



**A study of the factors influencing Hong Kong residents' choice of
healthcare companies**

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Table of Contents

Abstract	10
Introduction.....	14
1.1 Background	14
1.2 Research Purpose	16
1.3 Research Objectives.....	19
1.3.1 Identify Key Decision-Making Factors	19
1.3.2 Recommend Effective Marketing Strategies	20
1.3.3 Explore the Impact of Demographic Characteristics	21
1.4 Research Questions	22
1.5 Value and Contribution of Research	24
1.6 Chapter Arrangement and Key Descriptions	27
2. Literature Review.....	31
2.1 An Overview of the Hong Kong Healthcare Ecosystem	31
2.2 Thematic Research Areas: The Core Determinants of Choice	37
2.2.1 Variable 1: The Multifaceted Role of Price	40
2.2.2 Variable 2: Branding as a Signal of Trust and Credibility	43
2.2.3 Variable 3: The Primacy of Service Qualit	45
2.2.4 Variable 4: The Clinical Product Offering	47
2.3 Conceptual Synthesis and Hypothesis Development.....	49
3. Research Methodology	54
3.1 Research Method	54
3.2 Research Framework	55

3.3 Research Hypotheses	55
3.4 Research Design.....	56
3.4.1 Coding of Variables.....	56
3.4.2 Questionnaire Design.....	57
3.4.3 Population and sampling.....	59
3.5 Relevant Methods for Data Analysis	60
3.6 Ethical consideration.....	62
3.7 Pre-test	63
3.8 Research Schedule	64
4. Result Analysis.....	66
4.1 Response Rate Analysis	66
4.2 Descriptive Statistics.....	66
4.3 Inferential Statistics	70
4.3.1 Coding of Variables.....	70
4.3.2 Reliability Test	72
4.3.3 Correlation Analysis.....	75
4.3.4 Regression Analysis	80
4.4 Diagnostic Plots	82
5. Conclusion	88
5.1 Discussion	89
5.1.1 Results of Hypothesis Testing (H1–H4)	90
5.2 Recommendations.....	91
5.3 Limitations and Future Research	94

Reference:	97
Appendix-1	110

LIST OF TABLES & FIGURES

FIGURE 2.2 (A) CONCEPTUAL FRAMEWORK 1 (CONSTRUCTION BY WRITER).....	53
FIGURE 3.2 (A) THE RELATIONSHIP OF THE 4 INDEPENDENT VARIABLES RELATIONSHIP WITH THE DEPENDENT VARIABLE	55
FIGURE 3.4.3 (A) SAMPLE SIZE FORMULA	59
TABLE 3.8 MILESTONES WITH TIME OF COMPLETION	65
TABLE 4.2(A) DEMOGRAPHIC DATA OF THE RESPONDENTS.....	66
TABLE 4.2(B) STATISTICS ON THE GENDER OF THE RESPONDENTS.....	67
TABLE 4.2(C) STATISTICS ON THE AGE OF THE RESPONDENTS	67
TABLE 4.2(D) STATISTICS ON THE EDUCATION LEVEL OF THE RESPONDENTS	68
TABLE 4.2(E) STATISTICS ON THE MONTHLY INCOME OF THE RESPONDENTS	69
TABLE 4.3.1 CODING OF VARIABLES	71
TABLE 4.3.2 (A) RELIABILITY STATISTICS ON PRICE	72
TABLE 4.3.2 (B) RELIABILITY STATISTICS ON BRANDING	72
TABLE 4.3.2 (C) RELIABILITY STATISTICS ON SERVICES	73
TABLE 4.3.2(D) RELIABILITY STATISTICS ON PRODUCTS	73
TABLE 4.3.2 (E) RELIABILITY STATISTICS ON PURCHASE INTENTION.....	74
TABLE 4.3.2 (F) THE SUMMARY FOR THE CRONBACH’S ALPHA OF THE AVERAGE VARIABLES	74
TABLE 4.3.3 (A) CORRELATION ON MEANS OF PR, BR, SV, PD AND PI.....	76
FIGURE 4.3.3 (B) SCATTERPLOT---PRICE.....	77
FIGURE 4.3.3 (C) SCATTERPLOT---BRANDING.....	77
FIGURE 4.3.3 (D) SCATTERPLOT---SERVICES	77
FIGURE 4.3.3 (E) SCATTERPLOT---PRODUCTS.....	77
TABLE 4.3.4 (A): MODEL SUMMARY	80
TABLE 4.3.4 (B): LINER REGRESSION COEFFICIENTS	81
TABLE 4.3.4 (C): LINER REGRESSION ANALYSIS SHOWING UNSTANDARDIZED (B) AND STANDARDIZED (B) COEFFICIENTS FOR PREDICTORS OF PURCHASE INTENTION.....	81
FIGURE 4.4 (A) REGRESSION DIAGNOSTIC PLOTS FOR THE PRICE VARIABLE	83
FIGURE 4.4 (B) REGRESSION DIAGNOSTIC PLOTS FOR THE BRANDING VARIABLE.....	84
FIGURE 4.4 (C) REGRESSION DIAGNOSTIC PLOTS FOR THE SERVICE VARIABLE.....	85
FIGURE 4.4 (D) REGRESSION DIAGNOSTIC PLOTS FOR THE PRODUCTS VARIABLE	86
TABLE 4.5 SUMMARY OF HYPOTHESIS TESTING RESULTS	87

TABLE 4.6 OVERALL DECISION MAKINGS ON HYPOTHESIS TESTING	87
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Abstract

The healthcare landscape in Hong Kong is at a critical juncture, characterized by a complex interplay of profound demographic pressures, a strained public system with protracted wait times, and evolving consumer expectations driven by higher education and health literacy. This environment is further complicated by the emergence of formidable cross-border competitors in the Greater Bay Area and incidents eroding public trust in the private sector. In response to these convergent challenges, this study provides a timely and empirical investigation into the key determinants influencing Hong Kong residents' selection of private healthcare providers. Grounded in established theoretical frameworks from marketing and behavioral economics—including perceived value theory, brand equity (Aaker, 1991), and the SERVQUAL model of service quality (Parasuraman et al., 1988)—the research develops a robust conceptual model. This model positions Price, Branding, Service, and Products as the primary antecedents of Purchase Intention, with their effects being mediated by psychological mechanisms of trust and perceived value.

Employing a structured, quantitative methodology, the study distributed a meticulously designed and pre-tested questionnaire to a sample of 188 Hong Kong residents aged 18 and above, selected via random sampling to enhance

representativeness. The instrument utilized a five-point Likert scale to capture nuanced perceptions across 25 items related to the core variables. The collected data was subjected to a comprehensive suite of statistical analyses using SPSS software, including reliability tests (where all variables exceeded the Cronbach's Alpha threshold of 0.70), Pearson correlation analysis, and linear regression, to rigorously test the four central research hypotheses.

The findings reveal a distinct and insightful hierarchy of influence among the factors. Branding emerged as the most potent predictor of purchase intention ($\beta = 0.809$), underscoring the paramount importance of institutional reputation, professional accreditations, and third-party endorsements in mitigating the high perceived risk and information asymmetry inherent in healthcare decisions. Closely following, Products characteristics—encompassing technological advancement, treatment effectiveness, and the availability of integrated care pathways—demonstrated a nearly equally powerful influence ($\beta = 0.804$). This highlights that the core clinical offering remains a fundamental driver, particularly for a discerning population. Service also exhibited a very strong positive relationship ($\beta = 0.751$), confirming that operational and interpersonal elements—such as staff empathy, appointment efficiency, communication clarity, and the overall patient journey—are

not ancillary but central to securing patient satisfaction and loyalty. While statistically significant ($p < 0.001$), Price had a comparatively weaker impact ($\beta = 0.532$), indicating that Hong Kong consumers engage in a sophisticated, value-based assessment where superior non-price attributes can compellingly justify a premium cost.

The study concludes that competition in Hong Kong's private healthcare market has decisively pivoted itself from cost-leadership to differentiated value-creation. The empirical evidence unequivocally demonstrates that to retain patients and thrive amidst public sector strain and cross-border alternatives, providers must strategically excel in building an unassailably trusted brand, delivering technologically advanced and evidence-based clinical products, and ensuring an exceptional, seamless service experience. The research translates these findings into actionable, evidence-based recommendations across the marketing mix (the 4Ps), advocating for transparent and tiered pricing strategies, the development of bundled and accessible service packages, strategic expansion through digital and physical channels, and empathetic, educational promotion. Furthermore, the study emphasizes the critical importance of human resource management and stakeholder collaboration to underpin these strategies. By simultaneously empowering consumers with knowledge, providing strategic intelligence to providers, and offering policymakers an evidence-based understanding

of market dynamics, this research makes a significant contribution towards enhancing the overall effectiveness, accessibility, and sustainability of healthcare services in Hong Kong.

Introduction

1.1 Background

The healthcare landscape in Hong Kong is characterized by a complex interplay of cultural traditions, demographic pressures, and evolving economic realities. Deeply rooted Traditional Chinese cultural beliefs, notably the propensity to avoid discussions of illness and a historical reluctance to seek medical help—often summarized by the adage "fear of illness and avoidance of doctors"—have long influenced public health behaviors. This cultural disposition, when combined with a healthcare system that has traditionally been heavily weighted towards treatment rather than prevention, has resulted in a generally underdeveloped awareness of proactive disease prevention among the citizenries. This reactive approach is becoming increasingly unsustainable as Hong Kong confronts the profound challenges of a rapidly aging population and escalating healthcare demands.

In response to these systemic pressures, the Hong Kong government has initiated a strategic shift with the launch of the "Primary Healthcare Development" blueprint. This initiative represents a pivotal move away from a hospital-centric model towards a community-based, preventive-care paradigm, with the overarching goal of achieving

"universal coverage, healthy citizens" (Health Bureau,2023). The strategy is built upon three core pillars: the early prevention of diseases, the timely identification and detection of health risks, and the effective long-term management of chronic disease complications. This aligns with global public health trends, echoing the "Healthy Cities" concept championed by the World Health Organization since the 1980s. The Healthy Cities model serves as a practical framework for operationalizing the principles of universal health at a local level, emphasizing the critical importance of policy transformation, cross-sectoral collaboration, and active community engagement to elevate public health outcomes. International evidence has consistently demonstrated the efficacy of public health strategies that are grounded in the "Health for All" principle (Department of Health, 2009), providing a robust justification for Hong Kong's new direction.

The urgency of this strategic pivot is underscored by stark demographic projections. Data from the Census and Statistics Department indicates that the proportion of Hong Kong's population aged 65 and above is projected to surge from 20.8% in 2022 to 25.3% by 2028, with a further increase to 35.1% anticipated by 2069 (HKSAR, 2023). This demographic transformation carries significant socio-economic implications. Given that elderly individuals typically exhibit lower labor force

participation rates, this aging trend will inevitably precipitate a decline in the overall size and growth rate of the workforce, thereby straining public finances and the tax base that supports healthcare subsidies.

It is within this context of demographic shift, an overburdened public healthcare system, and rising public expectations—driven by higher education levels and greater health literacy—that Hong Kong's private healthcare market has experienced substantial growth. Citizens are increasingly exercising autonomy in selecting their healthcare providers, choosing from a diverse array of options including health check-up centers, private hospitals, specialist clinics, dental groups, and wellness product companies. However, this very diversity, coupled with significant variations in service quality, pricing structures, and brand reputations, renders the consumer decision-making process exceptionally complex. For stakeholders across the healthcare ecosystem—from providers and insurers to policymakers—understanding the key determinants that guide Hong Kong residents' choices has thus become a matter of critical importance.

1.2 Research Purpose

Hong Kong's healthcare system is currently at a critical juncture, characterized by

intense pressure and ongoing transformation. The strains on the public system are palpable and well-documented. A stark illustration of this is the protracted wait times at government dental clinics, which have ballooned from an average of 12 months prior to the pandemic to over 24 months presently. This deterioration is largely attributable to service adjustments and staffing shortages exacerbated by the pandemic (Hong Kong Toolbar, 2023). Such extensive delays are symptomatic of a broader systemic overload within public healthcare services, compelling a growing number of residents to actively seek alternative solutions outside the public sector.

Concurrently, a formidable external competitor is emerging Shenzhen's healthcare system. With its relatively lower costs, streamlined appointment procedures, state-of-the-art facilities, and significantly shorter wait times for elective procedures, Shenzhen is rapidly reshaping perceptions and realities of cross-border healthcare for Hong Kong citizens. The ongoing integration of the Greater Bay Area, including the expansion of medical insurance coverage that facilitates access to mainland facilities, has further enhanced the accessibility and attractiveness of this option. This development places direct competitive pressure on Hong Kong's private healthcare providers, forcing them to critically re-evaluate and enhance their service standards, pricing, and value propositions to retain patients who might otherwise seek care across the border.

Compounding these challenges is a crisis of trust within Hong Kong's private healthcare sector. The abrupt closure of AMG Health Check Limited in May 2025—a provider of infant vaccinations and health check services—left numerous prepaid customers without recourse or compensation (Oncc, 2025). This incident triggered widespread public concern and highlighted significant vulnerabilities in consumer protection mechanisms and regulatory oversight within the private market. While the regulatory framework, such as the Medical Clinics Ordinance (Cap. 343) overseen by the Department of Health (ORPHF, 2025), aims to ensure basic standards for clinics, and the ORPHF 's Code of Practice provides detailed regulatory guidelines, the AMG incident revealed gaps in enforcement and crisis management that can erode public confidence.

These converging trends—public sector strain, cross-border competition, and incidents eroding trust—collectively underscore an urgent and pressing need for transformation and innovation among private healthcare providers in Hong Kong. This transformation must be strategically focused, particularly in four key areas: pricing strategy, brand positioning, service quality, and product (i.e., medical service) offerings. Rebuilding public trust is an equally critical imperative that cuts across all these areas. The present study is designed to directly address this need. Its primary aim is to

empirically examine the key factors that influence Hong Kong residents' choice of healthcare providers, with a specific focus on price perception, brand reputation, service experience, and medical product portfolios. The goal is to generate actionable, evidence-based insights and strategic guidance that can support the advancement of the private healthcare industry, empowering providers to improve service quality, rebuild trust, and strengthen their competitive market position in a rapidly evolving landscape.

1.3 Research Objectives

To achieve its overarching purpose, this research is guided by a set of three precise and interlinked objectives. These objectives are designed to move from foundational understanding to strategic application, ensuring the research delivers both academic value and practical utility.

1.3.1 Identify Key Decision-Making Factors

The first objective is to conduct a systematic investigation into the primary factors that shape the decision-making process of Hong Kong residents when selecting a healthcare provider. This entails a comprehensive and nuanced analysis of how specific elements—including pricing strategies (e.g., transparency, bundling), brand reputation

(e.g., perceived trustworthiness, professional accreditations), service quality (e.g., staff interpersonal skills, appointment efficiency, facility ambiance), and product offerings (e.g., technological advancement of equipment, range of specialized services)—collectively and individually affect consumer preferences, perceptions of value, and ultimately, trust in both public and private healthcare systems. This objective forms the empirical core of the study.

1.3.2 Recommend Effective Marketing Strategies

The second objective translates the empirical findings into practical action. Based on the identified decision-making factors, this research aims to develop a set of targeted, evidence-based marketing strategies for healthcare companies operating in Hong Kong. These strategies will be designed to align closely with documented consumer expectations and behaviors. The focus will be on providing guidance for enhancing brand loyalty and equity, optimizing service delivery processes to maximize patient satisfaction, and increasing the perceived attractiveness and competitiveness of healthcare products and packages. The fulfillment of this objective will provide private providers with a concrete roadmap to maintain a competitive edge in a dynamic and increasingly contested market.

1.3.3 Explore the Impact of Demographic Characteristics

The third objective acknowledges the heterogeneity of the Hong Kong population and seeks to examine how key demographic factors—specifically age, income level, educational attainment, and gender—moderate and shape healthcare choices. Gaining granular insights into these variations is crucial for moving beyond a one-size-fits-all approach. Understanding, for instance, whether younger, digitally native consumers prioritize different factors than older cohorts, or how income level influences price sensitivity, will enable healthcare providers to precisely customize their services, communication, and marketing initiatives. This tailored approach is essential for effectively addressing the diverse and evolving needs of different population segments.

Utilizing survey data collected from a sample of 188 Hong Kong residents, this research will operationalize these objectives. The primary aim is to determine the relative influence of pricing strategies, brand reputation, service quality, and product characteristics on consumer preferences; to derive and recommend effective marketing strategies based on these influences; and to explore the nuanced impact of demographic characteristics on final healthcare decisions.

1.4 Research Questions

To guide the investigation and ensure it remains focused on its objectives, this study is structured around four central research questions, each corresponding to a key independent variable:

Pricing:

How does the pricing strategy of private healthcare providers, including elements such as price transparency, package pricing, and perceived fairness, influence Hong Kong residents' perceptions of value and affordability, and how does this, in turn, affect their provider selection?

Branding:

In what ways do brand image attributes, including institutional reputation, professional accreditation, historical performance, and third-party endorsements, impact consumer trust, risk perception, and final choice of healthcare providers in the competitive Hong Kong market?

Service:

How does the quality of the service experience, encompassing factors such as staff

attitude and professionalism, appointment convenience and waiting times, clinic environment, and communication clarity, affect patient satisfaction, loyalty, and likelihood of repeat patronage towards healthcare providers?

Products:

How do specific product (medical service) characteristics, including technological advancements, treatment effectiveness and success rates, the range of available services, and the depth of specialist expertise, influence consumer preferences and decision-making when selecting elective and essential healthcare services?

These four key research questions will be assessed and validated through a quantitative research methodology. Primary data will be collected from 188 Hong Kong residents aged 18 and above via a specially designed and pre-tested questionnaire. The results will be subjected to rigorous statistical analysis, including correlation and multiple regression techniques, to determine the strength, significance, and interrelationships of these factors in shaping the healthcare choices of Hong Kong residents.

1.5 Value and Contribution of Research

The value and contribution of this research extend beyond academic inquiry, offering tangible benefits for a tripartite of stakeholders within the healthcare ecosystem: consumers, healthcare companies, and policymakers. Each group stands to gain distinct and significant advantages from the findings, which collectively can contribute to a more efficient, responsive, and equitable healthcare system.

For consumers, this research serves as an empowering tool. By illuminating the core factors that underpin healthcare decision-making—such as the trade-offs between cost, quality, accessibility, and provider reputation—the study helps individuals gain a clearer, more critical understanding of their own selection criteria. This empowerment enables consumers to make more informed, confident, and personalized decisions regarding their health. It enhances their ability to navigate a complex marketplace, protect their own health interests and consumer rights, and ultimately select services that are more closely aligned with their specific needs, values, and financial circumstances. This shift towards more informed consumption can lead to higher patient satisfaction, better adherence to treatment, and improved long-term health outcomes.

From the perspective of healthcare companies, this research provides critical, data-

driven insights that can significantly enhance strategic management and operational decision-making. By developing a granular understanding of consumer behavior and preference drivers, providers can move beyond intuition-based strategies. They can optimize pricing strategies to remain competitive while ensuring affordability and perceived value. The findings can directly inform brand development and communication initiatives, enabling companies to build stronger, more trustworthy brand identities in a crowded marketplace. Furthermore, a deep understanding of service quality drivers allows for targeted investments in staff training, process optimization, and facility improvements, leading directly to enhanced patient satisfaction and loyalty. The research can also guide the development and refinement of product (service) portfolios to better meet latent and expressed consumer needs, thereby boosting overall market competitiveness. Crucially, by leveraging these insights for targeted marketing, companies can achieve greater efficiency, reduce unnecessary marketing expenditure and allocating finite resources more effectively to maximize return on investment.

For policymakers, the research offers an evidence-based understanding of consumer behavior within the private healthcare market, which is indispensable for informed regulatory and policy design. Insights into how consumers interact with

private services, the factors they prioritize, and the challenges they face (such as opaque pricing or trust deficits) can guide regulators in crafting more effective policies. These policies can be designed to robustly ensure consumer protection, promote transparent and fair competition among providers, and mitigate information asymmetries. Moreover, this understanding can inform policies that foster constructive collaboration and integration between the public and private healthcare sectors. A more synergistic approach can lead to improved overall access to services, enhanced quality of care across the system, reduced burden on public facilities, and ultimately, better health outcomes for society as a whole. By aligning public health initiatives and regulatory frameworks with the documented realities of consumer behavior, policymakers can create a more resilient, sustainable, and effective healthcare environment for all citizens.

In summary, this research contributes significantly to the healthcare landscape by simultaneously empowering consumers with knowledge, providing actionable intelligence to healthcare companies for strategic advantage, and furnishing policymakers with the evidence needed for effective governance. Each of these contributions interlocks to play a vital role in enhancing the overall effectiveness, accessibility, quality, and sustainability of healthcare services in Hong Kong.

1.6 Chapter Arrangement and Key Descriptions

This dissertation is systematically structured to guide the reader through a logical and comprehensive research journey, from conceptual foundation to analytical findings and strategic implications. This structured approach facilitates a thorough understanding of the research components, enables critical evaluation of the validity and robustness of the conclusions, and allows stakeholders to assess the relevance and applicability of the recommendations within the dynamic context of Hong Kong's healthcare sector.

Chapter 1: Introduction

This chapter establishes the foundational context for the study. It presents the research background, articulating the socio-demographic and market forces that provide the motivation for the investigation. It clearly defines the research purpose, the specific objectives to be pursued, and the central research questions that will guide the inquiry. Furthermore, it elaborates on the multi-stakeholder value and potential contributions of the research, thereby setting the stage for the subsequent chapters and framing the broader theoretical and practical implications of the study.

Chapter 2: Literature Review

This chapter constructs the theoretical and empirical bedrock of the research. It

involves a critical and in-depth review of existing academic theories and prior empirical studies pertinent to the four key independent variables—price, branding, service, and products—within the healthcare sector and related service industries. The chapter synthesizes this body of knowledge to construct a robust conceptual framework and to derive the study's formal hypotheses. This framework provides the necessary theoretical lens and logical structure for investigating how these variables interact and exert influence on consumer decision-making in the specific context of Hong Kong's private healthcare market.

Chapter 3: Research Methodology

This chapter provides a detailed and justified account of the research design and execution. It elaborates on the chosen quantitative methodology, outlining the overall research framework, and formally stating the research hypotheses. It comprehensively details the research design, including the coding of variables, the development and structure of the questionnaire, and the strategies for population definition and sampling. The chapter also explains the specific statistical techniques employed for data analysis and discusses pertinent ethical considerations to ensure the research adheres to rigorous academic standards. This transparent methodology is crucial for establishing the reliability, validity, and replicability of the research process.

Chapter 4: Data Analysis and Results

This chapter presents the empirical findings of the study. It begins with an analysis of the survey response rate and descriptive statistics that profile the sample. The core of the chapter is dedicated to the presentation and interpretation of inferential statistics. This includes reporting the results of reliability tests, correlation analyses, and multiple regression analyses, which collectively provide robust insights into the relationships between the independent variables and the dependent variable of purchase intention. The rigorous application of these analytical techniques aims to draw meaningful, data-supported conclusions that can directly inform healthcare providers and policymakers.

Chapter 5: Conclusion and Recommendations

The final chapter serves as the synthesis and capstone of the research. It summarizes the key findings, discussing their alignment with existing literature and their broader theoretical and practical implications. It honestly identifies the limitations inherent in the study and suggests productive avenues for future research to build upon these findings. Most importantly, the chapter translates the analytical results into a set of actionable, evidence-based recommendations for healthcare providers and policymakers. These recommendations emphasize concrete strategies for improving service quality, building enduring consumer trust, and enhancing the overall

effectiveness and competitiveness of the private healthcare system in Hong Kong, thereby contributing to the ongoing discourse on healthcare improvement and consumer welfare.

2. Literature Review

2.1 An Overview of the Hong Kong Healthcare Ecosystem

The healthcare landscape of Hong Kong is defined by its distinctive dual-track structure, a model where a comprehensively subsidized public system functions in parallel with a robust and multifaceted private sector. This structure, a legacy of the city's colonial past and its laissez-faire economic principles, has created a unique and often complex environment for healthcare delivery and consumption. The public sector, under the stewardship of the Hospital Authority (HA), serves as the primary provider of inpatient and specialist care, offering these services at a minimal direct cost to the populace. This system is funded predominantly by general taxation and is designed to provide a safety net for all residents, embodying the principle of universal access. However, this system is perennially challenged by capacity limitations, resulting in extensive waiting periods for non-critical treatments. For instance, waiting times for elective surgeries like cataract operations or joint replacements can stretch for years. This operational bottleneck acts as a significant push factor, compelling a considerable number of residents who have the means to seek more immediate attention within the private healthcare market, which has consequently specialized in offering timely

outpatient, elective, and niche specialist services.

The financing of the private sector is predominantly shouldered by out-of-pocket expenditures and private health insurance, fostering a highly competitive environment marked by a diverse array of service offerings and considerable disparities in both pricing structures and quality benchmarks. This fundamental architecture cultivates a consumer decision-making environment where individuals are consistently required to evaluate and trade off critical factors such as speed of access, clinical expertise, financial cost, and the continuity of care. The choice between public and private sectors is not merely a financial one; it is a complex calculus involving perceptions of quality, urgency, and personal risk tolerance.

Mounting demand pressures are further intensifying these dynamics, driven by profound demographic and epidemiological transitions. Hong Kong's population is ageing at an accelerated pace, with statistical forecasts indicating a progressively larger proportion of elderly citizens. The Census and Statistics Department projects that the proportion of those aged 65 and above will rise from 20% in 2021 to over 33% by 2041. This demographic shift directly correlates with an increased prevalence of chronic conditions such as hypertension, diabetes, and cardiovascular diseases, thereby escalating the need for long-term disease management, ongoing monitoring, and

preventive health screenings. This evolution in the population's health profile necessitates a corresponding shift in the service mix, favoring integrated and continuous care models over episodic, acute-care interventions. In response, private providers have increasingly developed bundled service packages and structured disease management pathways tailored to these specific needs. Concurrently, a rise in general education levels and health literacy among the Hong Kong public has fundamentally altered patient expectations. Contemporary consumers are no longer solely focused on clinical outcomes; they increasingly priorities the overall service experience, transparency in communication, and the convenience of accessing care. Today's healthcare consumers are more likely to be an informed, active participant in their health journey, demanding clarity, respect, and efficiency from their providers (Legislative Council Secretariat, 2025).

In response to persistent market imperfections, notably information asymmetry and opaque pricing, regulatory bodies have initiated significant reforms. The establishment of the Office for Regulation of Private Healthcare Facilities (ORPHF) under the Department of Health and associated policy initiatives have been instrumental in elevating governance standards for private clinics. These efforts have included pilot programme aimed at enhancing price transparency through mechanisms such as

standardized fee schedules, illustrative historical billing cases, and the provision of written budget estimates prior to treatment, all with the goal of mitigating unexpected medical bills and facilitating more straightforward comparisons between providers (Consumer Council, 2021). These regulatory interventions are designed to recalibrate the informational imbalance between healthcare providers and patients, thereby empowering more informed consumer decision-making and reducing the frequency of disputes related to unforeseen charges (ORPHF, 2025). Despite these efforts, challenges remain, as the private healthcare market is fragmented, and compliance with transparency guidelines can be inconsistent across different types of facilities and specialties.

Technological advancement has emerged as another pivotal force reshaping market dynamics. The adoption of telemedicine, digital appointment-booking systems, electronic health records, and patient-accessible portals accelerated markedly during the COVID-19 pandemic and has since become a cornerstone of many private providers' service portfolios. This is particularly true for working-age, digitally-savvy patients for whom convenience and the minimization of time costs are paramount (Yeung et al., 2022). The pandemic served as a catalyst, breaking down traditional barriers to the adoption of digital health solutions and normalising virtual consultations

for a range of conditions. However, the assimilation of these digital health solutions is not uniform across all demographic groups or medical specialties, leading to varied impacts on perceived service quality. While digital access effectively substitutes for certain face-to-face interactions for some patient segments, for others, particularly older adults or those with complex conditions valuing interpersonal continuity and physical clinical examinations, it remains a supplementary rather than a primary mode of care (Wong et al., 2020). The digital divide, therefore, presents both an opportunity and a challenge for providers seeking to leverage technology to enhance accessibility and efficiency.

Adding a further layer of complexity is the ongoing regional integration within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). Healthcare options in neighboring mainland Chinese cities, such as Shenzhen and Guangzhou, now present viable and increasingly attractive alternatives for a range of medical procedures, offering the dual advantages of shorter waiting times and highly competitive pricing, especially for elective and diagnostic services (HKU SIEW Lab, 2023). The development of high-speed rail links and other cross-border infrastructure has dramatically reduced travel times, making a medical trip to Shenzhen a feasible day excursion for many Hong Kong residents. Academic research on cross-border health

collaboration within the GBA documents a steady increase in patient mobility and evolving attitudes towards seeking care outside Hong Kong, while also identifying persistent barriers including limitations in insurance portability, linguistic and regulatory divergences, and challenges in ensuring continuity of post-treatment care. The emergence of these cross-border alternatives intensifies the competitive pressure on Hong Kong's private healthcare providers, compelling them to accentuate their unique selling propositions, such as stringent regulatory safeguards, transparent pricing, robust follow-up care regimes, and clear communication strategies, to maintain their domestic patient base. In this new competitive landscape, Hong Kong providers can no longer rely on geographical convenience alone; they must demonstrate superior value through quality, trust, and a seamless patient experience.

In summation, the confluence of these institutional, demographic, technological, and regional forces has forged a uniquely competitive environment in Hong Kong. The dual-track system is straining under demographic pressures, while consumers are becoming more demanding and empowered. Technological change is creating new modes of service delivery, and regional integration is expanding the competitive field. Within this context, the key determinants of consumer choice—namely, price, brand reputation, service quality, and clinical product offerings—have become exceptionally

salient. The subsequent sections of this chapter will undertake a detailed examination of each of these four domains, drawing upon established theoretical frameworks and empirical evidence, before synthesising them into an integrated conceptual model designed for empirical application within the Hong Kong private healthcare market.

2.2 Thematic Research Areas: The Core Determinants of Choice

Extensive scholarly inquiry has consistently identified four interconnected domains—Price, Branding, Service Quality, and Product—as the principal drivers of healthcare provider selection, particularly in markets characterized by significant information asymmetry and quality variation. The theoretical underpinnings of this focus are robust and multi-faceted, drawing from economics, marketing, psychology, and sociology to explain the complexities of healthcare consumption.

Perceived value theory provides a fundamental economic lens, conceptualizing consumer decision-making as a process of weighing perceived benefits against perceived sacrifices. According to this view, pioneered by Zeithaml (1988), a consumer will select a provider when the anticipated net benefits—encompassing not only clinical effectiveness but also factors like convenience, and psychological reassurance—are

judged to exceed the associated costs, which include the monetary price, time investment, and the perceived risk of an unsatisfactory outcome. In healthcare, where outcomes are often uncertain, this perceived value calculation is central. Complementing this, service quality theory, most famously operationalized through the SERVQUAL framework, posits that patient satisfaction and subsequent behavioral intentions are driven by the gaps between expected and perceived service performance across five key dimensions: reliability (ability to perform the promised service dependably), responsiveness (willingness to help and provide prompt service), assurance (knowledge and courtesy of staff and their ability to inspire trust), empathy (caring, individualized attention), and tangibles (physical facilities, equipment, appearance of personnel) (Parasuraman et al., 1988). This framework has been extensively validated in healthcare settings, demonstrating that how care is delivered is as important as what care is delivered.

Furthermore, the literature on brand equity and trust highlights that in high-involvement, complex decision contexts like healthcare, reputation, professional credentials, and institutional accreditation serve as vital cognitive heuristics. These signals help to reduce consumers' search costs and mitigate perceived clinical risk, thereby fostering loyalty and even increasing willingness to pay a premium (Aaker,

1991). When faced with a choice between several unfamiliar providers, a potential patient will often rely on brand reputation as a proxy for quality and safety. Behavioral models, such as the Theory of Planned Behavior, add further nuance by incorporating the roles of attitudes (evaluation of the behavior), subjective norms (perceived social pressure), and perceived behavioral control (perceived ease/difficulty) as antecedents to intention, with recent adaptations specifically highlighting perceived risk and information asymmetry as critical mediating variables in healthcare settings (Ajzen, 1991). A patient may have a positive attitude towards a particular private hospital, but if their family doctor (a subjective norm) recommends another, or if they perceive significant barriers to accessing it (low behavioral control), their intention may change.

Critically, empirical evidence demonstrates that these four domains do not function in isolation but are deeply interrelated, creating a complex web of influence on consumer choice. The influence of price is frequently mediated by perceptions of quality and trust; consumers may exhibit a willingness to pay higher prices when a strong brand and high service quality credibly signal superior outcomes, a phenomenon known as the "price-quality" heuristic. Conversely, service quality often emerges as the most potent direct predictor of patient satisfaction and patronage intentions, sometimes even outweighing clinical outcomes in driving loyalty. The characteristics of the

clinical product, including technological sophistication and the availability of integrated care pathways, exert a powerful influence on selection for complex or elective procedures. Moreover, demographic variables such as age, income, and education, alongside contextual factors like the availability of cross-border options and digital readiness, act as important moderators, conditioning the strength and direction of these relationships (Dagger et al., 2006). For example, higher-income consumers may be less sensitive to price and more influenced by branding and product features, while younger consumers may place a higher value on digital service quality. Consequently, this study conceptualizes Price, Branding, Service, and Products not only as direct antecedents of purchase intention but also as interacting constructs whose effects are mediated by the pivotal psychological mechanisms of perceived value and trust. This integrated view provides a more realistic and holistic model of healthcare decision-making.

2.2.1 Variable 1: The Multifaceted Role of Price

In healthcare economics, price operates simultaneously as a barrier to access, a component of perceived value, and a potential signal of quality. The foundational perceived value framework establishes that consumers evaluate potential healthcare

purchases by balancing expected benefits, such as clinical success and convenience, against both monetary and non-monetary costs, including out-of-pocket expenses, travel time, and psychological risk (Zeithaml, 1988). However, the function of price in healthcare is distinct from that for standardized commodities. Beyond simple affordability, price also conveys strategic positioning information and can interact with other visible quality indicators to shape overall perceptions (Rao et al., 1989). A high price may be interpreted as a signal of exclusivity and high quality, while a very low price might raise suspicions about corners being cut.

The concept of price transparency has gained prominence as a critical mechanism for mitigating consumer uncertainty and rectifying information asymmetry. Research indicates that jurisdictions implementing standardized fee disclosures, providing sample bills, and mandating upfront cost estimates typically experience a reduction in consumer complaints and an increase in confidence (Consumer Council, 2025). Opaque and unpredictable pricing is a major source of patient anxiety and dissatisfaction. In Hong Kong, initiatives led by the ORPHF have actively promoted greater price disclosure and clearer billing practices, aiming to minimize surprise charges and enable more meaningful comparisons between private providers (ORPHF, 2025). However, empirical studies suggest that transparency alone is not a panacea; for information to

be truly actionable for lay consumers, it must be accompanied by clear explanations and contextual framing (Kyle et al., 2020). Simply publishing a long list of procedure codes and prices online may not be sufficient; consumers need help to understand what these codes mean in the context of their own expected treatment pathway.

Effective pricing strategies identified in the literature often involve bundling, tiering, and payment flexibility. Bundled packages for specific procedures (e.g., a comprehensive health check-up) or screening programs clarify what is included, thereby reducing the cognitive burden on consumers as they compare complex options and protecting them from "bill shock" (Robinson, 2011). Tiered pricing, offering "basic," "standard," and "premium" service levels, allows providers to cater to different segments with varying budgets and expectations. Aligning pricing structures with common insurance products and offering instalment plans or employer-sponsored schemes can lower immediate financial barriers, thereby expanding a provider's market reach. It is crucial to acknowledge the substantial heterogeneity in price sensitivity across the population. Evidence consistently shows that lower-income individuals are typically more responsive to price variations, whereas higher-income and higher-education consumers often demonstrate a willingness to pay premium prices for perceived advantages in quality, convenience, or brand prestige (Bloem et al., 2020).

Therefore, a nuanced understanding of price must treat it as both an access lever for certain market segments and a strategic positioning tool for others. A one-size-fits-all pricing strategy is likely to be suboptimal in a market as diverse as Hong Kong.

2.2.2 Variable 2: Branding as a Signal of Trust and Credibility

In the context of healthcare, branding functions primarily as a mechanism for building credibility and conveying trust. Given the technical complexity of medical services and the inherent information asymmetry between clinicians and patients, brand-related associations—including institutional reputation, professional credentials, accreditation status, and accumulated patient testimonials—serve as efficient mental shortcuts that lower search costs and reduce the perceived risk associated with a choice (Aaker, 1991). Consumers form their impressions of a brand through multiple touchpoints: the physical appearance and cleanliness of facilities, the qualifications and biographies of clinicians, seals of accreditation from recognized bodies, third-party endorsements, and, increasingly, online patient reviews and ratings collectively constitute the provider's brand (Berry et al., 2007). In the digital age, a provider's online reputation has become a de facto part of its brand.

Accreditation and clinician credentials play an especially critical role in signaling

institutional competence and robust clinical governance. Accreditation from reputable local or international organizations (e.g., the Australian Council on Healthcare Standards International) offers tangible, objective reassurance regarding standards of care, infection control protocols, and quality assurance systems. The importance of these signals becomes particularly pronounced in the wake of service failures or business disruptions. Brand crises, such as the sudden closure of clinics or failures in pre-paid service schemes, can trigger a rapid erosion of consumer trust. Recovery from such events typically demands transparent communication, concrete remedial actions, and often independent validation to restore consumer confidence (Siomkos et al., 1994). The 2025 incident involving AMG Health Check Limited is a case in point, highlighting how quickly trust can evaporate and the significant effort required to rebuild it. In the digital age, online reputation management has become inseparable from branding, as most consumers now consult reviews and social media content as a key step in their decision-making process, amplifying both the positive impact of word-of-mouth and the potential damage from reputational vulnerabilities (Gregoire et al., 2020). A single negative review can deter numerous potential patients, making proactive reputation management essential.

The influence of branding is not uniform across all consumer segments. Empirical

studies indicate that individuals with higher levels of education and income tend to assign greater weight to brand and accreditation cues, as they use these reputational indicators to infer technical competence. In contrast, more price-sensitive consumers may relegate brand to a secondary consideration after cost (Chahal et al.,2011). Consequently, effective branding strategies in healthcare must artfully combine demonstrable credentials and governance with humanized narratives—such as patient success stories and detailed clinician profiles—that resonate on an emotional level while simultaneously communicating a foundational message of safety and expertise. The brand must promise not only clinical excellence but also a caring and trustworthy human experience.

2.2.3 Variable 3: The Primacy of Service Quality

Service quality is consistently identified in the healthcare literature as one of the most dominant predictors of patient satisfaction, loyalty, and repeat patronage. The SERVQUAL framework has been extensively applied to measure the discrepancy between patient expectations and perceptions across five key dimensions: reliability, responsiveness, assurance, empathy, and tangibles. Empirical studies conducted in diverse hospitals and outpatient settings repeatedly demonstrate that process and

interpersonal factors—such as the ease of securing appointments, minimal waiting times, the clarity and empathy of clinician communication, and the overall caring demeanor of staff—carry immense weight in shaping a patient's overall satisfaction (Parasuraman et al., 1988). A surgeon may be technically brilliant, but if the front-desk staff are rude, the waiting room is chaotic, and the administrator cannot clearly explain the bill, the overall experience will be judged as poor. In a fast-paced, time-sensitive urban environment like Hong Kong, responsiveness often emerges as a primary differentiator; patients highly value systems that efficiently minimize delays, offer precise scheduling, and resolve queries or issues with promptness (Andaleeb, 2001). The opportunity cost of time is high for working professionals, making efficiency a key component of service quality.

Contemporary research has expanded the construction of service quality to encompass digital touchpoints, emphasizing factors such as platform usability, the responsiveness of digital interfaces, the clarity of online information, and the establishment of digital trust as core components of the modern patient experience (Wong et al., 2020). Telemedicine consultations, online booking portals, and electronic follow-up systems can effectively substitute for certain in-person interactions and, when seamlessly implemented, significantly enhance perceptions of convenience and

responsiveness. A clunky, difficult-to-navigate website or a mobile app that frequently crashes, however, can significantly detract from the perceived quality of service. Nonetheless, the literature cautions against a one-size-fits-all approach, highlighting important variations across patient segments. Older patients often place a higher premium on relational continuity and trust built through face-to-face interactions with a familiar doctor, whereas younger, working-age cohorts tend to value flexible scheduling, digital self-service options, and rapid electronic communication (Lee, 2018). It is also well-established that service failures—particularly those that impose significant time costs or create administrative hassles—can generate profound dissatisfaction, even in instances where the technical clinical competence provided was entirely adequate, thereby underscoring the critical importance of operational excellence for patient retention. A patient whose surgery was successful may still not return to the same provider if the discharge process was disorganized and confusing.

2.2.4 Variable 4: The Clinical Product Offering

In a healthcare context, the 'Product' encompasses the totality of the clinical offering: the spectrum of available medical specialties, the range of diagnostic and therapeutic technologies, preventive health packages, and ancillary services that

collectively define a provider's clinical profile and capabilities. These product attributes directly influence patient choice by shaping perceptions of clinical effectiveness, convenience, and the likelihood of successful outcomes. The availability of advanced diagnostic imaging (e.g., PET-CT scans), minimally invasive surgical technologies (e.g., robotic surgery), and evidence-based treatment protocols, for example, signals a high level of clinical sophistication and is a powerful attractor for consumers seeking specialist care or more precise diagnoses (Chandra et al., 2012). Conversely, integrated, 'one-stop-shop' service offers that bundle consultations, diagnostics, and treatment under one roof reduce coordination burdens for patients and are particularly appealing to those managing chronic conditions that require continuity of care (Sinha et al., 2020). A family seeking pediatric care might be drawn to a clinic that offers vaccinations, developmental checks, and specialist referrals all within the same network.

The significance of preventive care and wellness services within the product portfolio has grown substantially as public health consciousness has risen. Comprehensive health-screening packages structured chronic disease management programs, and personalized lifestyle interventions have become central features of private providers' service lines (Montoya-Weiss et al., 2003). This reflects a shift from a purely curative model to one that encompasses health maintenance and optimization.

Consumers with high health literacy tend to scrutinize product attributes—such as the generation of technology used, the evidence supporting treatment efficacy, and the degree of personalization in care plans—more heavily than they do for significant health decisions. For more routine primary care needs, the breadth and accessibility of services often outweigh the presence of the most cutting-edge equipment. The competitive landscape is further complicated by cross-border options, where mainland facilities may offer rapid access to certain technologies (e.g., proton therapy) at lower prices. This dynamic pressures Hong Kong providers to differentiate their product by emphasizing superior regulatory safeguards, seamless follow-up care, and continuity of the patient-provider relationship as justifications for their value proposition (HKU SIEW Lab, 2023). The "product" is thus not just the technology, but the entire clinical ecosystem surrounding its use.

2.3 Conceptual Synthesis and Hypothesis Development

The theoretical and empirical literature converges to support an integrated conceptual model in which Price, Branding, Service Quality, and Product function as the principal antecedents of Purchase Intention within the Hong Kong private healthcare market. This model further posits that the relationships between these

antecedents and the final behavioral intention are not merely direct but are mediated by key psychological constructs. Specifically, the influence of Price is primarily channeled through its impact on perceived value, whereas Branding and Service Quality largely operate by building trust and reassurance. The clinical Product, in turn, influences both perceived effectiveness and differentiation (Zeithaml, 1988). The strength of these pathways is not static; it is moderated by demographic characteristics (e.g., age, income, education) and contextual factors (e.g., digital readiness, awareness of cross-border alternatives), which shape the relative importance of each attribute for different consumer segments. For instance, the path from Branding to Trust may be stronger for older, higher-income consumers, while the path from Service Quality to Satisfaction may be more critical for younger, time-poor consumers.

Based on this comprehensive synthesis, the present study formally advances the following four primary hypotheses for empirical testing:

H1: Transparent and clearly communicated pricing (e.g., through bundled or tiered packages) has a positive effect on the intention to choose a private healthcare provider, and this relationship is mediated by increased perceptions of value.

H2: Stronger brand signals (e.g., institutional reputation, accreditation) have a positive effect on the intention to choose a private healthcare provider, and this relationship is

mediated by enhanced trust.

H3: Higher perceived service quality (particularly in responsiveness and empathy) has a positive effect on the intention to choose a private healthcare provider, and this relationship is mediated by increased patient satisfaction and perceived behavioral control.

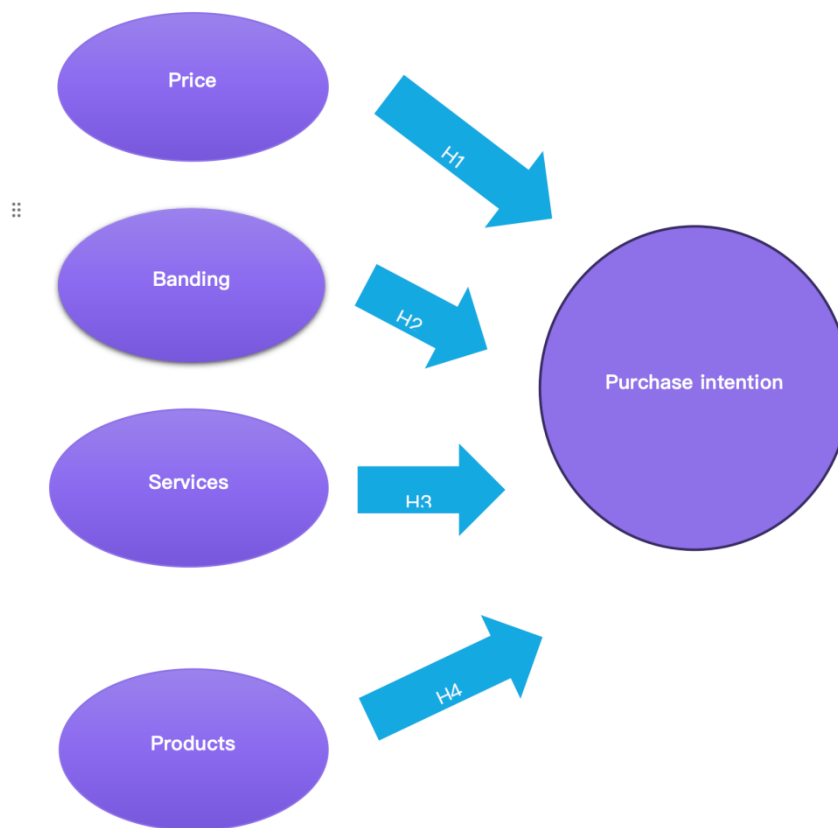
H4: Superior product attributes (e.g., advanced technological capability, integrated care pathways) have a positive effect on the intention to choose a private healthcare provider for consumers who prioritize clinical outcomes.

Furthermore, the model anticipates several exploratory moderating effects: the influence of price (H1) is expected to be more pronounced among lower-income groups; the effects of branding (H2) and product (H4) are predicted to be amplified among consumers with higher education and health literacy; and the impact of service quality (H3) is anticipated to be particularly salient for older adults who place a high value on continuity of care.

The measurement of these constructions, as recommended in the literature, would typically involve multi-item Likert scales for each variable, subjected to psychometric validation through tests of reliability (e.g., Cronbach's Alpha) and factor analysis (exploratory and confirmatory). Hypothesis testing could be conducted using

correlation analysis and multiple regression as initial steps. However, to fully capture the complexity of the proposed model with its mediating and moderating variables, structural equation modelling (SEM) would be the most rigorous method to examine the posited relationships simultaneously. This integrated conceptual framework successfully merges economic, reputational, experiential, and clinical perspectives into a cohesive model, specifically tailored to the unique regulatory, demographic, and regional context of Hong Kong. It thereby provides a robust foundation for both scholarly investigation and practical strategic planning for private healthcare providers aiming to align their services with the sophisticated and evolving expectations of modern healthcare consumers. By understanding not just that these factors matter, but how and for whom they matter most, providers can allocate resources more effectively and craft compelling value propositions in an increasingly competitive marketplace.

Figure 2.2 (a) Conceptual framework 1 (Construction by writer)



3. Research Methodology

3.1 Research Method

Quantitative and qualitative research methods are commonly employed in academic studies to collect and analyze data. Each method serves distinct purposes and is suited to different types of research inquiries. Quantitative research focuses on numerical data and statistical analysis. It is primarily used to test or verify theories and assumptions. Common quantitative techniques include experiments, structured observations recorded as numbers, and surveys with closed-ended questions

In contrast, qualitative research deals with words and meanings. It aims to explore concepts, ideas, or experiences in depth, especially when the topic is not yet well understood. This method allows researchers to gain rich insights through interviews with open-ended questions, descriptive observations, and literature reviews that examine theoretical frameworks (Zyphur,2017).

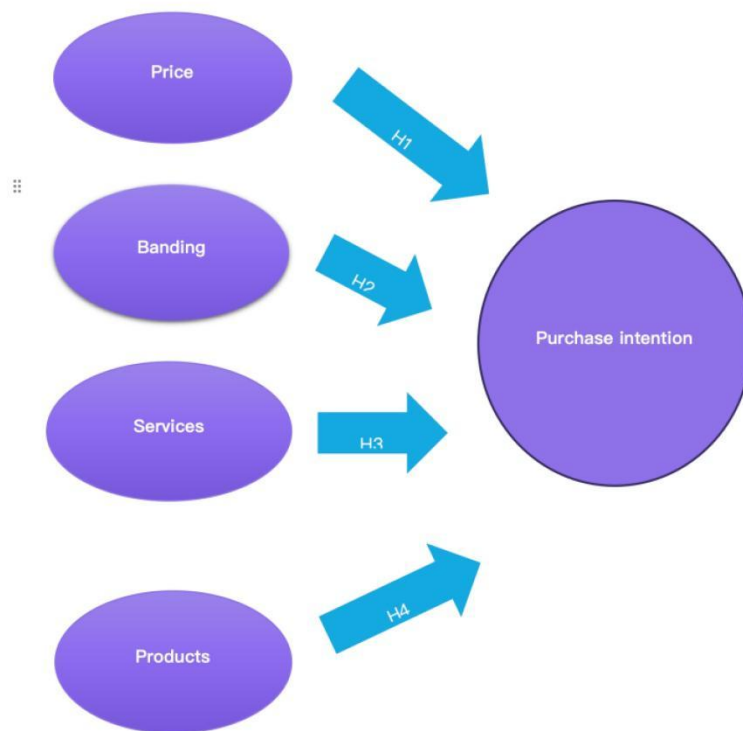
For this study, the quantitative research method has been selected. The nature of the research is hypothesis-driven and relies on the application of established theories from literature. It involves systematic data collection and statistical analysis to test these hypotheses, making the quantitative approach the most appropriate.

In conclusion, while qualitative research is valuable for exploring complex ideas

and experiences, quantitative research is more effective for testing hypotheses and analyzing data in a structured, numerical format. Given the theoretical foundation and the objective of this study, the quantitative method aligns best with the research goals.

3.2 Research Framework

Figure 3.2 (a) The relationship of the 4 independent variables relationship with the dependent variable



3.3 Research Hypotheses

The specific hypotheses addressed in this study are:

•H1: Price has a significant positive impact on citizens' intention to choose a healthcare provider.

•H2: Brand has a significant positive impact on citizens' intention to choose a healthcare provider.

•H3: Service has a significant positive impact on citizens' intention to choose a healthcare provider.

•H4: Product have a significant positive impact on citizens' intention to choose a healthcare provider.

3.4 Research Design

3.4.1 Coding of Variables

Each variable is coded and grouped by nature.

Independent Variables (IV):

-Price (PG)

-Branding (BR)

-Services (SV)

-Products (PD)

Dependent Variables (DV):

-Purchase intention (PI)

Table 3.4.1: Coding of 5 Variables and source of questionnaires[↵]

Variable [↵]	Nature [↵]	Sources [↵]
		[↵]
Price [↵]	IV [↵]	Berkowitz et al., 2018; Bloem and Lindeman, 2020; Hong Kong Consumer Council ,2021; Ryan et al., 2016; Zeithaml, 1988 ; [↵]
Branding [↵]	IV [↵]	Baltagi et al., 2022; Berry et al., 2007; Consumer Council, 2023; Heaney, 2020; Verhoef et al., 2009 [↵]
Services [↵]	IV [↵]	Andaleeb, 2001; Batbaatar et al., 2017; Dagger et al., 2007; Parasuraman et al., 1988; Zarei et al., 2015 [↵]
Products [↵]	IV [↵]	Chandra et al., 2012; Berry et al., 2007; Lee, 2021; Montoya-Weiss ,2003; Sinha, 2022; [↵]
Purchase intention [↵]	DV [↵]	Berry et al., 2007; Dagger et al., 2007; Sinha, 2022; Rather et al., 2022; Zeithaml, 1988 [↵]

3.4.2 Questionnaire Design

To examine the factors influencing Hong Kong residents' choice of healthcare companies, a comprehensive structured questionnaire was developed utilizing a quantitative research approach. The design of the survey was guided by the need to gather precise and actionable data regarding consumer preferences and behaviors. The questionnaire included a series of statements related to purchase intention, with

respondents asked to indicate their level of agreement using a consistent five-point Likert scale. The scale ranged from 1 (strongly disagree) to 5 (strongly agree), facilitating straightforward interpretation of responses. This format was selected to ensure clarity and consistency, allowing participants to express their views with ease and enhance the reliability of the collected data.

The questionnaire comprised a total of 29 items, organized into two distinct sections. The first section contained 25 questions specifically designed to address the key variables of interest: pricing strategies, branding perceptions, service quality, and product characteristics. These questions aim to capture the nuances of how each variable influences consumer decision-making and purchase intention.

The second section included 5 demographic questions, which gathered essential information about respondents' age, gender, education level, and income. This demographic data is crucial for segmenting the sample and analyzing how different groups may prioritize various factors when choosing healthcare services.

Data were collected from a diverse group of Hong Kong residents aged 18 and above, ensuring that a wide range of perspectives and experiences were represented. The study focused on four primary factors—price, branding, services, and products—as the core variables influencing purchase intention. Each scale was meticulously

adjusted to align with established measurement standards, ensuring that the questions were valid and reliable. Additionally, one representative factor was extracted from each category to construct the overall purchase intention model. This rigorous approach to questionnaire design not only enhances the study's credibility but also ensures that the findings can be effectively utilized to inform strategic decisions within the healthcare sector.

3.4.3 Population and sampling

Figure 3.4.3 (a) Sample size formula

$$\text{Sample size} = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p(1-p)}{e^2 N} \right)}$$

In this study, determining the appropriate sample size involved considering several key statistical factors. The target population consists of approximately 5,600,000 Hong Kong residents aged 18 and above (HK Census and Statistics Department, 2025). To ensure the reliability of the findings, a 95% confidence level was selected, meaning we can be 95% certain that the survey results fall within a defined range. The margin of

error was set at 8%, indicating the level of precision in estimating the views of the entire population. A smaller margin of error typically reflects greater accuracy. Based on these parameters, a sample size of 151 respondents was calculated, striking a practical balance between statistical accuracy and research feasibility.

To collect data effectively, the study employed random sampling, a method where every individual in the population has an equal chance of being selected. This approach minimizes selection bias and ensures that the sample is representative of the broader population. As a result, the findings can be more confidently generalized. Random sampling also supports valid statistical analysis, as many analytical techniques assume randomness in sample selection. Furthermore, it is a cost-effective and time-efficient strategy, allowing researchers to gather meaningful insights without surveying the entire population. Overall, this sampling method enhances the credibility and scientific rigor of the study.

3.5 Relevant Methods for Data Analysis

This study employs a quantitative methodology as its primary form of data analysis. Data gathered from respondent questionnaires were processed and examined using the Statistical Package for the Social Sciences (SPSS) software. The analytical

approach incorporates both descriptive and inferential statistical techniques to interpret the results. Key functions utilized within the program include reliability testing via Cronbach's Alpha, simple regression, and multiple regression analyses, drawing on established methodological frameworks (Bala, J., 2016).

A central component of the inferential analysis involves applying Linear Regression to assess the relationship between several independent variables—Price, Branding, Services, and Products—and the dependent variable, Purchase Intention. Given the presence of four predictors and one outcome variable, this analysis will quantify the nature and strength of these relationships, determining whether they are positively or negatively correlated (Jones, D M, 2005). The primary objective is to empirically test the four research hypotheses that posit a significant positive influence of each independent variable on the consumers' intention to purchase.

Furthermore, descriptive statistics will summarize the general demographic information provided by the respondents in the second part of the questionnaire. This includes factors such as age, gender, education level, and income, which are considered in relation to the purchase intentions of Hong Kong residents aged 18 and over. The findings, expressed through frequencies, means, and standard deviations, will be detailed in Chapter 4 to profile the sample.

To ensure the integrity and robustness of the measurement instruments, a reliability test is conducted. This step is crucial for verifying the internal consistency of the datasets and confirming that the questions designed to measure each variable are coherent. The consistency is represented by Cronbach's Alpha, where a higher coefficient indicates a greater level of reliability among the scale items (Waters, 2011), thereby validating the structure of the analysis.

3.6 Ethical consideration

Ethical considerations are an important part of conducting responsible research. In this study, all participants were treated with respect and fairness. Informed consent was obtained before participation, ensuring that respondents understood the purpose of the research and their right to withdraw at any time. The survey was conducted anonymously to protect the privacy of individuals, and all personal data was kept confidential. Participation was entirely voluntary, with no pressure or obligation. Data collected was securely stored and used only for academic purposes. The study also ensured that no harm—physical, emotional, or psychological—was caused to any participant. By following these ethical guidelines, the research-maintained integrity, transparency, and trustworthiness throughout the process.

3.7 Pre-test

Prior to launching the full-scale survey, a pre-test was conducted with eight individuals to ensure that the questionnaire was clear, realistic, and easy to understand. During this stage, any areas of confusion were addressed through direct explanation, and the wording of specific items was refined to improve clarity and accessibility for future respondents. This iterative process helped enhance the overall quality and effectiveness of the questionnaire.

To further support respondent understanding, a verbal briefing was provided to the eight pre-test participants. The academic nature of the study was clearly communicated, and it was emphasized that the research findings would contribute to strategic development within the healthcare business sector. No concerns or objections were raised, indicating that participants understood the purpose of the study and were willing to respond honestly.

For the main data collection, the questionnaire was distributed via Google Form to over 200 individuals. At the time of distribution, 188 individuals were present, and 151 completed questionnaires were successfully returned and deemed valid for analysis. This sample size meets the minimum requirements for statistical reliability in SPSS

analysis, ensuring the robustness and credibility of the findings.

3.8 Research Schedule

Table 3.8 milestones with time of completion

To do list	6/2025	7/2025	8/2025	9/2025	10/2025	11/2025
Identifying suitable research topics	✓					
Determine the appropriate dissertation supervisor	✓					
Collecting useful insights	✓					
Writing the proposal document	✓					
Constructing the opening chapter of the study	✓					
Writing Chapter Two: Literature Review		✓				
Start developing the survey form		✓				
Perform a reliability analysis of the questionnaire		✓	✓	✓		
Evaluate the reliability of the questionnaire			✓	✓		
Delivering the questionnaire along with a participant briefing			✓	✓		
Composing Chapter 3 – Methodology				✓		
Perform data analysis through SPSS				✓		
Writing Chapter Four: Data Analysis and Results					✓	
Preparing the final chapter of the dissertation					✓	
Handing in the final dissertation to the supervisor					✓	
Revising the dissertation draft afterward					✓	✓
Completion and delivery of the finalized dissertation						✓

✓ = Task scheduled for that month

4. Result Analysis

4.1 Response Rate Analysis

A total of 200 questionnaires were distributed, with the aim of collecting 188 valid responses to meet the research requirements.

4.2 Descriptive Statistics

This section presents the descriptive statistics of the key variables used in the study, including price, branding, service, products and purchase intention. I initially distributed approximately 200 questionnaires and successfully collected 188 responses. These 188 complete questionnaires were used as the sample data for this research analysis.

Table 4.2(a) Demographic data of the respondents

item	Number	Minimum	Maximum	Mean	Std Deviation
Gender	188	1	2	1.596	0.491
Age	188	1	6	2.755	1.02
Education level	188	1	5	2.234	0.91
Monthly personal income	188	1	6	3.872	1.28

Gender

Table 4.2(b) Statistics on the Gender of the respondents

Item	Number
Male	76
Female	112
Total	188

Table 4.2(b) presents data from a total of 188 survey respondents. The sample shows a slight predominance of female participants.

Age

Table 4.2(c) Statistics on the Age of the respondents

Age Group	Number
18–24	2
25-34	48
35-44	84
45-54	36
55-64	14
65+	4
Total	188

Table 4.2(c) summarizes responses from 188 individuals, with the majority falling within the young to middle-aged adult demographic.

Education level

Table 4.2(d) Statistics on the Education level of the respondents

Item↵	Number↵
Secondary or below↵	38↵
Certificate/Diploma↵	54↵
Bachelor's Degree↵	72↵
Master's Degree↵	22↵
Doctoral Degree or Above↵	2↵
Total↵	188↵

Table 4.2(d) presents data from 188 respondents, indicating that the majority possess mid-level educational qualifications such as certificates, diplomas, or bachelor's degrees.

Monthly Income Range

Table 4.2(e) Statistics on the Monthly Income of the respondents

Item	Number
<HK\$10,000	6
HK\$10,000-HK\$19,999	32
HK\$20,000-HK\$29,999	42
HK\$30,000-HK\$39,999	54
HK\$40,000-HK\$49,999	6
HK\$50,000+	48
Total	188

Table 4.2(e) presents data from 188 respondents, revealing a moderately dispersed income distribution with a noticeable inclination toward higher income brackets.

Table 4.2(b) shows that out of 188 survey respondents, there is a slight predominance of female participants. Table 4.2(c) indicates that most respondents fall within the young to middle-aged adult demographic. Table 4.2(d) reveals that the majority of participants hold mid-level educational qualifications, such as certificates, diplomas, or bachelor's degrees. Finally, Table 4.2(e) presents a moderately dispersed

income distribution, with a noticeable tendency toward higher income brackets among the respondents.

4.3 Inferential Statistics

In this section, the data collected from Section 2 of the questionnaire is systematically analyzed. The questions are categorized into five key dimensions corresponding to the proposed variables: price, branding, services, products, and purchase intention.

To evaluate the relevance and interrelationships among these variables, the following statistical procedures will be applied and interpreted: Reliability and Validity Testing, Correlation Analysis, and Multiple Regression Analysis.

4.3.1 Coding of Variables

To facilitate easy reading and referencing throughout the analysis, simplified symbols have been assigned to each variable. The table below presents the coding scheme used, with variables grouped according to their respective categories and characteristics.

Table 4.3.1 Coding of Variables

Variables↵	Code↵	Question in the Data Set↵
Price↵	PG↵	1-5↵
Branding↵	BR↵	6-10↵
Service↵	SV↵	11-15↵
Products↵	PD↵	16-20↵
Purchase Intention↵	PI↵	21-25↵

To ensure clarity and consistency in measuring the variables, a five-point Likert scale was employed, ranging from 1 (strongly disagree) to 5 (strongly agree). This scaling method was applied in a study examining the factors influencing Hong Kong residents' selection of healthcare companies. The study adopted a 4:1 framework, where four independent variables—price, branding, services, and products—were analyzed for their impact on the dependent variable: purchase intention.

4.3.2 Reliability Test

Table 4.3.2 (a) Reliability Statistics on Price

Cronbach's Alpha	Number of items
0.874	5

According to Table 4.3.2(a), there are five items related to comments on rewards. The Cronbach's Alpha for these items is 0.874, which exceeds the commonly accepted threshold of 0.70, indicating that this set of items demonstrates high internal consistency and reliability.

Table 4.3.2 (b) Reliability Statistics on Branding

Cronbach's Alpha	Number of items
0.826	5

According to Table 4.3.2(b), there are five items related to comments on rewards. The Cronbach's Alpha for these items is 0.826, which exceeds the commonly accepted threshold of 0.70, indicating that this set of items demonstrates high internal consistency and reliability.

Table 4.3.2 (c) Reliability Statistics on Services

Cronbach's Alpha	Number of items
0.801	5

According to Table 4.3.2(c), there are five items related to comments on rewards. The Cronbach's Alpha for these items is 0.801, which exceeds the commonly accepted threshold of 0.70, indicating that this set of items demonstrates high internal consistency and reliability.

Table 4.3.2(d) Reliability Statistics on Products

Cronbach's Alpha	Number of items
0.805	5

According to Table 4.3.2(d), there are five items related to comments on rewards. The Cronbach's Alpha for these items is 0.805, which exceeds the commonly accepted threshold of 0.70, indicating that this set of items demonstrates high internal consistency and reliability.

Table 4.3.2 (e) Reliability Statistics on Purchase Intention

Cronbach's Alpha	Number of items
0.877	5

According to Table 4.3.2(e), there are five items related to comments on rewards. The Cronbach's Alpha for these items is 0.877, which exceeds the commonly accepted threshold of 0.70, indicating that this set of items demonstrates high internal consistency and reliability.

Table 4.3.2 (f) The summary for the Cronbach's Alpha of the average variables

Variables↵	Code↵	Cronbach's Alpha↵	Number of questions↵
Price↵	PG↵	0.874↵	5↵
Branding↵	BR↵	0.826↵	5↵
Service↵	SV↵	0.801↵	5↵
Products↵	PD↵	0.805↵	5↵
Purchase Intention↵	PI↵	0.877↵	5↵

In this study, Cronbach's Alpha value of 0.70 or above is regarded as acceptable and indicative of adequate reliability. Upon analysis using SPSS Statistics software, all five variables yielded Cronbach's Alpha coefficients exceeding 0.70 (refer to Table 4.32(f)). This confirms that the survey items were appropriately designed and

demonstrate strong internal consistency, making them reliable for further analysis.

4.3.3 Correlation Analysis

To assess potential associations between variables, a correlation analysis was conducted using the Pearson correlation coefficient, denoted as r . This coefficient ranges from -1 to 1, indicating both the direction and strength of the relationship between variables. A positive r value suggests a positive correlation, whereas a negative r value indicates a negative correlation. Additionally, the significance value (p-value) serves as a critical indicator of statistical relevance. A p-value of 0.00 (e.g.: less than 0.01) implies that the observed correlation is statistically significant (Pallant, 2010).

Table 4.3.3 (a) Correlation on means of PR, BR, SV, PD and PI

相關性 Correlation						
		price_ average	branding_ average	services_ average	product_ average	purchase_ intention_average
price_average	皮爾森 (Pearson) 相關性1		.548***	.553***	.378***	.532***
	顯著性 (雙尾)		<.001	<.001	<.001	<.001
	N	188	188	188	188	188
branding_average	皮爾森 (Pearson) 相關性	.548***	1	.714***	.594***	.809***
	顯著性 (雙尾)	<.001		<.001	<.001	<.001
	N	188	188	188	188	188
services_average	皮爾森 (Pearson) 相關性	.553***	.714***	1	.702***	.751***
	顯著性 (雙尾)	<.001	<.001		<.001	<.001
	N	188	188	188	188	188
product_average	皮爾森 (Pearson) 相關性	.378***	.594***	.702***	1	.804***
	顯著性 (雙尾)	<.001	<.001	<.001		<.001
	N	188	188	188	188	188
purchase_intention_average	皮爾森 (Pearson) 相關性	.532***	.809***	.751***	.804***	1
	顯著性 (雙尾)	<.001	<.001	<.001	<.001	
	N	188	188	188	188	188

***. Correlation at 0.001(2-tailed)

The positive linear relationships between Purchase Intention and each of the four independent variables, as indicated by the correlation coefficients, are visually confirmed by the scatterplots presented in Figures 4.3.3(b) through 4.3.3 (e).

Figure 4.3.3 (b) Scatterplot---Price

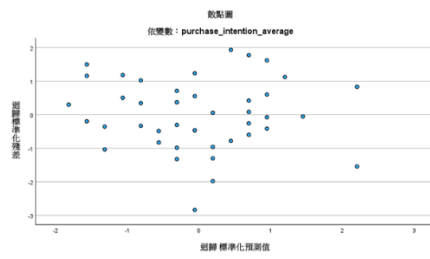


Figure 4.3.3 (c) Scatterplot---Branding

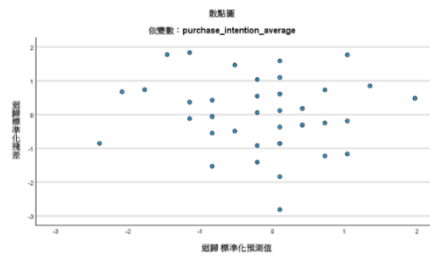


Figure 4.3.3 (d) Scatterplot---Services

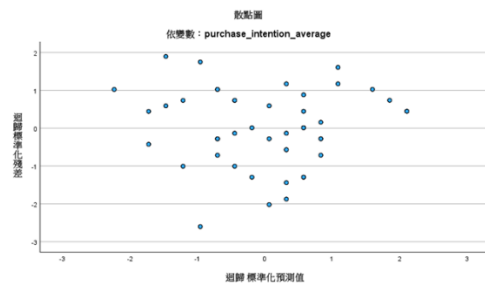
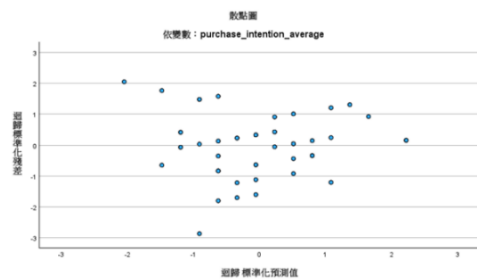


Figure 4.3.3 (e) Scatterplot---Products



The interrelationships between the key constructs under investigation were assessed using Pearson's correlation coefficient (r) is a statistical measure that quantifies the strength and direction of a linear relationship between two quantitative variables. It ranges from -1 to 1, where: 1 indicates a perfect positive linear relationship, -1 indicates a perfect negative linear relationship, 0 indicates no linear relationship. This means that favorable perceptions in one domain, such as branding, are systematically associated with favorable perceptions in others, like service quality and product offering.

A closer examination of the correlations with the dependent variable, purchase intention, reveals a distinct hierarchy of influence. Branding emerged as the most potent correlation ($r = 0.809$), suggesting that institutional reputation, professional credentials, and trustworthiness serve as a primary heuristic for consumers, substantially reducing perceived risk and fostering a willingness to engage a provider. Closely following was product quality ($r = 0.804$), indicating that the core clinical offering—including technological advancement, treatment effectiveness, and the availability of integrated care pathways—is a nearly equally powerful driver in the decision-making calculus.

Service also demonstrated a strong and significant relationship with purchase intention ($r = 0.751$). This underscores the critical importance of the patient's experience itself, where operational elements such as staff empathy, appointment efficiency, and clear communication are not merely ancillary but fundamental to securing patient commitment.

In contrast, while still statistically significant, price demonstrated a moderately positive correlation with purchase intention ($r = 0.532$). This indicates that cost considerations are indeed a factor in the consumer's evaluation; however, its relatively weaker influence implies that it is not the primary determinant. The data suggests that for the sampled population, a premium price can be justified—and is perhaps even expected—when it is backed by strong brand equity, a superior product, and an exceptional service experience. Consumers appear to engage in a value-based assessment where non-price attributes heavily weigh the final decision.

Collectively, these correlational findings highlight a critical strategic insight: in the competitive Hong Kong private healthcare market, competition pivots not on cost-leadership but on value-creation. The paramount importance of building a trusted brand, delivering clinically excellent products, and ensuring a flawless service experience is unequivocally confirmed as the foundation for influencing consumer purchase behavior.

4.3.4 Regression Analysis

To determine the extent to which the independent variables (Price, Branding, Service, and Products) predict the dependent variable (Purchase Intention), a linear regression analysis was conducted. This section presents the overall model fit, the individual contribution of each predictor, and diagnostic checks to validate the regression assumptions.

Table 4.3.4 (a): Model Summary

Model summary[↵]

Price

模型摘要 ^b				
模型	R	R 平方	調整後 R 平方	標準估計誤差
1	.532 ^a	.283	.279	.58953
a. 解釋變數：(常數)，[%1;, price_average:				
b. 應變數: purchase_intention_average				

Branding[↵]

模型摘要 ^b				
模型	R	R 平方	調整後 R 平方	標準估計誤差
1	.809 ^a	.655	.653	.40912
a. 解釋變數：(常數)，[%1;, branding_average:				
b. 應變數: purchase_intention_average				

Service

模型摘要 ^b				
模型	R	R 平方	調整後 R 平方	標準估計誤差
1	.751 ^a	.564	.562	.45956
a. 解釋變數：(常數)，[%1;, services_average:				
b. 應變數: purchase_intention_average				

Products[↵]

模型摘要 ^b				
模型	R	R 平方	調整後 R 平方	標準估計誤差
1	.804 ^a	.647	.645	.41383
a. 解釋變數：(常數)，[%1;, products_average:				
b. 應變數: purchase_intention_average				

Table 4.3.4 (b): Liner Regression Coefficients

Price

模型 ^a	非標準化係數 ^a		標準化係數 ^a		顯著性 ^a
	Unstandardized Coefficient ^b	標準錯誤 ^b	Standardized Coefficient ^b	T-value ^b	
1 ^c	(常數) ^c	2.186 ^c	.181 ^c	12.074 ^c	<.001 ^c
	price_average ^c	.464 ^c	.532 ^c	8.574 ^c	<.001 ^c

a. 應變數: purchase_intention_average^cBranding^c

模型 ^a	非標準化係數 ^a		標準化係數 ^a		顯著性 ^a
	Unstandardized Coefficient ^b	標準錯誤 ^b	Standardized Coefficient ^b	T-value ^b	
1 ^c	(常數) ^c	.418 ^c	.177 ^c	2.363 ^c	.019 ^c
	branding_average ^c	.877 ^c	.809 ^c	18.784 ^c	<.001 ^c

a. 應變數: purchase_intention_average^c

Service

模型 ^a	非標準化係數 ^a		標準化係數 ^a		顯著性 ^a
	Unstandardized Coefficient ^b	標準錯誤 ^b	Standardized Coefficient ^b	T-value ^b	
1 ^c	(常數) ^c	1.463 ^c	.148 ^c	9.912 ^c	<.001 ^c
	services_average ^c	.666 ^c	.751 ^c	15.526 ^c	<.001 ^c

a. 應變數: purchase_intention_average^cProducts^c

模型 ^a	非標準化係數 ^a		標準化係數 ^a		顯著性 ^a
	Unstandardized Coefficient ^b	標準錯誤 ^b	Standardized Coefficient ^b	T-value ^b	
1 ^c	(常數) ^c	.961 ^c	.151 ^c	6.360 ^c	<.001 ^c
	product_average ^c	.795 ^c	.804 ^c	18.457 ^c	<.001 ^c

a. 應變數: purchase_intention_average^cTable 4.3.4 (c): Liner Regression Analysis Showing Unstandardized (B) and Standardized (β) Coefficients for Predictors of Purchase Intention

Model ^a	Unstandardized Coefficients ^a	Standardized Coefficients (β) ^a
Price ^c	0.464 ^c	0.532 ^c
Branding ^c	0.877 ^c	0.809 ^c
Service ^c	0.666 ^c	0.751 ^c
Products ^c	0.795 ^c	0.804 ^c
Constant ^c	2.186 ^c	^c

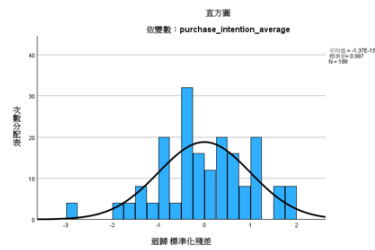
4.4 Diagnostic Plots

In linear regression analysis, diagnostic plots are essential for validating the core statistical assumptions that underpin a reliable model (Field, 2018). The histogram provides a visual assessment of the normality assumption by displaying the distribution of the model's residuals; a bell-shaped and symmetric curve centered around zero indicates that the residuals are normally distributed, which is crucial for the validity of significance tests. The Normal P-P Plot offers a more sensitive evaluation of normality by comparing the cumulative distribution of the residuals against a perfect theoretical normal distribution; when the data points closely adhere to the diagonal line, it provides strong confirmation that the normality assumption has been met (Field, 2018). Finally, the scatterplot of standardized residuals against standardized predicted values serves a dual purpose: it checks for linearity by ensuring no curved pattern exists in the data points, and for homoscedasticity (constant variance) by confirming the residuals are randomly and evenly dispersed without forming patterns like funnels or cones. Together, these plots ensure the regression model's findings are robust and trustworthy.

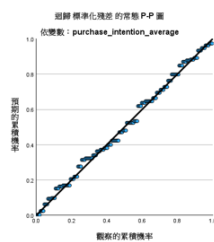
Figure 4.4 (a) Regression Diagnostic Plots for the Price Variable

Price←

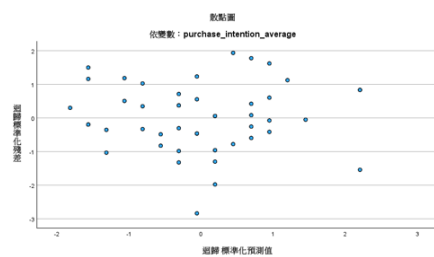
Histogram



P-P Plot of Regression Standardized Residual



Scatterplot



According to Figure 4.4 (a) Diagnostic plots for the Price variable are very good.

They confirm that all the key assumptions for regression—normality, linearity, and homoscedasticity—are satisfied.

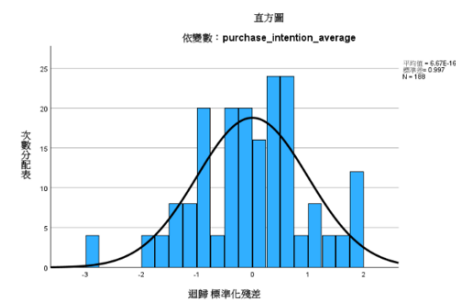
This validates the earlier statistical finding that Price has a statistically significant, positive impact on Purchase Intention. While its influence was the weakest among the four factors studied, the model itself is robust and reliable for the Price variable, giving

confidence in this conclusion.

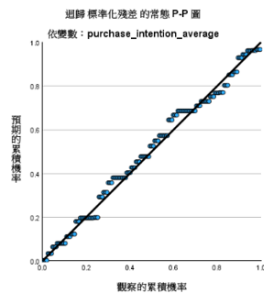
Figure 4.4 (b) Regression Diagnostic Plots for the Branding Variable

Branding

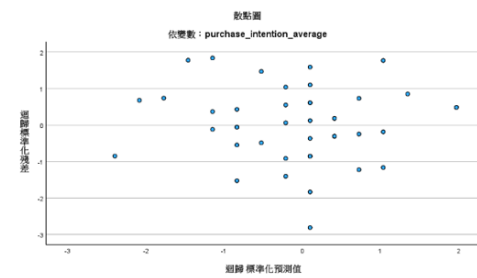
Histogram



P-P Plot of Regression Standardized Residual



Scatterplot



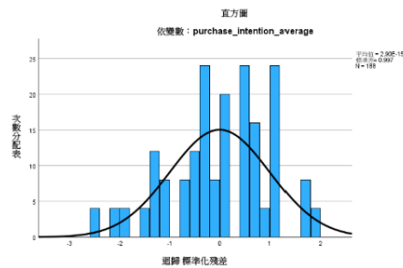
According to Figure 4.4 (b) Diagnostic plots checks confirm that the regression model for the Branding variable is statistically sound. The key assumptions—linearity, normality of residuals, and homoscedasticity—were all satisfied. Therefore, the finding that Branding has a significant positive impact on Purchase Intention is reliable and

robust.

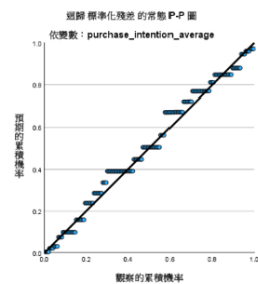
Figure 4.4 (c) Regression Diagnostic Plots for the Service Variable

Service

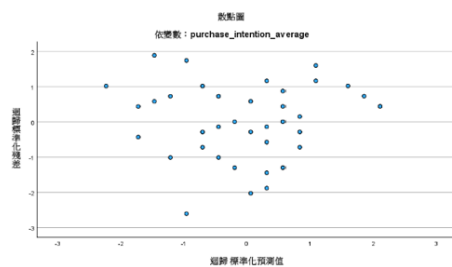
Histogram



P-P Plot of Regression Standardized Residual



Scatterplot



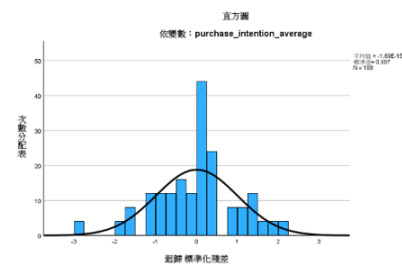
According to Figure 4.4 (c) Diagnostic plots checks confirm that the regression model for the Service variable is statistically sound. The key assumptions—linearity, normality of residuals, and homoscedasticity—were all satisfied. Therefore, the finding that Service Quality has a significant and strong positive impact on Purchase Intention

is reliable and robust. This reinforces the study's conclusion that service quality is a critical factor for healthcare providers in Hong Kong to focus on.

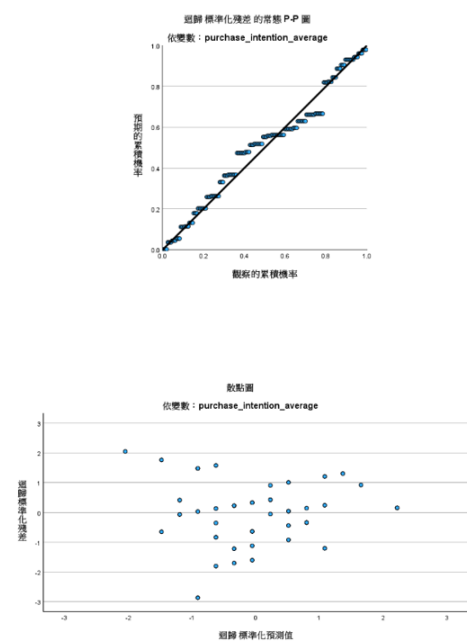
Figure 4.4 (d) Regression Diagnostic Plots for the Products Variable

Products⁶¹

Histogram



P-P Plot of Regression Standardized Residual



According to Figure 4.4 (d) Diagnostic plots for the Products variable are excellent. They confirm that all the key assumptions for regression—normality,

linearity, and homoscedasticity—are fully satisfied.

This gives high confidence in the earlier finding that Product (like technological advancement and treatment effectiveness) have a very strong and statistically significant positive impact on Purchase Intention, making it the second most influential factor after Branding in this study.

Table 4.5 Summary of Hypothesis Testing Results

Hypotheses	Regression Coefficient	Sig. Values (P-value)	Analysis result
H1: Price->Purchase Intention	0.464	<0.001	Supported
H2: Branding->Purchase Intention	0.877	<0.001	Supported
H3: Service->Purchase Intention	0.666	<0.001	Supported
H4: Products->Purchase Intention	0.795	<0.001	Supported

The final decision making on the hypotheses are as follows:

Table 4.6 Overall Decision Makings on Hypothesis Testing

Hypotheses	Decision
H1: Price is positively related to Purchase Intention	Accepted
H2: Branding is positively related to Purchase Intention	Accepted
H3: Service are positively related to Purchase Intention	Accepted
H4: Products are positively related to Purchase Intention	Accepted

5. Conclusion

This research was conducted to investigate the multifaceted factors that influence Hong Kong residents' decisions when selecting private healthcare providers. By employing a structured quantitative methodology, the study examined four key independent variables—price, branding, service, and products—and their respective impacts on the dependent variable: purchase intention. The findings offer a robust understanding of consumer behavior in the healthcare sector and provide actionable insights for industry stakeholders, including healthcare companies, policymakers, and consumers themselves.

The results establish a clear hierarchy of influence among the factors studied. Branding emerged as the most influential factor, followed closely by product characteristics and service quality, with price having a significant but comparatively weaker impact. This hierarchy reflects the high expectations of Hong Kong's educated and economically active population, who prioritize trust, innovation, and professional care over cost alone. These insights are particularly relevant in the context of Hong Kong's evolving healthcare landscape, where public sector strain and cross-border competition are reshaping consumer preferences. The study contributes to both academic literature and practical strategy by validating the relevance of marketing and

behavioral theories—such as Brand Equity theory (Aaker, 1991), the SERVQUAL model (Parasuraman et al., 1988), and value-perception theory (Zeithaml, 1988)—in healthcare decision-making.

5.1 Discussion

The descriptive statistics derived from 188 valid survey responses reveal a sample profile dominated by female respondents, with the largest cohort aged between 35 and 44 years. Educational attainment was relatively high, with a significant portion holding a bachelor's degree and earning a monthly income of HK\$50,000 or more. These demographic characteristics suggest that the surveyed population is well-informed, financially capable, and likely to be discerning in their healthcare choices. This profile has significant implications for healthcare marketing and service design. Middle-aged adults are more likely to seek preventive care and value convenience, while higher-income groups may prioritize personalized services and advanced medical technologies. The predominance of educated respondents also implies a greater reliance on credible information sources and digital platforms, reinforcing the need for healthcare providers to invest in strong branding, e-consultation systems, and online reputation management. The high average scores for service quality, branding, and products indicate that

respondents place substantial emphasis on interpersonal interactions, institutional credibility, and technological innovation. Price, while still relevant, was rated lower, indicating that affordability is important but not the primary driver when other quality indicators are strong.

5.1.1 Results of Hypothesis Testing (H1–H4)

The Linear regression analysis confirmed all four hypotheses, with each variable demonstrating a statistically significant positive relationship with purchase intention. The strength of these relationships, however, offers nuanced insights into consumer priorities. Price was found to have a positive but relatively weak impact, which suggests that while consumers appreciate fair pricing and transparency, they are willing to pay more for superior service, trusted brands, and advanced products. This finding aligns with Zeithaml's (1988) value-perception theory, which posits that perceived value is a function of both price and quality. Branding showed the strongest influence, indicating that brand reputation, professional accreditation, and peer recommendations play a critical role in reducing perceived risk and enhancing trust. This strongly supports Aaker's (1991) theory of brand equity, emphasizing the importance of brand associations in high-involvement decisions like healthcare. Service had a very strong

impact, validating the SERVQUAL model's relevance in healthcare as respondents prioritized staff professionalism, empathy, and operational efficiency. Products also had a powerful influence, particularly in terms of technological advancement and treatment effectiveness, reflecting a shift toward evidence-based and tech-enabled healthcare. Collectively, these findings reinforce the importance of integrating marketing principles with healthcare service design and highlight that in a competitive market, providers must excel in building a trusted brand, delivering superior service, and offering innovative products.

5.2 Recommendations

To effectively respond to these findings, private healthcare providers in Hong Kong must adopt a comprehensive and consumer-centric strategy. The marketing mix framework, commonly known as the 4Ps, provides a practical model for aligning service offerings with consumer expectations (Kolter et al.,2019). This framework encompasses Product, Price, Place, and Promotion, and must be applied with sensitivity to ethical standards and the emotional nature of health-related decisions.

The Product strategy in healthcare goes beyond the physical services delivered; it encompasses the entire patient experience. Providers should design service packages

that reflect the diverse needs of Hong Kong's population, for example, by offering express health check-up services for working professionals during lunch hours, chronic disease management programs with home visit options for elderly patients and bundled wellness packages for families. The integration of advanced technologies such as AI-assisted diagnostics and wearable health monitors can significantly enhance product value by improving clinical accuracy and empowering patients. Moreover, providers must ensure that their services are evidence-based, safe, and regularly updated to reflect the latest medical standards.

The Price strategy must balance affordability with perceived value. While the study found that price is not the most decisive factor, it remains a critical consideration. Transparent pricing is essential to build trust and reduce uncertainty; providers should clearly display service fees, package inclusions, and any additional charges. Tiered pricing models can offer flexibility, allowing consumers to choose between basic, standard, and premium service levels based on their needs and budget. Flexible payment options, such as installment plans and insurance coverage, can further enhance accessibility. These strategies not only attract price-sensitive consumers but also reinforce the perception of fairness and customer care.

The Place strategy focuses on making healthcare services accessible and

convenient. In a densely populated city like Hong Kong, location and ease of access are crucial. Providers should consider opening satellite clinics in residential neighborhoods and commercial districts. Mobile clinics and pop-up health stations can serve underserved areas. Digital access is equally important; telemedicine platforms, online booking systems, and mobile apps can streamline the patient journey and reduce wait times. Furthermore, integration with regional healthcare networks within the Greater Bay Area can offer patients more choices and facilitate cross-border care, prompting providers to explore partnerships that support seamless healthcare experiences.

The Promotion strategy in healthcare must be ethical, informative, and empathetic. Promotional activities should focus on educating consumers, building trust, and highlighting value. Digital marketing channels can be used to share health tips and introduce new services. Brand storytelling—featuring patient testimonials and staff profiles—can humanize the organization and foster an emotional connection. Participation in community outreach programs, such as free health screenings and wellness seminars, demonstrates a genuine commitment to public health. Transparency in communication and responsiveness to inquiries are key to maintaining a credible and trustworthy brand image.

Beyond the 4Ps, Human Resource Management plays a pivotal role in delivering

high-quality healthcare. Since service quality is a key driver, healthcare providers must invest in recruiting, training, and retaining skilled professionals who embody empathy and professionalism. Continuous professional development and supportive work environments are essential for maintaining high service standards. Stakeholder Collaboration is another critical area; healthcare companies should actively engage with policymakers, insurers, and technology firms to create a more integrated and responsive healthcare ecosystem. Finally, Consumer Empowerment is a growing trend; providers should offer tools and resources that support self-management and encourage shared decision-making, thereby building trust and improving health outcomes. In summary, these recommendations offer a roadmap for healthcare providers to enhance their competitiveness, meet consumer expectations, and contribute to a more sustainable healthcare system in Hong Kong.

5.3 Limitations and Future Research

While this study provides valuable insights, it is important to acknowledge several limitations that affect the interpretation and generalizability of the findings. The first limitation concerns the demographic composition of the sample, which was predominantly from individuals with mid-to-high income levels and relatively high

educational attainment. While this demographic is highly relevant to the private healthcare market, it does not fully represent the broader population of Hong Kong. Lower-income groups and those who rely primarily on public healthcare may have different priorities, meaning the findings may not be fully generalizable. Future research should aim to include a more diverse and representative sample.

The second limitation relates to the geographic scope of the study, which was conducted exclusively within Hong Kong. Given the increasing integration of healthcare services across the Greater Bay Area, important comparative insights from cities like Shenzhen and Guangzhou may have been missed. Future research should consider conducting multi-city studies within the GBA to explore regional variations in consumer expectations and decision-making criteria.

The third limitation involves the timing of data collection. As the survey was conducted during a specific period, the results may reflect temporary attitudes or behaviors influenced by contextual factors. To address this, future research should adopt longitudinal designs that track changes in healthcare preferences over time.

Another area for improvement is the methodological approach. This study relied solely on quantitative methods, which may not capture the full complexity of human behavior in emotionally charged domains like healthcare. Future research should incorporate

qualitative methods such as in-depth interviews to explore psychological and cultural drivers more deeply.

Furthermore, the study focused on four specific variables. Other factors, such as trust in government regulation, peer influence, health literacy, and the role of digital platforms and online reviews, may also play a significant role in shaping healthcare decisions. Future studies should consider expanding the conceptual framework to include these additional dimensions.

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Appendix-1:

Questionnaire for a study of the factors influencing Hong Kong residents' choice of healthcare companies

Thank you for participating in this survey. I am currently pursuing a Master of Business Administration at the University of Wales Trinity Saint David (UWTSD), UK. This survey is part of my dissertation research, which explores consumer purchase intentions in Hong Kong. The aim of this study is to deepen our understanding of the factors influencing consumer choices and to provide actionable insights for healthcare suppliers in Hong Kong, helping brands better meet the needs and expectations of their customers.

Section I: Rating of Variables

This section contains 25 questions. Please respond as a consumer residing in Hong Kong.

For each question, select a number from 1 to 5 to indicate your level of agreement:

1 – Strongly Disagree

2 – Disagree

3 – Neutral

4 – Agree

5 – Strongly Agree

Price:

- 1) I feel the pricing of my healthcare provider is transparent.
- 2) I believe the pricing of my healthcare provider is fair.
- 3) The pricing strategy of my healthcare provider reflects good value for money.
- 4) I am comfortable with the way my healthcare provider sets its prices.
- 5) Compared to other providers, I feel my healthcare provider offers reasonable pricing.

Branding:

- 1) The brand I chose is one of the best in its category.
- 2) I trust healthcare providers with a strong reputation.
- 3) Professional accreditations increase my trust in a healthcare provider.
- 4) The healthcare brand I use is well-known and respected in Hong Kong.
- 5) I feel proud to be associated with my healthcare provider's brand.

Service:

- 1) The length of time spent in consultation with the doctor is sufficient.
- 2) The staff at my healthcare provider are courteous.
- 3) Appointment scheduling with my healthcare provider is convenient.
- 4) The doctor shows genuine care when giving health recommendations.
- 5) My healthcare provider uses AI effectively to manage follow-up and treatment adherence.

Products:

- 1) My healthcare provider offers personalized treatment plans tailored to my needs.
- 2) My healthcare provider uses advanced technology in its services .

- 3) The treatments provided by my healthcare provider are effective.
- 4) Telemedicine platforms offered by my healthcare provider are reliable.
- 5) I feel comfortable sharing my complaints and symptoms with the doctor via digital platforms.

Purchase Intention:

- 1) I intend to continue using my current healthcare provider.
- 2) I would recommend my healthcare provider to friends and relatives.
- 3) I am willing to try new services offered by my healthcare provider.
- 4) I prefer my current healthcare provider over other available options.
- 5) I believe my healthcare provider meets my expectations as a consumer.