Prioritizing Healthcare Quality Attributes", *Management & Marketing. Challenges for the Knowledge Society*, Vol.17, No. 1, Pp. 15-40, DOI: 10.2478/Mmcks-2022-0002.
- Flint, D.J., Woodruff, R. And Gardial, S. (2002). Exploring The Phenomenon of Customers' Desired Value Change in A Business-To-

- Business Context. *Journal of Marketing*, 66(4): 102-117
- Fornell, C., & Larcker, D. F. (1981). Evaluating Structural Equation Models with Unobservable Variables and Measurement Error. *Journal of Marketing Research*, 18(1), 39-50.
- Gallarza, M. G., Gil-Saura, I., & Holbrook, M. B. (2011). The Value of Value: Further Excursions on the Meaning and Role of Customer Value. *Journal of Consumer Behaviour*, 10(4), 179-191.
- Garad, A., Riyadh, H. A., Al-Ansi, A. M., & Beshr, B. A. H. (2024). Unlocking Financial Innovation Through Strategic Investments in Information Management: A Systematic Review. *Discover Sustainability*, 5(1), 381.
- Gittell, J. H., Fairfield, K. M., Bierbaum, B., Head, W., Jackson, R., Kelly, M., & Zuckerman, J. (2000). Impact of Relational Coordination On Quality of Care, Postoperative Pain And Functioning, And Length of Stay: A Nine-Hospital Study of Surgical Patients. *Medical Care*, 38(8), 807-819.
- Grewal, D., Monroe, K. B., & Krishnan, R. (1998). The Effects of Price-Comparison Advertising on Buyers' Perceptions of Acquisition and Transaction Value. *Journal of Marketing*, 62(2), 46-59.
- Gwinner, K. P., Gremler, D. D., & Bitner, M. J. (1998). Relational benefits in services industries: the customer's perspective. *Journal of the Academy of Marketing Science*, 26(2), 101-114.
- Habibi, A., & Rasoolimanesh, S. M. (2021). Experience and Service Quality on Perceived Value and Behavioral Intention: Moderating Effect of Perceived Risk And Fee. *Journal of Quality Assurance in Hospitality & Tourism*, 22(6), 711-737.
- Hair Jr, J. F., Howard, M. C., & Nitzl, C. (2020). Assessing Measurement Model Quality In PLS-SEM Using Confirmatory Composite Analysis. *Journal of Business Research*, 109, 101-110. Doi: <https://doi.org/10.1016/j.jbusres.2019.11.069>
- Hair, J. F., Gabriel, M., & Patel, V. (2014). AMOS Covariance-Based Structural Equation Modeling (CB-SEM): Guidelines on Its Application as a Marketing Research Tool. *Brazilian Journal of Marketing*, 13(2), 1-12.
- Hair, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., & Thiele, K. O. (2017). Mirror, Mirror on The Wall: A Comparative Evaluation of Composite-Based Structural Equation Modeling Methods. *Journal of The Academy of Marketing Science*, 45(5), 616-632.
- Heinonen, K. (2004). Reconceptualizing Customer Perceived Value: The Value of Time And Place. *Managing Service Quality: An International Journal*, 14(2/3), 205-215.
- Holbrook, M. B. (1999). Consumer Value: A Framework for Analysis and Research. Taylor & Francis.
- Jeong, Y., & Kim, S. (2020). A Study Of Event Quality, Destination Image, Perceived Value, Tourist Satisfaction, And Destination Loyalty Among Sport Tourists. *Asia Pacific Journal of Marketing and Logistics*, 32(4), 940-960.
- Jiang, Y., & Hong, F. (2023). Examining The Relationship Between Customer-Perceived Value of Night-Time Tourism and Destination Attachment Among Generation Z Tourists in China. *Tourism Recreation Research*, 48(2), 220-233.
- Juliana, J., Putri, F. F., Wulandari, N. S., Saripudin, U., & Marlina, R. (2022). Muslim Tourist Perceived Value on Revisit Intention To Bandung City With Customer Satisfaction as Intervening Variables. *Journal of Islamic Marketing*, 13(1), 161-176.
- Khalis A., Riyadh, HA. & Faeq. A., (2021). The Impact of Environmental and Social Costs Disclosure on Financial Performance Mediating By Earning Management. *Journal of Cases on Information Technology*. 23. 50-64. 10.4018/JCIT.20210401.Oa5.
- Kumari, N., & Biswas, A. (2023). Does M-Payment Service Quality and Perceived Value Co-Creation Participation Magnify M-Payment Continuance Usage Intention? Moderation of Usefulness and Severity. *International Journal of Bank Marketing*, 41(6), 1330-1359.

- Lee, D. (2017). A Model For Designing Healthcare Service Based on The Patient Experience. *International Journal of Healthcare Management*, 12(3), 180-188. <https://doi.org/10.1080/20479700.2017.1359956>
- Liang, Z. (2023). Evaluating the Relationships Between Perceived Patient Value, Patient Satisfaction and Loyalty By Inpatients At A Tertiary Public Hospital In China (Master's Thesis). Available At https://repositorio.iscte-iul.pt/bitstream/10071/29725/1/Master_Zhishan_Liang.pdf Accessed On 13-August-24
- Liu, Y., Sharma, A., & Jones, D. (2024). Value Gaps and Patient Loyalty in Outpatient Services: A Multilevel Analysis. *Health Marketing Quarterly*, 41(2), 89-106.
- Mcdougall, G. H., & Levesque, T. (2000). Customer Satisfaction With Services: Putting Perceived Value Into The Equation. *Journal of Services Marketing*, 14(5), 392-410.
- Monfort, M., Carvajal-Trujillo, E., & Escobar-Rodríguez, T. (2023). Sustainability and Digital Transformation In The Tourism Sector: Determinants of Customers' Online Purchase Intentions. *Sustainability*, 15(8), 6667
- Morar, D. D. (2013). An Overview of The Consumer Value Literature-Perceived Value, Desired Value. *Marketing From Information to Decision*, (6), 169-186.
- Nelson, D. G., & Byus, K. (2002). Consumption Value Theory and The Marketing of Public Health: An Effective Formative Research Tool. *Health Marketing Quarterly*, 19(4), 69-85.
- Netemeyer, R. G., Bearden, W. O., & Sharma, S. (2003). *Scaling Procedures: Issues And Applications*. Sage.
- Nguyen, N. X., Tran, K., & Nguyen, T. A. (2021). Impact of Service Quality on In-Patients' Satisfaction, Perceived Value, and Customer Loyalty: A Mixed-Methods Study from a Developing Country. *Patient Preference and Adherence*, 2523-2538.
- Nwachukwu, B. U., Hamid, K. S., & Bozic, K. J. (2013). Measuring Value in Orthopaedic Surgery. *JBJS Reviews*, 1(1), E2.
- Petrick, J. F. (2002). Development of a Multi-Dimensional Scale For Measuring The Perceived Value of A Service. *Journal of Leisure Research*, 34(2), 119-134.
- Porter, M. E., & Teisberg, E. O. (2006). *Redefining Health Care: Creating Value-Based Competition on Results*. Harvard Business School Press
- Qiao, X., & Hu, S. (2024). The Relationship Between Perceived Value Congruence and Teacher Commitment: A Moderated Mediation Model of Teacher Self-Efficacy and Time Pressure. *Educational Studies*, 50(1), 43-60.
- Rasoolimanesh, S. M., Iranmanesh, M., Seyfi, S., Ari Ragavan, N., & Jaafar, M. (2023). Effects of Perceived Value on Satisfaction and Revisit Intention: Domestic vs. International Tourists. *Journal of Vacation Marketing*, 29(2), 222-241.
- Ringle, C., Da Silva, D., & Bido, D. (2015). Structural Equation Modeling With the Smartpls. Structural Equation Modeling With The Smartpls. *Brazilian Journal of Marketing*, 13(2), 29-36.
- Sánchez, J., Callarisa, L., Rodríguez, R. M., & Moliner, M. A. (2006). Perceived Value of The Purchase of a Tourism Product. *Tourism Management*, 27(3), 394-409.
- Sheth, J. N., Newman, B. I., & Gross, B. L. (1991). *Why We Buy What We Buy: A Theory of Consumption Values*. *Journal of Business Research*, 22(2), 159-170.
- Singh, S., Singh, N., Kalinić, Z., & Liébana-Cabanillas, F. J. (2021). Assessing Determinants Influencing Continued Use of Live Streaming Services: An Extended Perceived Value Theory of Streaming Addiction. *Expert Systems with Applications*, 168, 114241.
- Sweeney, J. C., & Soutar, G. N. (2001). Consumer Perceived Value: The Development of a Multiple Item Scale. *Journal of Retailing*, 77(2), 203-220.
- Ta'Amna, M., Kurtishi-Kastrati, S., Magableh, I. K., & Riyadh, H. A. (2025). Sustainable

- Employer Branding as a Catalyst for Safety Voice Behavior in Healthcare: The Mediating Role of Employee Engagement. *Sustainability*, 17(11), 4890.
- Vargo, S. L., & Lusch, R. F. (2004). Evolving To a New Dominant Logic for Marketing. *Journal of Marketing*, 68(1), 1-17
- Yen, Y. S. (2023). Channel Integration Affects Usage Intention in Food Delivery Platform Services: The Mediating Effect of Perceived Value. *Asia Pacific Journal of Marketing and Logistics*, 35(1), 54-73.
- Zeithaml, V. A. (1988). Consumer Perceptions of Price, Quality, and Value: A Means-End Model And Synthesis of Evidence. *Journal of Marketing*, 52(3), 2-22.

